Rough Hay Surgery

Quality Report

44b Rough Hay Road
Darlaston
Wednesbury
WS10 8NQ
Tel: 0121 526 2233
Website: www.roughhaysurgery.nhs.uk

Date of inspection visit: 22 October 2014
Date of publication: 09/04/2015

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

Overall summary

We completed a comprehensive inspection at Rough Hay Surgery on 22 October 2014. The overall rating for the practice is good. We found the practice to be good in the safe, effective, caring, responsive and well-led domains. We found the practice provided good care to people with long term conditions, families, children and young people, working age people, older people, people in vulnerable groups and people experiencing poor mental health.

Our key findings were as follows:

- Patients were protected from the risk of abuse and avoidable harm. The staff we spoke with understood their roles and responsibilities and there were policies and processes in place for safeguarding children and vulnerable adults.
- Patients received care and treatment to support good outcomes which promoted a good quality of life.
- Staff were caring and treated patients with dignity and respect.
- Patients were complimentary of the care and treatment that they received.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice sought feedback from staff and patients and this was acted upon.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Complete a risk assessment to ascertain if any action is required to ensure safety in relation to legionella (a germ found in the environment which can contaminate water systems in buildings).
- Review the staff group's knowledge and understanding regarding the chaperone process to ensure it reflects the 2013 published General Medical Council (GMC) guidance for 'Intimate examinations and chaperones'
- Review the current process and schedule for staff appraisals to ensure that all staff receives supervision and appraisals regularly.

Professor Steve Field CBE FRCP FFPH FRCGP

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for safe. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated to support improvement. There were generally enough staff to keep people safe.

The practice had a dedicated GP appointed as lead in safeguarding vulnerable adults and children who had been received the appropriate training to fulfil this role. The staff we spoke with were aware who the lead was and who to speak to in the practice if they had a safeguarding concern.

The role and responsibilities described by some staff did not reflect the 2013 published General Medical Council (GMC) guidance for 'Intimate examinations and chaperones'

There was a lead person for infection prevention and control. Cleaning schedules and audits were in place. The practice had not completed testing or a risk assessment for legionella (a germ found in the environment which can contaminate water systems in buildings).

Are services effective?

Good

The practice is rated as good for effective. Data showed patient outcomes were monitored and generally in line with other practices in the area. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessment of capacity and the promotion of good health.

Not all staff had received appraisals to ensure the personal development plans were in place. However, staff had received training appropriate to their roles and were able to request further training when required.

Are services caring?

Good

The practice is rated as good for caring. Data showed patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them.

We saw and we were told by patients that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the Clinical Commissioning Group (CCG) and other stakeholders to secure service improvements where these were identified.

Patients reported good access to the practice with a named GP, when appropriate for continuity of care. Urgent appointments were available the same day when necessary. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised.

Are services well-led?

Good

The practice is rated as good for well-led. The practice had a clear vision and strategy to deliver this. 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. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group (PPG).

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

Good

The practice is rated as good for the care of older people. Nationally reported data showed the practice had good outcomes for conditions commonly found amongst 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 end of life care. The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs and home visits.

Patients in this population group reported good access to the practice with a named GP for continuity of care.

The practice used computerised tools to identify patients with complex needs. Care planning for these patients had been introduced and the nurse discussed the benefits to further developing this system. The staff discussed the process the practice used to review patients recently discharged from hospital which required patients to be reviewed.

People with long-term conditions

Good

The practice is rated as good for the population group of people with long term conditions. Processes were in place and referrals made for patients in this group that had a sudden deterioration in health. When needed longer appointments and home visits were available. Where appropriate patients had a named GP. Reviews were monitored to check 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.

To further support patients with long term conditions the practice used the information they collected for the quality outcome framework (QOF). QOF is a national performance measurement tool. This system allowed for staff to identify patients requiring a review of their condition and/or medication.

The practice used computerised tools to identify patients with complex needs. The staff discussed the process the practice used to review patients recently discharged from hospital which required patients to be reviewed.

Summary of findings

Mothers, babies, children and young people

Good

The practice is rated as good for the population group of families, children and young people. Systems were in place for identifying children living in disadvantaged circumstances and who were at risk. Immunisation rates were generally in line with those expected for all standard childhood immunisations.

Appointments were available outside of school hours and the premises were suitable for children and babies. We were provided with good examples of joint working with midwives, health visitors and school nurses.

The practice had a dedicated GP appointed as lead in safeguarding children who had been received the appropriate training to fulfil this role. The staff we spoke with were aware who the lead was and who to speak to in the practice if they had a safeguarding concern

The working-age population and those recently retired

Good

The practice is rated as good for the population group of the 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 offer continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflects the needs for this age group.

The practice made all relevant referrals through the Choose and Book system. The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments at a convenient time for them, in discussion with their chosen hospital. These may be beneficial to patient who have commitments such as work and education.

People in vulnerable circumstances who may have poor access to primary care

Good

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances, for example those with learning disabilities. However register the practice were unable to clarify how many patients had received an annual physical health check. The practice nurse agreed this was an area requiring review.

The practice had a dedicated GP appointed as lead in safeguarding vulnerable adults. 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 and out of hours.

Summary of findings

The practice held multidisciplinary team meetings quarterly to discuss the needs of complex patents for example, those with end of life care needs or children on the at risk register. These meetings were attended by palliative care nurses in order to discuss care planning

People experiencing poor mental health

Good

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). The clinical staff spoke were knowledgeable about the support the practice offered to patients who may be experiencing poor mental health. We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. We were given an example of how the GP had responded to a patient experiencing poor mental health, including supporting them to access community care and treatment

We found that the clinical staff we spoke with were aware of the Mental Capacity Act 2005 and their duties in fulfilling it and were able to describe how they implemented it in their practice.

Summary of findings

What people who use the service say

Prior to the inspection we provided the practice with a comments box and cards inviting patients to tell us about their care. We received 15 responses all of which were positive in relation to care and treatment. The feedback from patients confirmed that staff at the practice treated people with dignity and respect. Patients told us that generally appointments were available.

We looked at the results from the national patient survey. We saw that 87% of patients who responded to the survey described their overall experience of the surgery as good. This was in line with the regional average.

We spoke with two member of the patient participation group (PPG). PPGs are an effective way for patients and GP surgeries to work together to improve the service and to promote and improve the quality of the care. They told us that the management team were supportive of the group and receptive to feedback from the PPG.

Areas for improvement

Action the service SHOULD take to improve

Review the staff group knowledge and understanding regarding the chaperone process to ensure it reflects the 2013 published General Medical Council (GMC) guidance for 'Intimate examinations and chaperones'

Review the current process and schedule for staff appraisals to ensure that all staff receives supervision and appraisals.

The practice should ensure that environmental checks and risk assessments are completed where appropriate, for example with regards to legionella.

Rough Hay Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector; the team included a GP and a second CQC inspector.

Background to Rough Hay Surgery

Rough Hay Surgery is based in the Walsall Clinical Commissioning Group (CCG) The practice provides primary medical services to approximately 3200 patients in the local community.

On the day of our inspection the practice had two GPs and a trainee GP. Additional staff included a practice manager, two practice nurses and administrative staff who supported the practice

The practice offered a range of clinics and services including asthma, diabetes and Immunisations.

The practice had opted out of providing its own out of hours cover. This was provided by the Badger Group. The practice answer phone directed patients to this service outside of surgery hours.

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.

This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Prior to the inspection we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We carried out an

Detailed findings

announced visit on 22 October 2014. During our visit we spoke with a range of staff including two GPs, the practice manager, members of the nursing team and administration support staff.

Good

Are services safe?

Our findings

Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke to were aware of their responsibilities to raise concerns, and knew how about the process for reporting incidents and near misses.

We reviewed incident reports and minutes of meetings where these were discussed. This showed the practice had managed these consistently over time and so could evidence a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Records were kept of significant events and these were made available to us. The practice manager told us that significant events and complaints were on the practice meeting agenda. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff. Staff including receptionists, administrators and nursing staff were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so.

National patient safety alerts were disseminated via email to practice staff. Practice staff that we spoke with confirmed this.

Reliable safety systems and processes including safeguarding

Practice training records for safeguarding vulnerable children and adults were made available to us and showed that staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details were easily accessible.

The practice had a dedicated GP appointed as lead in safeguarding vulnerable adults and children who had been received the appropriate training to fulfil this role. The staff we spoke with were aware who the lead was and who to speak to in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments; for example children subject to child protection plan. The way information was recorded did not make accessing some data easy. We discussed this with a GP who recognised the benefit to reviewing the process and action was taken immediately.

A chaperone policy was in place and visible on the waiting room noticeboard and in consulting rooms. Chaperone training had not been undertaken by staff. In the absence of training there was no clear understanding of the role and responsibilities when acting as chaperones including where to stand to be able to observe the examination.

Medicines Management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring medicines were kept at the required temperatures. This was described by the practice staff. Processes were in place to check medicines were within their expiry date, kept at the required temperature and suitable for use. All the medicines we checked were within their expiry dates.

A member of the nursing staff was qualified as an independent prescriber and they told us that they received regular supervision and support in their role. In order to maintain their knowledge they were given the opportunity to attend a local non-medical prescriber's forum.

The practice was supported by a pharmacist. We saw that a repeat prescribing audit had been completed and there was evidence that learning from the audit had been implemented.

Cleanliness & Infection Control

An infection control policy and supporting procedures were available for staff to refer to. We observed the premises to be visibly clean and tidy. We saw there were cleaning

Good

Are services safe?

schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control who had undertaken training. We saw a selection of training records which included infection control training. We saw evidence that audits had been completed and any improvements identified for action were completed on time.

The practice had not completed testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). We saw that the practice manager had taken steps to arrange this. We have asked that the practice manager notifies us to confirm that a legionella test has been completed if necessary following a risk assessment. To date we have not received this information.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. The equipment we looked at had been tested and maintained. Portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. We saw evidence of calibration of relevant equipment; for example weighing scales.

Staffing & Recruitment

There had been no staff recruited at the practice since registration with CQC, however recruitment of a receptionist had commenced. We saw that the practice had a recruitment policy that set out the standards to be followed when recruiting staff. The records we looked at contained evidence of registration with the appropriate professional body. However not all records contained criminal records checks via the Disclosure and Barring Service. We saw evidence that steps had been taken to complete checks and the practice manager was awaiting certificates.

Staff told us that there was an arrangement in place for members of staff, including nursing and administrative staff to cover each other's annual leave. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe.

Monitoring Safety & Responding to Risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. We were given an example of how the GP had responded to a patient experiencing poor mental health, including supporting them to access community care and treatment

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We looked at a selection of training records showing staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). The staff we asked knew the location of this equipment. The records we saw did not confirm that regular checks were in place for this equipment. The need for this had been recognised and a nurse was introducing a process for this.

Emergency medicines were available in a secure area of the practice and the staff we spoke with knew their location. These included those for the treatment of cardiac arrest and anaphylaxis. All the medicines we checked were in date and fit for use.

A business continuity plan is required to deal with a range of emergencies that may impact on the daily operation of the practice. For example it should include power failure, adverse weather, unplanned sickness and access to the building. During the inspection this document could not be located and was not available.The practice manager sent us a copy of this following the inspection.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They explained how they accessed current best practice guidance from the National Institute for Health and Care Excellence and from local commissioners. There were a number of methods for receiving new guidelines. We found from our discussions with the GPs and nurse that staff completed assessments of patients' needs and these were reviewed when appropriate.

The practice used computerised tools to identify patients with complex needs. Care planning for these patients had been introduced and the nurse discussed the benefits to further developing this system. The staff discussed the process the practice used to review patients recently discharged from hospital which required patients to be reviewed.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, child protection alerts management and medicines management.

The practice also used the information they collected for the quality outcome framework (QOF). QOF is a national performance measurement tool. For example the data from 2013/2014 showed us that the practice achieved slightly over the CCG average in relation to QOF.

The team were making use of clinical audit and staff meetings to assess the performance of the practice. Staff spoke positively about the culture in the practice around audit and quality improvement, We were shown a selection of clinical audits that had been completed together with the learning that had been achieved from the completed audit cycles.

Staff regularly checked that routine health checks were completed for long-term conditions such as diabetes. The IT system flagged up patients requiring a review, including medicine reviews.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed a selection of staff training records and saw that practice mandatory courses such as annual basic life support had been completed. The GPs had either have been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).

All staff did not routinely receive annual appraisals in order to identified learning needs. We discussed this with the practice manager who confirmed that the process required further development and attention. However staff spoke positively about their support and access to training. Practice nurses had defined duties they were expected to perform and were able to demonstrate their knowledge in these areas. They gave examples of role specific training they had completed and further training needs they considered appropriate

As the practice was a training practice, doctors who were in training to be qualified as GPs offered extended appointments and had access to a senior GP throughout the day for support. Feedback from those trainees we spoke with was positive.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries, out of hour's providers and the 111 service were received both electronically and by post. The practice had a system in place which outlined the responsibilities of all relevant staff in passing on, reading and actioning any issues arising from communications with other care providers. The clinician seeing these documents and results was responsible for the action required.

The practice was commissioned for the new enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services are services

Good

Are services effective?

(for example, treatment is effective)

which require an enhanced level of service provision above what is normally required under the core GP contract). A practice nurse offered a detailed explanation of the process in place demonstrating how additional support was provided to this group of patients.

The practice held multidisciplinary team meetings quarterly to discuss the needs of complex patents for example, those with end of life care needs or children on the at risk register. These meetings were attended by palliative care nurses in order to discuss care planning. Other meetings were held, for example with District Nurses. These meetings were more informal and not routinely minuted. We discussed this with the practice manager who informed us that they planned to make these meetings formal and produce minutes to ensure important information was recorded.

Information Sharing

The practice used electronic systems to communicate with other providers. Electronic systems were also in place for making referrals, and the practice made all relevant referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). The practice manager reported that this system was easy to use.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. The staff we spoke with were trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that the clinical staff we spoke with were aware of the Mental Capacity Act 2005 and their duties in fulfilling it and were able to describe how they implemented it in their practice. For some specific scenarios where capacity was an issue consideration had been given, for example with making do not attempt resuscitation orders.

A GP we spoke with demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

Health Promotion & Prevention

It was practice policy to offer all new patients registering with the practice a health check with the practice nurse. We clinical staff we spoke with were knowledgeable regarding their practice population and spoke confidentially regarding the services they offered. For example we were told that there was a higher than average number of teenage pregnancies in the local area. The practice routinely offered pregnancy testing, free condoms and chlamydia screening to patients aged 18-25.

We noted that the practice website offered patients' health promotion and prevention advice for example flu vaccines details. It also directed patients to other local services and online health information.

The practice had numerous ways of identifying patients who needed additional support in order to assist with offering additional help. For example, the practice kept a register of all patients with learning disabilities and a register of all patients who were carers. A practice nurse told us that the carer register was beneficial in ensuring this group of patients were offered a sessional flu vaccine.

The practice's performance for cervical smear uptake was 74% which was in line with the expected number in the CCG. The practice nurse discussed the system in place to recall and follow up patients who did not attend this appointment for screening.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for child immunisations was generally in line for the CCG area

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and a survey of 38 patients undertaken by the practice in August 2014. The national patient satisfaction survey told us that 99% of respondents said that the receptionists at the surgery were helpful and 85% said that the nurse was good at treating them with care and concern. Both of these figures were above the average for the CCG area. 79% said the last GP they saw was good at treating them with care and concern. This was slightly below the CCG average.

During the inspection we spoke with seven patients. All were satisfied with the way they were treated by clinical and non-clinical staff at the practice. Many gave examples which were complimentary of the care and treatment they had received. Patients completed CQC comment cards to provide us with feedback on the practice. We received 15 completed cards which were positive about the service experienced. Patients said they felt the practice offered a good service and staff were efficient, helpful and caring. We were told that staff treated patients with dignity and respect.

We saw that consultations and treatments were carried out in the privacy of a consulting room. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. In the national patient satisfaction survey only 62% of patients responding were satisfied with the level of privacy at reception. The practice were making some effort to address this and the staff we spoke with told us that a private area was available for patients to use. We saw that information relating to confidentiality was displayed in the waiting area.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about the nurses involving them in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 86% of practice respondents said the nurses involved them in care decisions. This result was above the average for the CCG area. 75% felt the GP was good at explaining treatment and results. This was slightly below the CCG average.

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

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed patients were generally positive about the emotional support provided by the nurses and rated it well in this area. For example, 85% of respondents said that the nurse they saw was good at treating the with care and concern. The patients we spoke to on the day of our inspection and the comment cards we received were also consistent with this survey information.

Notices in the patient waiting room and patient website also signposted people to a number of support groups and organisations. Information in the waiting area and on practice's website provided details of services and support to people who were carers. This information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us families who had suffered bereavement were offered open access to appointments to ensure they were supported when necessary.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs. For example we were told that there was a higher than average number of teenage pregnancies in the local area. The practice routinely offered pregnancy testing, free condoms and chlamydia screening to patients aged 18-25. A practice nurse we spoke with explained the processes in place to support and encourage patients to attend regular reviews.

One of the GPs at the practice engaged regularly with external stakeholders, for example the Clinical Commissioning Group (CCG) to discuss local needs and service improvements that needed to be prioritised. The staff we spoke with gave examples of how this engagement influenced and supported the care and treatment offered at the practice.

There had been very little turnover of staff which enabled good continuity of care and accessibility to appointments with a GP of choice. Longer appointments were available for patients with some long term conditions. We discussed the benefits of longer appointments with clinical staff. They gave examples of how support to patients was improved as a result of this. Further consideration and discussions were taking place to ensure appropriate time was allocated where necessary.

The practice had numerous ways of identifying patients who needed additional support in order to assist with offering additional help. For example, the practice kept a register of all patients with learning disabilities and a register of all patients who were carers. A practice nurse told us that the carer register was beneficial in ensuring this group of patients were offered a sessional flu vaccine. However, from the learning disabilities register the practice were unable to clarify how many patients had received an annual physical health check. The practice nurse agreed this was an area requiring review.

The practice had a palliative care register and had multidisciplinary meetings every three months to discuss patient and their families care and support needs. Community services were invited along to these meetings, for example health visitors and Macmillan nurses. The practice manager and a practice nurse had attended training to further improve their knowledge and understanding in this area, which is the 'Gold Standard Framework'.

We spoke with two members of the Patient Participation Group (PPG). PPGs are an effective way for patients and GP surgeries to work together to improve the service and to promote and improve the quality of the care They told us that the group had the opportunity to contribute their thoughts and ideas into the practice based patient satisfaction survey. Following the survey the group had worked with the practice to implement an action plan. This was confirmed in the PPG annual report available on the practice website.

Tackle inequity and promote equality

The practice had recognised the needs of different groups in the planning of its services. The premises and services had been adapted to meet the needs of people with disabilities and this information was available on the practice website. There was a ramp at the surgery entrance to aid wheelchair users. The layout of the building allowed for access to treatment rooms and toilet facilities.

There was a register of all patients who were carers. A practice nurse told us that the carer register was beneficial in ensuring this group of patients were offered a sessional flu vaccine. We saw that advice and support information was available for carers.

The practice had access to a translation service to support patients whose first language was not English. There were details of how to access this on the practice website. However this information was only available in English.

Staff spoke confidently about equality and diversity. We saw that patient's arriving at the practice we greeted in an appropriate manner. There was positive feedback from comments cards we received and people we spoke with.

Access to the service

The surgery was open extended hours till 19:15 on Mondays; this may be particularly useful to patients with work commitments. Details of opening times were available at the practice and on the website. This included a schedule of which doctors were available at each clinic. These gave patients the opportunity to book with a preferred GP if they wished. Information was available on

Good

Are services responsive to people's needs?

(for example, to feedback?)

how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances.

The patients we spoke with were satisfied with the appointments system. The results of the national patient satisfaction survey showed that 97% of patients responding found it easy to get through on the phone. They confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. Details of this were also available on the practice website.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their 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 leaflets were available to help patients understand the complaints system. Detailed information was also available on the practice website. The information available advised patients how their complaint would be managed. It also informed the complainant how to escalate a complaint should they remain dissatisfied. None of the patients spoken with had ever needed to make a complaint about the practice.

The practice manager told us that there had been two verbal complaints received in the last twelve months which had been resolved informally.

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

All of the staff we spoke with, clinical and non-clinical described a vision to deliver high quality care and promote good outcomes for patients. The staff we spoke with articulated the values of the practice. All were confident and knowledgeable when discussing dignity, respect and equality. When speaking to the GPs the importance of quality was evident. There was information displayed in the waiting area detailing how Rough Hay Surgery implemented the NHS Constitution.

The staff we spoke with knew and understood the vision and values and knew what their responsibilities were in relation to these.

Governance Arrangements

The practice manager was the named lead for governance arrangements at the practice. The practice had a number of policies and procedures in place to govern activity and these were available to staff via the computer system within the practice. We looked at a selection of these policies and procedures.

The staff we spoke with recognised the need for governance arrangements to be in place. We were told that staff had completed information governance training. This training reminded practice staff on the importance of data protection, confidentiality and handling and management of patient information and data.

The practice held staff meetings, the practice manager told us that governance arrangements were discussed at these meetings.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. The practice nurse told us that QOF data was regularly reviewed and discussed to maintain or improve outcomes.

Leadership, openness and transparency

There was clear leadership at the practice with named members of staff in lead roles. For example there was a lead for infection control and a GP was the lead for safeguarding. The staff we spoke with were all clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from users, public and staff

The practice had gathered feedback from patients through patient surveys. In addition to the national survey a practice led survey had been completed with the support of the PPG. PPGs are an effective way for patients and GP surgeries to work together to improve the service and to promote and improve the quality of the care. Following the survey the practice and PPG had met and discussed and agreed an action plan to look at ways to further improve the service to patients.

The practice manager told us they gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Management lead through learning & improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and support. We looked at staff files and found that regular appraisals were not always in place. Staff told us that the practice was very supportive of training and gave examples of training that they had completed.

The practice was a training practice, doctors who were in training to be qualified as GPs offered extended appointments and had access to a senior GP throughout the day for support. Feedback from those trainees we spoke with was positive. We also received positive feedback from patients in relation to the consultations they had received.