

# Healey Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Healey Surgery on 20 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.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks. Not all appropriate staff had undergone a check with the Disclosure and Barring Service. (DBS)
- Patients' needs were assessed and care was planned and delivered following best practice guidance with the exception of the telephone prescription ordering system

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it difficult to contact the practice using the telephone system however when they did get through they said they found it easy to make an appointment with a GP and that there was continuity of care. Urgent appointments were available the same day but not always with a named GP.
- 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.

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

Importantly the provider must

# Summary of findings

- Ensure recruitment arrangements include all necessary employment checks for all staff
- Ensure staff have received full training appropriate to their role
- Ensure there is a clear policy with regard to repeat prescribing and to operate within own repeat prescribing policy.

**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 requires improvement for providing safe services as there are areas where it must make improvements.

Staff understood and fulfilled their responsibilities to report incidents and near misses.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Areas of concern found were recruitment and medicines management.

- Two members of staff acting as chaperones had not had a check with the disclosure and barring service carried out. (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). There was no risk assessment in place to justify why no DBS check had been undertaken. We also found two members of staff acting as chaperones had not undergone any form of chaperone training.
- We found the practice were not operating within their own repeat prescribing policy and procedure or good practice guidance when taking repeat prescription requests over the telephone or issuing repeat prescriptions.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

- Staff had received training appropriate to their roles further training needs had been identified and appropriate training planned to meet these needs with the exception of two staff members acting as chaperones. Plans were in place for chaperone training to be carried out in March 2016 whilst they carried out chaperone duties.
- There was evidence that staff were supported and developed within the practice. There was evidence of appraisals and personal development plans for all staff.

Staff worked with multidisciplinary teams.

**Good**



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice similar to that of others for several 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. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it difficult to contact the practice using the telephone system but when they did get through they found it easy to make an appointment with any GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

- The practice had recently changed clinical systems so that it was able to monitor capacity and as a result had made more telephone and urgent appointments available
- 20% of the practice population were of a BME group and staff were able to speak several different languages to meet the language need.
- The practice are part of a federation that will be offering 8 til 8 seven days opening times due to start in December.

The practice offers extended hours on Monday evenings with the last appointment at 7:30pm.

Good



## Are services well-led?

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

Good



# Summary of findings

- 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. .
- Each partner is responsible for an added role such as HR, Finance and Infection Control

# 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. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

### People with long term conditions

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

### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Children who did not attend hospital appointments were routinely followed up by the practice. Immunisation rates were higher than the CCG average for all standard childhood immunisations. We saw evidence that children and young people were treated in an age-appropriate way and were recognised as individuals. 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, health visitors and school nurses. The practice provided a full range of contraceptive services including coil fitting.

### 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

# Summary of findings

to ensure these were accessible, flexible and offered continuity of 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. Extended hours are offered on Monday evenings with the last appointment at 7:30pm.

The practice had a Facebook page which is used to promote the services provided including national campaigns. Patients can message the surgery to cancel appointments. This was monitored by the practice manager at present.

## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and also offers longer appointments for this group of patients.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. 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.

One of the partners trained in drug counselling and worked closely with the drugs and alcohol shared care service, holding a clinic every fortnight.

20% of the practice population belong to a BME group and staff are able to speak several different languages to meet the language need of the practice population. Language line was also used for patients whose first language was not English.

## **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). 94.37% of people experiencing poor mental health had agreed care plans documented in the records. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been



## Summary of findings

experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia and were aware of the mental capacity act and how to access the MIND advocate.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 347 forms distributed and 108 responses with a response rate of 31.1%.

- 46.1% find it easy to get through to this surgery by phone compared with a CCG average of 61% and a national average of 73.3%.
- 85.3% find the receptionists at this surgery helpful compared with a CCG average of 85.1% and a national average of 86.8%.
- 52.1% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 57.1% and a national average of 60%.
- 77% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 80% and a national average of 85.2%.
- 87.7% say the last appointment they got was convenient compared with a CCG average of 92.3% and a national average of 91.8%.

- 65.5% describe their experience of making an appointment as good compared with a CCG average of 66.9% and a national average of 73.3%.
- 57.6% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64.4% and a national average of 64.8%.
- 53.9% feel they don't normally have to wait too long to be seen compared with a CCG average of 57.1% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. Comments included individual praise about the doctors, nurses and staff. Five patients and two members of the PPG that we spoke to on the day also gave positive feedback about the practice and its personnel.

## Areas for improvement

### Action the service MUST take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff
- Ensure staff have received full training appropriate to their role
- Ensure there is a clear policy with regard to repeat prescribing and to operate within own repeat prescribing policy.

# Healey Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a **CQC Lead Inspector**. The team included a GP specialist adviser, a second CQC inspector and a practice nurse specialist adviser.

### Background to Healey Surgery

Healey Surgery provides primary medical services in Rochdale from Monday to Friday. The practice is open between 8.30am and 6.30pm. The first appointment of the day with a GP is 9:00am and the last appointment with a GP is 5:00pm. Extended hours are offered on Monday evenings the last appointment is at 7:30pm.

Healey Surgery is situated within the geographical area of Heywood, Middleton and Rochdale Commissioning Group (CCG).

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Healey Surgery is responsible for providing care to 7964 patients.

The practice is a training practice, accredited by the North Western Deanery of Postgraduate Medical Education and has three GP trainers and appraisers.

The practice consists of five GPs, two of whom are female, one locum practice nurse, health care assistant and phlebotomist. The practice is supported by a practice manager, office manager, data manager, administration and receptionists. The practice are in the process of recruiting practice nurses.

When the practice is closed patients are directed to the out of hour's service.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

# Detailed findings

- 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 20 October 2015. During our visit we spoke with

members of staff including GPs, practice manager, health care assistant, data manager and receptionists. We also spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public 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 told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system. The practice carried out an analysis of significant events.

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.

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. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

### 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. 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.
- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required.
- Two members of staff were acting as chaperones but had not had a disclosure and barring service (DBS) check carried out or received training. (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). At the time of inspection, there was no evidence that plans were in place to carry out DBS checks or to risk assess the working practice.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments. 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. One of the partners was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing with the exclusion of warfarin prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

The practice was not following their repeat prescribing protocol which stated that 'warfarin is listed as not suitable as repeat medication' and refers to NPSA alert (18)(Actions that can make anticoagulation therapy safer)

During our inspection we found for example, repeat prescription requests for warfarin, the patient was not required to take in their anticoagulant record book nor was the INR (International Normalised Ratio) checked before the warfarin was issued.

## Are services safe?

If the request was made by telephone, the dedicated staff member asks the patient what the INR is before issuing the warfarin. INR checks are not made before issuing the warfarin.

We were also told Warfarin was on repeat prescription and was routinely issued unless the practice have received a did not attend (DNA) letter from the anticoagulation clinic. The practice would only stop issuing warfarin on repeat prescription if they had received a DNA letter from the clinic.

When asked what was the maximum period of time since a last repeat was issued, staff were unsure if it was six or 12 months. We were told for things such as inhalers, the peak expiratory peak flow would be checked by the prescription line member of staff and if this was in the correct range the prescription would probably be issued. The prescription line staff were not registered clinicians.

We were told that staff would sometimes ask the patient to spell out the medication requested or ask what the medication is for before issuing the prescription.

- Recruitment checks were carried out and the five files we reviewed showed that not all appropriate recruitment checks had been undertaken prior to employment. For example, not all staff had proof of

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure that enough staff were on duty. There is a long term locum nurse at present whilst the practice recruit two part time permanent nurses.

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system and a panic button on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to 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 and audits.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were comparable apart from one area in diabetes. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was similar to the CCG and national average, except for the number of patients on the register whose last HbA1c is 63mmol or less in the preceding 12 months. The practice had recently carried out an HbA1c audit and had seen an improvement in these figures. An increase from 61.81% to 67.7% of patients on the register whose last HbA1c is 63 mmol or less in the preceding 12 months.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average
- Performance for mental health related and hypertension indicators was similar to the CCG and national average
- The dementia diagnosis rate was comparable to the CCG and 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. There had been four clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result of a recent audit included identifying some patients who were prescribed an incorrect dosage of Methotrexate. After two audit cycles the practice had achieved 100% of patients prescribed the correct dosage inline with national guidance..

### 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 learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on going support, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. Staff received training that included: 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. 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 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 services effective?

(for example, treatment is effective)

are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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

## 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 drug and alcohol cessation. Patients were then signposted to the relevant

service. A dietician was available on the premises and smoking cessation advice was available from the nursing team. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.53%, which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.5% to 100% and five year olds from 96.5% to 100%. Flu vaccination rates for the over 65s were 73.53 and at risk groups 55.39%. These were also comparable to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed 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 they could offer them a private room to discuss their needs.

All of the seven patient CQC comment cards we received were 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. We also spoke with two members 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. 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 slightly above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 90.4% said the GP was good at listening to them compared to the CCG average of 89% and national average of 88.6%.
- 93% said the GP gave them enough time compared to the CCG average of 87% and national average of 86.6%.
- 95.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.2% and national average of 95.2%
- 87.2% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85.4% and national average of 85.1%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.5% and national average of 90.4%.

- 85.3% patients said they found the receptionists at the practice helpful compared to the CCG average of 85.1% and national average of 86.8%

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

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

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

- 79.3% said the last GP they saw was good at explaining tests and treatments which is below the CCG average of 86.6% and national average of 86%.
- 80.5% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81.7% and national average of 81.4%

Staff were able to communicate in several languages and translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients the translation service was available.

### Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 19.9% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. A notice board in the reception area was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that support was available to families that had suffered bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area.

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

- The practice offered late appointments on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent, same day access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice was planning to extend the premises and improve the existing rooms
- In response to comments in the patient survey regarding opening times the practice are part of a federation in the area which is offering 8am to 8pm seven day access appointments due to start in December. This means that patients who cannot get an appointment with the practice are offered an appointment at the newly formed centre.

### Access to the service

The practice was open between 8:30 and 6:30 with appointments available between 9:00 and 5:00 Monday to Thursday. Extended hours surgeries were offered from 6:30 until 7:30 Monday evening. Urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages

although people we spoke to on the day were able to get appointments when they needed them. To address this the practice are part of a local federation which will offer appointments 8am to 8pm starting in December 2015..

- Survey results show 66.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 71.5% and national average of 74.9%.
- 46.1% patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 73.3%.
- 65.5% patients described their experience of making an appointment as good compared to the CCG average of 66.9% and national average of 73.3%.
- 57.6% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64.4% and national average of 64.8%.

### 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 leaflets were available on the reception desk. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at nine complaints received in the last 12 months and found eight of these were satisfactorily handled, dealt with in a timely way, open and transparent way. One complaint is still on going.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice are looking at replacing the telephone system due to complaints received. Quotes have been received by the practice which they are in the process of reviewing.

# 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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs, with one of the practices' GPs chairing the CCG.

### 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
- The practice had policies some of which needed to be more practice specific
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, except for recruitment where DBS checks and training must be undertaken for specific roles.
- The new practice manager was reviewing and updating the reviewing the tannoy system, developing a surgery intranet system for staff to have easy access to policies and procedures and NICE guidelines.

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team training half days were held every month. 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) and through national surveys and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. For example

- The new manager in post was introducing a more structured electronic HR system which would ensure there was a full record and structured recruitment process and training record.
- The practice, as part of the local federation will be providing 8am to 8pm seven day access to a GP
- A change in clinical systems and being able to monitor demand has resulted in an increase in telephone consultations and urgent appointments.
- The practice were proactive in utilising social media to communicate with patients and also as a means of seeking feedback and communication with patients, this was monitored by the practice manager.

The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>&lt; 12.—(1) Care and treatment must be provided in a safe way for service users.</p> <p>I (2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>(g) the proper and safe management of medicines;</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"><li>• We found the practice were not operating within their own repeat prescribing policy and procedure or good practice guidance when taking repeat prescription requests over the telephone or issuing repeat prescriptions.</li></ul>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>19.—(1) Persons employed for the purposes of carrying on a regulated activity must—</p> <p>(a) be of good character,</p> <p>(b) have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and</p> <ul style="list-style-type: none"><li>• (c) be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed.</li></ul>

## Requirement notices

(2) Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions in—

(a) paragraph (1), or

(b) in a case to which regulation 5 applies, paragraph (3) of that regulation.

(3) The following information must be available in relation to each such person employed—

(a) the information specified in Schedule 3.

- Recruitment checks were carried out and the five files we reviewed showed that not all appropriate recruitment checks had been undertaken prior to employment. For example, not all staff had proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Two members of staff acting as chaperones had not had a DBS check.
- Two members of staff acting as chaperones had not received appropriate training