

# Grosvenor Medical Centre

## 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 Grosvenor Medical Centre on 3 March 2016. 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. The practice had a system in place to report significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed for example, arrangements to safeguard vulnerable patients, keep medicines safe and manage infection control.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff retention at the practice was good offering stability and continuity of care to patients.

- Patients were positive about the practice and the staff team. They said they were treated with dignity and respect and felt involved in decisions about their treatment.
- Information about services and how to complain was available and displayed prominently in the patient waiting area.
- Patients were mostly positive about accessing appointments with a named GP and said that there was continuity of care. However around half the patients we spoke with or filled out comment cards said they found difficulties in getting through on the telephone or accessing a pre bookable appointment.
- 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 an experienced management team.

However, there are areas where the provider should make improvements:

- Review the management and availability of patient appointments.
- Ensure updated training is provided for all staff in relation to the Mental Capacity Act 2005.

# Summary of findings

**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 a system in place for reporting and recording significant events, including review, discussion and implementation of learning.
- The practice had clearly defined and embedded systems in place to keep patients safe and safeguarded them from abuse.

Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were robust and demonstrated quality improvement.
- 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. Formal supervision meetings were not held between annual appraisals.

Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand. Staff had developed communication boards to help signpost patients to various services and support organisations. Staff had been recognised formally for their standard of care. A "Carers Champion" was in place and worked effectively.

We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team, Clinical Commissioning Group and other practices to secure improvements to services where these were identified.
- Patients said they were able to make an appointment with a named GP and there was continuity of care but some patients felt that it was difficult to get through on the telephone and access pre bookable appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Information about how to complain was available to patients and was prominently displayed in the waiting area.

## Are services well-led?

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

- The practice had a clear vision, mission statement and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in putting patients first.
- There was a clear leadership structure and staff felt supported by management.
- There was an overarching governance framework which supported the delivery of good quality care.
- The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and the patient participation group (PPG.)

There was a strong focus on continuous learning and improvement at all levels.

**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 proactive, personalised care to meet the needs of the older people in its population. All patients over 75 years had a named GP. Dementia assessments were carried out in the practice.
- Health checks were provided for patients over 75 years and referrals made to any necessary services. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Older patients were called annually to receive flu vaccinations and some patients were visited at home to provide this service.

Any patients over 75 years who had attended Accident and Emergency were contacted by the practice.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice kept up to date registers of patients who had long term health conditions. They worked closely with additional services such as cardiology and respiratory teams. The GPS had a variety of specialist skills to assist in treating older patients.
- Longer appointments and home visits were available when needed.
- Patients with mental health needs and learning disabilities had structured annual reviews to check their health needs were being met.
- For those patients with the most complex needs, the staff worked with Macmillan nurses and the community matrons to deliver a multidisciplinary review of their care. They had identified patients receiving palliative care.
- The practice had identified patients who were at risk of unplanned hospital admissions and supported these patients to stay well at home.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk.
- Patients told us that children and young people were treated in an age-appropriate way. Relatives were pleased with the rapport and welcoming attitudes of the staff towards their children.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was comparable with national data.
- The premises were suitable for children and babies and the practice
- The practice had in-house antenatal and post-natal clinics. Immunisations for children were provided flexibly and opportunistically

## **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 responded to patient calls with a same day consultation in 70% of cases.
- Appointments were offered outside office hours and on Saturday mornings.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs of this age group.

Health checks were offered to patients between 40-74 years of age to promote patient well-being and identify patients at risk of developing long term conditions.

**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 patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Good**



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Staff used translation services to assist patients who did not have English as their first language.
- The practice had an additional list of people identified as being most vulnerable because of their age, social conditions and home circumstances.
- The practice had a high number of children on the child protection register as compared with other practices in the area.
- The practice maintained a vulnerable and isolated patients register and regularly kept in contact with these patients.

The practice worked extensively with patients who had drug and alcohol abuse issues and supported them directly and by working with local support networks.

## 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).

- The practice had conducted an audit of the number of patients they saw who experienced poor mental health and concluded that this represented 30% of the patients.
- The practice had supported patients experiencing poor mental health offering guidance on how to access various support groups and voluntary organisations. They had in-house counsellors who visited the practice several times a week.

Staff demonstrated a good understanding of issues around patient consent however not all staff fully understood some aspects of the Mental Capacity Act 2005.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice performance was comparable with local and national averages. 331 survey forms were distributed and 119 were returned. This represented 34 % of the respondents and 2.5% of the practice's patient list.

- 41% of respondents found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 61% and a national average of 73%.
- 84% said the last appointment they got was convenient compared to a CCG average of 92% and a national average of 92%.
- 77% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 84%, national average 85%.
- 77% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average 85 %, national average 85%.
- 71% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average 78%, national average 78%.

The GP's had analysed the appointment system over the last several years as they had changed from an emergency pre-bookable system to a telephone call back system, where patients would speak directly to a GP. 70 % of patients were seen on the same day that they called. The practice were committed to further improving access to appointments and were working collaboratively with the CCG to address access.

As part of our inspection process, we asked patients to complete comment cards prior to our inspection, to share their views on the service. We received 42 comment cards. We spoke with 9 patients and two members of the Patient Participation Group (PPG.) All of the patients indicated that they found the GPs, nursing and reception staff were helpful, professional and caring. They gave a lot of praise and positive comments about the staff and the standard of care they had received. Around half the patients told us they thought the appointment system should be reviewed and they found trouble getting through on the telephone.

## Areas for improvement

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

- Review the management and availability of patient appointments.
- Ensure updated training is provided for all staff in relation to the Mental Capacity Act 2005.

# Grosvenor Medical Centre

## 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 and a practice manager specialist adviser.

## Background to Grosvenor Medical Centre

Grosvenor Medical Centre is based in a purpose built facility in the West side of Crewe town centre and close to local amenities. There is a smaller branch surgery located in the Gresty area of Crewe which we also visited as part of the inspection. The practice is based in a more deprived area when compared to other practices nationally. The male life expectancy for the area is 76 years compared with the CCG averages of 80 years and the National average of 79 years. The female life expectancy for the area is 80 years compared with the CCG averages of 82 years and the National average of 83 years. There were 13,500 patients on the practice list at the time of inspection.

The practice has seven GP partners (five male and two female) and two salaried GPs (both female). The practice has five practice nurses, a practice manager, a data manager, reception and administration staff. The practice is a training practice that hosts medical students (GPs and nurses) on placement.

The practice is open Monday to Friday from 8am to 6pm. Extended hours were available on Mondays from 7am to 7.30pm at the Grosvenor Street location and on Saturday

mornings from 8am to 11am at the Gresty Brook surgery. Patients requiring GP services outside of normal working hours are referred on to the local out of hour's provider N.E.W. operated by the East Cheshire Trust.

The practice has a Personal Medical Services (PMS) contract. In addition the practice carried out enhanced services such as health assessments for patients with learning disabilities and flu and shingles vaccinations.

## Why we carried out this inspection

We inspected this service as part of our new 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 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 March 2016. During our visit we:

- Spoke with a range of staff including GPs, two practice nurses, the practice manager, the data manager, administration and reception staff and spoke with patients who used the service.

# Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 were provided for specific groups of people and what good care looked 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)

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.
- Staff acknowledged the need to capture all events within their recording system and share these with the wider team. We were told that their review would ensure they recorded a larger remit of events to help share good practice within the team and other local practices.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. We noted that issues were discussed in detail, well documented and action plans initiated to prevent reoccurrences.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, in place to keep patients safe and safeguarded them from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies 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 GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Clinical staff we spoke with demonstrated a very high level of understanding of safeguarding issues and how best to protect patients. One locum GP we spoke to told us they felt they could be better informed about current safeguarding issues. We spoke to the senior partner about this, who believed that systems for sharing safeguarding information with locum GPs was in place, but told us they would further review the issue.
- A notice in the waiting room and all treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained

for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A list of suitable trained staff was displayed for reception staff to refer to.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The senior nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken regularly, including hand washing audits and any necessary action was taken in a timely manner.
- The arrangements for managing medicines, including emergency drugs and vaccinations in the practice kept patients safe, we saw that the system for monitoring fridge temperatures and expiry dates of medicines was effective. 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. The local pharmacist gave positive feedback in regard to the liaison and communications that they had with the practice staff. They felt they worked jointly to promote good outcomes for patients.
- We reviewed two staff personnel files and these showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, up to date fire risk assessments and regular fire drills were carried out. All

## Are services safe?

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 had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The GPs told us they were actively recruiting a new practice manager and GPs.

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

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

- There was an instant messaging system on the computers which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had oxygen with adult and children's masks and a defibrillator.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

- 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. The practice monitored that these guidelines were followed through risk assessments and audits.
- Latest guidance and protocols were disseminated through the team by various means such as one to one meetings, staff meetings and update training.

Services provided were tailored to meet patients' needs; we were told the practice focussed on providing patient centred care. For example long term condition reviews for patients who had multiple conditions were conducted in extended appointments. The practice used coding and alerts within the clinical electronic record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. The practice nursing team, who were very experienced and well qualified supported the management of chronic diseases.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and 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 recent published results showed the practice had achieved 93.8% of the total number of points available.

Data from 2014-2015 showed that outcomes were comparable to and sometimes above other practices nationally:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less. The practice rate was 77.6% compared with the national rate of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average. The practice rate was 86.5% compared with the national rate of 83.6%.

- Performance for mental health related indicators was better than national averages. For example; the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records, in the preceding 12 months was 95.7% for the practice compared with the national average of 88.5%.

Clinical audits demonstrated quality improvement.

- The CCG medicines management team had worked with the practice to produce a number of clinical audits and in addition the practice undertook its own audits. Findings were used by the practice to check and where possible improve services. For example: Monitoring of patients with Atrial Fibrillation and their use of anti-coagulants. The audit and re-audit had led to a 7% increase in those patients taking the appropriate medicines.
- A strong auditing regime ensured that patient groups and conditions were being managed effectively. We saw examples of audits relating to Atrial Fibrillation (AF), Oedema management and the prescribing of Oestrogen.
- We saw an audit that looked at minor operations and the approach and patient satisfaction related to the procedures. The audit had led to a change in the procedures and a standardisation of information provided in leaflets for patients.
- Staff worked with other health and social care services to meet patients' needs. For example, the practice had regular multi-disciplinary team meetings to discuss the needs of patients with complex needs, palliative care meetings and meetings with the health visiting service to discuss the needs of younger children. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients. We spoke one of the pharmacists at the nearby pharmacy who told us the practice worked well with them and that communication was extremely effective.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety and health and safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We noted that no formal supervision meetings were held between annual appraisals, we were told that this and clinical supervision for nurses were under review. Staff were happy with the training available and protected learning time was undertaken nine times a year. Training included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of both external and in-house training. Some staff were unsure of issues around capacity and best interests for people who may not be able to make their own decisions. Some reinforcement of training relating to the Mental Capacity Act 2005 would be beneficial.

### 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 their 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 patients to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from

hospital. We saw evidence that multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated. The Practice worked particularly well with partner services that supported vulnerable people in the area. The practice saw it as their remit to assist in solving the source of the problem and not just the symptoms.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff generally understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. One member of staff was unsure about some aspects of consent for people who lacked the capacity to make their own decisions. Consent was obtained and recorded for minor procedures.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice offered all new patients registering with the practice a health check with the practice nurse. The GP was informed of any health concerns detected and these were followed-up in a timely manner. The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and they were all offered an annual health check. The IT system prompted staff when patients required a health check such as a blood pressure check and arrangements were made for this.

The practice monitored how it performed in relation to health promotion. It used the information from QOF and other sources to identify where improvements were needed and to take action. QOF information for the period



# Are services effective?

(for example, treatment is effective)

between 2014 to 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to or above other practices nationally.

The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea was 98% compared with a national average of 89%.

Childhood immunisation rates for the vaccinations given were mostly above the CCG averages. For example for two year old vaccination rates varied between 94.6% to 97% for the practice compared with 93.3% to 96.1% for the CCG.

The percentage of patients with diabetes on the register, who had received an influenza immunisation in the preceding August to March was above average. The practice rate was 99.7% compared with the national average of 94.4%.

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 and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them 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 locked if an examination was intimate in nature.
- 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 but three of the 42 Care Quality Commission comment cards completed by patients were positive about the kindness and professionalism of the staff at the practice, though three questioned the civility of the reception staff. Patient feedback about GPs, nurses and reception staff within the comments cards was almost all positive. We spoke with two members of the patient participation group and nine patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. A number told us it was sometimes difficult to get through on the telephone and obtain an appointment. Some staff had worked at the practice for many years and knew their patients well. Patients told us that they and their families had been with the practice for many years and felt the standards of service were very good.

Data from the National GP Patient Survey published in January 2016 showed that patients' responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were in line with or above average when compared to local and national averages for example:

- 91% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 88%, national average 87%).

- 97% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 89.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92.6%, national average 90.4%).
- 92% said they found the receptionists at the practice helpful (CCG average 92%, national average 91%).

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

On the day of the inspection patients told us they felt involved in decision making about the care and treatment they received. They told us they did not feel rushed during their appointment and they always felt the doctors and nurses listened to them during consultations. Patient feedback on the comment cards we received was also positive about how involved they were with their treatment.

Results from the GP national patient survey showed patients results were comparable with local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%).
- 94% said the last nurse they saw was good at explaining tests and treatments (CCG average of 91%, national average 90%).

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

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 a practice register of all people who were carers and they were being supported, for example, by offering health checks, flu vaccinations and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice had a "Carers

## Are services caring?

Champion” who was a long standing member of staff who knew many of the patients, their families and the challenges they faced. They were held in such regard that they had been asked to make a presentation at a national carer’s conference the previous year.

The practice was involved with a number of initiatives to help the local community. They arranged for taxis for those patients with limited mobility and living alone to enable them to attend hospital appointments and appointments

at the practice. The practice was involved in a number of charitable initiatives including “Homestart” and “Men in sheds”, the latter being an initiative to identify and support elderly male patients who may not have support in their daily lives.

Staff told us that if families had suffered bereavement, they were offered support and an appointment at the practice to provide support and guidance.

# 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. For example;

- There were longer appointments available for patients with a learning disability and long term conditions.
- Home visits were available for older patients and housebound patients who would benefit from these including visits to provide their flu vaccinations.
- The practice offered regular follow ups to identify long term conditions early and improve patient care. Annual health checks were offered to patients with a learning disability and patients with mental health needs. There was a high prevalence of patients with mental health issues. We were told that because the practice offered such a high level of support and care for these patients, they would register at this practice in preference to other nearby practices.
- Same day appointments were available for those patients wishing to see a GP more urgently. The practice aimed to see as many patients as possible on the same day. Figures produced by the practice showed this to be around 70% of patients. Patients we spoke to liked this approach.
- The building was purpose built, had disabled facilities and translation services available. The reception area was currently undergoing a major overhaul and re-design aimed at further improving patient's experience. The staff had coped well with the disruption and patients commented on how dedicated staff were.
- The practice had various notice boards which included: PPG information, carers' information, health promotion material and signposting for the contact details for various organisations.
- The practice engaged with local support services for patients with drug and alcohol dependencies and recognised that this was linked to the high levels of deprivation in the area.
- The practice maintained a vulnerable and isolated patients register and regularly kept in contact with these patients. Any patients who were identified as needing additional support (medical or otherwise) were put in

contact with appropriate support services. The practice managed joint meetings with support services and monitored patients after support had been provided. We saw two examples where patient's lives had improved due to this initiative.

### Access to the service

The practice is open Monday to Friday from 8am to 6pm. Extended hours were available on Mondays from 7am to 7.30pm at the Grosvenor Street location and on Saturday mornings from 8am to 11am at the Gresty Brook surgery.

Results from the National GP Patient Survey published January 2016 showed that patient satisfaction with how they could access care and treatment was comparable with and sometimes lower than local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 41% patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).
- 77% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 62% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

Around half of the patients we spoke to or who completed comment cards told us they found it difficult to get through to the surgery by telephone. The practice had analysed their appointments over the last several years and had tried a variety of ways to better provide access. The practice was currently working with the CCG to improve access and had identified the issue as one of its main challenges. We were told that this work was continuing and that there was current investment in new telephony, reception design, additional clinical capacity (including a pharmacist) and social prescribing.

### Listening and learning from concerns and complaints

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

- The practice's complaints policy and procedure was in line with recognised guidance and contractual obligations for GPs in England.

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

- There was a designated responsible person who handled all complaints in the practice.

Information on how to complain was available in the reception area and was prominently displayed. Staff told us they were comfortable dealing with less serious complaints and recorded them in a book at reception. All complainants

were offered the option of having their complaint dealt with by the practice manager. We looked at a number of complaints and saw they had been dealt with and documented effectively. The practice routinely reviewed complaints and identified any learning for future improvement.

# 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.

- Staff we spoke with were clear about their commitment to provide patients with a positive experience and with the best possible outcomes for patients.
- Staff were familiar with the Mission Statement that the practice based its ethos and strategy on.
- The lead GP had been involved in national policy making and demonstrated forward thinking and working with partners at a strategic level.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The management team had a comprehensive understanding of the performance of the practice and met informally on a day to day, weekly and monthly basis.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements, we saw evidence of staff having initiated their own audits and of audits over and above what would normally be expected.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They 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 and managers encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

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

- Staff told us the practice held regular team meetings and they had lots of informal meetings with good communications within the staff team.
- Staff told us there was an open culture within the practice and how they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if they did. The practice had encouraged the use of a suggestion scheme which had been well received by staff.

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

The practice encouraged and valued feedback from patients and staff.

- It proactively sought patients' feedback from the patients participation group (PPG.)

The PPG group met regularly and felt listened to. They had contact with other local patient representatives via the Patient Group Federation. They engaged with Healthwatch and other groups representing patients and described the practice as being "socially minded".

- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment.
- The practice gathered feedback from staff through meetings and informal discussion. Staff told us they felt able 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. Staff told us they felt well supported and we could see the staff engaged with training within the CCG and events managed for practice nurses via their practice nurse forum. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in a variety of clinical initiatives.