

# Swan Lane Medical Centre

## Quality Report

Swan Lane

Bolton

BL3 6TL

Tel: 01204 661600

Website: [www.swanlanemedicalcentre.nhs.uk](http://www.swanlanemedicalcentre.nhs.uk)

Date of inspection visit: 02/10/2015

Date of publication: 19/11/2015

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

## Contents

### Summary of this inspection

|   | Page |
|---|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 4    |
| The six population groups and what we found | 6    |
| What people who use the service say         | 8    |
| Areas for improvement                       | 8    |
| Outstanding practice                        | 8    |

### Detailed findings from this inspection

|  |    |
|--|----|
| Our inspection team                    | 9  |
| Background to Swan Lane Medical Centre | 9  |
| Why we carried out this inspection     | 9  |
| How we carried out this inspection     | 9  |
| Detailed findings                      | 11 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Swan Lane Medical Centre on 2 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. It was also shared internally and with the clinical commissioning group (CCG).
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- 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 sometimes found it difficult to access appointments but they were usually available in an emergency.
- 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.

We saw areas of outstanding practice:

- All staff had received safeguarding training and most staff had received additional training at a level above what was required. Additional training included domestic violence awareness. All were aware of their responsibilities and all knew how to make a referral if required.

# Summary of findings

- Relevant information was formally shared with the CCG and other providers. This included all significant events that were discussed at CCG level to ensure shared learning. Patients requiring palliative care had reviews at least once a month and any changes to their condition was communicated to relevant providers.
- An interpreter, provided by the CCG, attended nurse clinics twice a week and patients that did not speak English as a first language were booked into these sessions. Patients got to know the interpreter, who also translated at other services they attended.

- The practice was open on Saturday mornings to make it easier for patients who worked to access appointments.

However there was an of practice where the provider needs to make improvements.

The provider should:

- Put a system in place so the fridge temperature is checked each day the practice is open.

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. All staff had received safeguarding training, usually to a higher level than expected.

Good



### Are services effective?

The practice is rated as good for providing effective services. Our findings at inspection showed that 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. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. Data showed that the practice was performing in line with or above the clinical commissioning group (CCG) or national averages. All staff were aware of their responsibility to ensure consent had been correctly sought and training had been provided for this.

Staff worked with multi-disciplinary teams. Monthly reviews of patients requiring palliative care ensured all appropriate bodies had up to date information and all appropriate care was provided to patients approaching the end of their lives. The practice carried out clinical research to improve patients' health and they undertook regular audit cycles. Audit results provided evidence of improvements being made.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice in line with others for most aspects of care. Patients 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. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### 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

Good



# Summary of findings

NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Some patients said they found it difficult to access appointments but they said emergency appointments were usually available. Translation services were available, and an interpreter attended nurse clinics twice a week. 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. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. 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 governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. Reviews of patients receiving palliative care took place at least monthly. The practice participated in the CCG over 75s project. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

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. 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 medication needs were being met. 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. Immunisation rates were comparable to the national averages for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we staff were familiar with the Gillick competencies. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the 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

Good



# Summary of findings

care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Saturday morning appointments were available.

## People whose circumstances may make them vulnerable

The practice is rated as outstanding for the care of people who circumstances may make them vulnerable. 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. All staff had received safeguarding training and this was usually to a higher level than required. In addition training in learning disabilities and domestic violence was provided. Some staff had been trained in Deprivation of Liberty Safeguards (DoLS).

A high percentage of patients did not speak English as a first language. Most staff spoke other languages and an interpreter attended nurse clinics twice a week so the practice was assured patients who did not speak English understood procedures. GPs and nurses also explained health screening to patients who did not speak English as a first language, and encouraged them to participate in screening.

Outstanding



## 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). Patients experiencing poor mental health were encouraged to attend an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Some staff had received training on how to care for people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The most recent national GP patient survey results showed the practice was performing in line with local and national averages.

- 79% find it easy to get through to this surgery by phone compared with a CCG average of 79% and a national average of 73%.
- 81% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 54% with a preferred GP usually get to see or speak to then compared with a CCH average of 62% and a national average of 60%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 87% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 73% describe their experience of making an appointment as good compared with a CCG average of 77% and a national average of 73%.

- 82% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 69% and a national average of 65%.
- 61% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards and these all contained mainly positive comments. One patient commented that it was difficult to access appointments but they commented positively about other aspects of the practice. Other patients commented that they could always access appointments in an emergency and they were happy with the care they received.

We also spoke with six patients during our inspection. Comments were mainly positive with patients stating they could access a GP appointment in an emergency.

## Areas for improvement

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

- Put a system in place so the fridge temperature is checked each day the practice is open.

## Outstanding practice

- All staff had received safeguarding training and most staff had received additional training at a level above what was required. Additional training included domestic violence awareness. All were aware of their responsibilities and all knew how to make a referral if required.
- Relevant information was formally shared with the CCG and other providers. This included all significant events that were discussed at CCG level to ensure shared learning. Patients requiring palliative care had reviews at least once a month and any changes to their condition was communicated to relevant providers.
- An interpreter, provided by the CCG, attended nurse clinics twice a week and patients that did not speak English as a first language were booked into these sessions. Patients got to know the interpreter, who also translated at other services they attended.
- The practice was open on Saturday mornings to make it easier for patients who worked to access appointments.



# Swan Lane 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 a practice manager specialist adviser and an Expert by Experience. An expert by experience is someone who uses health and social care services.

## Background to Swan Lane Medical Centre

Swan Lane Medical Centre is located in a residential area close to Bolton Town Centre. It is a single storey building fully accessible to the disabled and those with mobility difficulties. There is a small car park but street parking is available immediately outside the practice.

There are three GP partners, two male and one female, and a female salaried GP. There are also three practice nurses (all female), and two healthcare assistants (one male and one female). There is a practice manager and a staff team that includes amongst others administration and reception staff, a medical secretary and a computer manager.

The practice and the telephone lines are open Monday to Friday from 8am until 6.30pm. Monday to Friday appointments are available 8.30am until 12 noon, and 1pm until 6.30pm, and some of these appointments are for emergency access. The practice is also open every Saturday morning for pre-booked appointments between 8am and 12 noon.

The practice has a Personal Medical Service (PMS) contract with NHS England. At the time of our inspection 7986 patients were registered. The practice is in an area of high deprivation. Approximately 60% of patients did not speak English as a first language.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider, Bardoc.

## Why we carried out this inspection

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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

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

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

# Detailed findings

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 October 2015. During our visit we spoke with a range of staff including two GPs, two practice nurses, a healthcare assistant, the practice manager and other administrative and reception staff. We spoke with six patients and a member of the patient participation group (PPG). We also reviewed 30 CQC comment cards where patients shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff knew how to record significant events and how to access the necessary forms. They confirmed that significant events were discussed in meetings and lessons learned were shared with all staff. The practice carried out an analysis of the significant events. They also reported them to the clinical commissioning group (CCG) so they could be shared.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We saw meeting minutes to confirm significant events were discussed at practice meetings with clinicians and other staff.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff had access to relevant contact telephone numbers and flow charts. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All staff had received training and this was usually at a higher level than required. Staff had also received training in domestic abuse, 'Identification and Referral to Improve Safety' (IRIS). Learning disability awareness training had also been provided to staff as part of safeguarding training. We saw evidence that safeguarding referrals were made appropriately.
- A notice was displayed in the waiting room and consulting rooms advising patients that they could request a chaperone. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A chaperone policy provided guidance to staff, for example on where to position themselves when acting as a chaperone. All the staff we spoke with confirmed they had received training and knew the procedure to follow.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was a cleaners' communication book and we saw all staff liaised well with the cleaners, who responded to messages left for them. The practice 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 all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There was also a quarterly cleaning audit and regular hand washing audits.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the

## Are services safe?

local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and GPs told us they did not take prescriptions on home visits. Serial numbers of prescriptions were not recorded. Fridge temperatures were monitored to ensure medicines were kept at the correct temperatures. However, we saw there were occasional gaps in the recording of temperatures.

- Recruitment checks were carried out and the seven files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. These checks included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. There was a policy in place to follow if an applicant had a criminal record. The practice kept a database for clinical staff to show when their professional registration, performers list entry and professional medical indemnity was due to be renewed. The database also covered other staff, listing information such as when their DBS check should be updated and when their driving licence expired.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice manager managed the rotas for all staff and there were policies in place regarding the number of staff who could take holidays at the same time.

- Risk assessments such as fire risk assessments were up to date and there were regular safety checks. These included weekly fire alarm tests, monthly emergency lighting checks, gas safety valve checks and annual testing of portable electrical appliances. All equipment such as digital blood pressure monitors, nebulisers and pulse oximeters had been calibrated in August 2015.

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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator and oxygen available on the premises. There was also a first aid kit and accident book available. 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We saw examples of the business continuity plan being put in place and extra guidance being issued to staff. This included learning following a loss of power in the building and guidance when heavy snow had been forecast.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results for 2013-14 were 94.4% of the total. Data from 2013-14 showed:

- Performance for diabetes related indicators was in line with the national averages.
- The percentage of patients with hypertension having regular blood pressure tests was above the national average.
- Performance for mental health related and hypertension indicators was above the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of clinical audit cycles where the improvements made were implemented and monitored. There was a monthly audit of patients taking anti-depressant medicines to ensure necessary reviews had taken place. Other medicine audits were regularly carried out.

The practice had participated in clinical trials for over 25 years. The staff involved in the trials had received Good Clinical Practice training. We saw that arrangements were in place to ensure a member of the research staff was

always available on the premises. In an emergency other services were able to contact a named member of the team on their mobile telephones. Clinical trials included diabetes studies, where the aim was to recruit three patients a month and a study of the long term safety of a medicine used for patients suffering chronic pain.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice also had an induction pack for healthcare students so they were aware of what was expected of them throughout their placement.
- 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. They confirmed they could request additional training if they felt this would be beneficial. All the staff we spoke with told us they felt well supported at work. Appraisals for staff had been carried out during 2015.
- All the GPs were up to date with their appraisals. Revalidation of GPs was also up to date.
- Staff received training that included advanced safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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

Staff worked together and with other health and social care services to understand and meet the range and complexity

# Are services effective?

(for example, treatment is effective)

of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated.

The practice kept a register of patients requiring palliative care. We saw that this was discussed in a meeting each month to ensure patients received the appropriate level of care from all agencies involved. Where a patient was approaching the end of their life the practice ensured they liaised with the out of hours provider so they had the most up to date information available.

## Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinical staff had received training in Deprivation of Liberty Safeguards (DoLS). When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. There was a policy in place for when patients under the age of 16 attended alone, and the clinical staff we spoke with were aware of the Gillick competencies. Reception staff had received training in consent.

## Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of

developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were then signposted to the relevant service. Some services, such as for smoking cessation, were available on the premises

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.28%, which was comparable to the national average of 81.88%. The practice had a high number of patients from Asian communities and encouraged patients to have a smear test if due when they attended for other matters. The practice focussed on the cancer screening programme and encouraged its patients to attend for bowel and breast cancer screening. Bowel cancer screening kits were kept at the practice and the importance of such screening explained to patients during other appointments. Dementia screening also took place.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80.5% to 97.7% and five year olds from 90.3% to 97.6%. Flu vaccination rates for the over 65s were 76.32%, and at risk groups 56.87%. These were slightly above 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. We saw that the practice had an above average uptake of these health checks and they had been performing them for several years. The practice also participated in the CCG over 75s project. This looked holistically at the patients' health and social care needs and ensured appropriate care plans were in place.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and could offer them a private room to discuss their needs.

The 30 CQC patient comment cards we received were mainly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They commented the practice had a friendly atmosphere and felt staff listened to them. We spoke with a member of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The CQC comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was below the CCG and national averages for its satisfaction scores. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 80% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.

- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 81% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

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

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients scored the practice as below the CCG and national average for questions about their involvement in planning and making decisions about their care and. For example:

- 86% 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%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. British Sign Language interpreters were also available. In addition, an interpreter from the CCG attended the practice for two days a week. This was specifically to attend nurse clinics where patients who did not speak English as a first language were booked in to. We spoke to the interpreter who told us patients got to know them as they were also used at interpreters at other services the patients used. Reception staff and GPs could also speak several languages.

The practice website had a facility to translate pages to several languages. The electronic patient check in also had several languages for patients to use.

### 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.

## Are services caring?

GPs recorded when a patient was a carer and then the practice's computer alerted them if a patient had caring responsibilities. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. The GP would often visit the family of a bereaved patient and staff attended funerals of patients were possible.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, they attended regular meetings with other clinicians where significant events were discussed with a view to learning across the CCG.

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

- The practice offered a Saturday morning surgery in response to requests from working patients who could not attend during normal opening hours.
- Longer appointments were automatically given to patients with a learning disability, or who required an interpreter.
- Home visits were available for older patients or other patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice was fully accessible to patients with disabilities.
- Breastfeeding facilities were available for nursing mothers. Staff were notified when a mother was using a private room to feed so their privacy was ensured.
- Bereavement counselling was available in-house. Patients could also be referred to other local services for counselling.
- GPs and reception staff spoke several languages. An interpreter also attended nurse clinics twice a week so patients who did not speak English as a first language were booked into these clinics.

### Access to the service

The practice and the telephone lines were open Monday to Friday from 8am until 6.30pm. Monday to Friday appointments were available 8.30am until 12 noon, and 1pm until 6.30pm, and some of these appointments were for emergency access. The practice was also open every Saturday morning for pre-booked appointments between 8am and 12 noon.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 79% patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national average of 73%.
- 73% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 82% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.

Patients we spoke with told us it was sometimes difficult to access appointments but they could usually be seen in an emergency.

### Listening and learning from concerns and complaints

The practice had a 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 to help patients understand the complaints system. A leaflet was available in the waiting area and the information was also available on the website. Patients we spoke with told us they either knew how to complain or would ask at reception for information.

We looked at the complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. If a complaint was regarding an individual staff member they were spoken to by the practice manager. More general complaints were openly discussed in practice meetings with a view of learning from the complaint made. Staff told us all feedback in meetings was constructive and given in a blame-free way.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in consulting rooms and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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 that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- There was a programme of continuous clinical and internal audit which was used 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 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 that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. During the inspection we saw the whole staff team interacting in a friendly and relaxed manner.

Staff told us that regular team meetings were held. They told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) which currently met twice a year. There was also a virtual PPG group where a larger number of patients could be asked for their opinion. Feedback from the PPG had been used by the practice who sent all patients with a known mobile telephone number a text reminder prior to their appointment.

The practice analysed the results of the national GP survey and looked at areas where improvements could be made. We saw the action plan that was in place and monitored regularly by the practice manager.

Monthly meetings were held for nurses and reception staff, and GPs met weekly. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

### Innovation

The practice participated in clinical trials and ensured there was always a member of the research team available for services to contact in an emergency.