

Southey Green Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Southey Green Medical Centre on 22 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available although some patients reported that they did not know how to make a complaint.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had sought feedback from patients but did not have an active patient participation group.

The areas where the provider should make improvements are:

- Incident reporting and process is in place although shared learning could be improved across the practice.
- Regular meetings should be in place with the practice manager and GP's.
- Clinical waste bins were accessible as there was no locking mechanism. This issue had been raised from the infection prevention and control audit.
- There was access to cleaning fluids which were situated on the second floor inside the premises. This issue had been raised from the infection prevention and control audit.

Summary of findings

- Two practice nurses had level one safeguarding training from previous employment and should access current on line training.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were low compared to the locality and nationally. During the inspection we found the GPs were aware of this issue and had started to address it.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of an appraisal system and personal development plans for some staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care. During the inspection we found the GPs were aware of this issue and had plans in place to address it.
- 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.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, one of the GPs works with the CCG in the development and design of local services.
- Patients said they found it easy to make an appointment with a named GP and 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 evidence showed the practice responded quickly to issues raised although some patients said they did not know how to make a complaint.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- There was a leadership structure in place and staff felt supported by management, however some staff were not sure who to approach if they had issues of concern.
- The practice had a number of policies and procedures to govern activity, but the implementation and governance of these policies was poor.
- The practice proactively sought feedback from patients, however there was no active patient participation group (PPG).

Requires improvement



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered support to the local residential home through weekly clinics held at the home. The home reported they were very satisfied with the level of care provided by the GPs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 79% and comparable to the national average of 75%.

Good



Summary of findings

- Children and young people were treated in an age-appropriate way and were recognised as individuals for example the involvement of children in consultations and discussions.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 79% and comparable to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered flexible access with online appointments and repeat prescriptions.
- Opportunistic health advice was given with regard to public health issues for example smoking cessation, fitness to work and travel health advice.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 living with dementia).

- The percentage of patients with physical and/or mental health conditions whose notes recorded a smoking status in the preceding 12 months was 96% and comparable to the national average of 94%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line or just below local and national averages. 354 survey forms were distributed and 113 were returned. This represented a 32% response rate.

- 76% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 73% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 84%).

- 61% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 77%).

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 5 comment cards which were mainly positive about the standard of care received. For example, I've been treated with care and compassion and I'm very happy with the services provided; Doctors are welcoming but waiting system is outdated.

We spoke with three patients during the inspection. All three said they were happy with the care they received and thought staff were approachable, committed and caring.

Southey Green Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Southey Green Medical Centre

Southey Green Medical Centre is situated in Sheffield within an area of high deprivation. The surgery is located in a converted house with on-site car parking facilities and there are good transport links nearby. The surgery provides a range of regulated activities and is responsible for a local rewsidential home. There are three GPs at the surgery, two male and one female; two practice nurses (both female), a practice manager (female) and six part-time reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Patients are able to book appointments and request repeat prescriptions online. Appointments are from 8am to midday every morning and 2pm to 6.30pm each day. The practice is closed on Thursday afternoons although additional flu clinics have been offered during this time. Extended surgery hours are offered between 6.30pm and 7.30pm on Mondays. Out of hours is covered by 111 services when the surgery is closed.

Early analysis of data noted some very large variations with hypnotic prescribing and non-steroidal anti inflammatory drug usage. During the inspection we found evidence that the practice had started to address these issues with input

from the CCG medicines management team. A low number of patients would recommend this surgery (61.9%) although during the inspection we were given positive patient feedback.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 January 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurses, practice manager, administrative and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a new system to ensure that prescription pads were securely stored had been introduced following a risk assessment of previous prescriptions going missing.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies 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. All staff had received safeguarding training but two staff were overdue a review. The safeguarding lead is trained to Safeguarding level three.
- A notice in each consulting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS

check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control lead. There was an infection and prevention control protocol in place and staff had received up to date training. An annual infection control audit had been undertaken and we saw evidence that some action had been taken to address improvements apart from the storage of clinical waste outside the premises and access to cleaning fluids inside the premises on the upper floor, not normally accessed by patients.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and although no fire evacuation drill had taken place, we were assured this would be actioned. All electrical equipment was checked to ensure the equipment was safe to use and

Are services safe?

clinical equipment was checked to ensure it was working properly. The practice 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. A locum information pack was also available.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers 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. A first aid kit and accident book were 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. Apart from an online version, it was noted that there was only one copy of the plan which included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 491 of the total number of points available (559), with 14.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was lower than the CCG and national average. For example the percentage of patients with diabetes on the register in whom the last blood pressure reading is 140/80 mmHg or less was 54% compared to the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was low 76% compared to the national average of 83%.
- Performance for mental health related indicators was lower than the national average. For example the percentage of patients diagnosed with dementia whose care has been reviewed in a face to face review meeting in the preceding 12 months was 50% compared to the national average of 84%. During the inspection we saw

evidence that the GPs were working to address these QOF indicators. For example, opportunistic dementia screening and referrals to the local rapid dementia team.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice and shared by a learning group to improve services. For example, recent action taken as a result included addressing and reducing the practice prescribing of hypnotic medications and non steroidal anti inflammatory drugs.

Information about patients' outcomes was used to make improvements through discussion at external meetings and the learning brought back to the practice.

Effective staffing

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

- The practice had an induction process and checklist for all newly appointed staff. Staff had access to an online training system which covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions., Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through appraisals, meetings and reviews of practice development needs. Staff had access to appropriate online training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. Not all staff had had an appraisal within the last 12 months.

- Staff had accessed and completed appropriate training and made use of e-learning modules and in-house learning which was overseen on a monthly basis by the practice manager.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 79%, which was comparable the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability a female sample taker was available. 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 100% to 97.4% and five year olds from 100% to 89%.

Flu vaccination rates for the at risk groups was 95%. These were comparable to CCG and 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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.

Most of the five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for several of its satisfaction scores on consultations with GPs and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 89% and national average of 88%.
- 89% said the GP gave them enough time (CCG average 87%, national average 86%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 88% said they found the receptionists at the practice helpful (CCG average 85%, national average 86%).

Care planning and involvement in decisions about care and treatment

Patients told us 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care (CCG average 82% , national average 81%).
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84% , national average 84%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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. The practice had identified 14% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement they were offered a patient consultation at a flexible time and location to meet the family's needs or advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified. For example, one of the GPs had produced a febrile child template when assessing ill children showing symptoms of fever.

- The practice offered late evening appointments on Monday evenings until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice is participating in Admissions Avoidance Enhanced Service.

Access to the service

The practice was open between 8am and 6.30pm on Monday to Friday. Appointments are from 8 am to midday every morning and 2pm to 6.30pm each day apart from Thursday afternoon when the surgery is closed. Extended surgery hours are offered between 6.30pm and 7.30pm on Mondays. Out of hours is covered by 111 services when the surgery is closed.

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

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 73%.
- 76% patients said they could get through easily to the surgery by phone (national average 73%).
- 63% patients said they always or almost always see or speak to the GP they prefer (national average 73%).

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example a summary in the practice information booklet. However, two out of three patients told us that they did not know how to make a complaint.

We looked at 10 complaints received in the last 24 months and found that all of these were acknowledged and responded to. Most of the complaints were satisfactorily handled and dealt with in a timely way whereby there was openness and transparency with dealing with the complaint. For example the practice manager introduced an 'outcomes sheet' for ease of evidencing each complaint received. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice was developing a vision to deliver quality care and promote good outcomes for patients.

- The practice did not have a mission statement, however staff understood the values of the practice.
- The practice had a business plan, however this needed to reflect the vision and values and be regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care. However, there needed to be clear structures and procedures in place. For example:

- There was a leadership structure in place and staff felt supported by management, however some staff were not sure who to approach if they had issues of concern.
- The practice had a number of policies and procedures to govern activity, but the implementation and governance of these policies requires improvement.
- Some staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were in place and were available to all staff through the shared drive.
- The practice proactively sought feedback from patients, however there was no active patient participation group (PPG).

Leadership and culture

The current partner in the practice has the experience to ensure and deliver high quality care. With the planned addition of a new GP partner they are able to prioritise safe, high quality and compassionate care. The GPs were visible in the practice and staff told us they were approachable.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners

encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents however shared learning amongst the practice team could be improved.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings.
- Staff said they felt respected and valued. Not all staff were involved in discussions about how to run and develop the practice but they did feel supported in their roles.

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

The practice had made attempts to gather feedback from patients, the public and staff. It sought patients' feedback through a 'suggestion box' placed in the waiting room and via the practice website. We did not see evidence of engagement with patients in the delivery of the service.

The practice had been unable to gather feedback from patients through a patient participation group (PPG) although they did gather data through surveys and complaints received. We did not see evidence of submitted proposals for improvements to the practice management team.

- The practice had gathered feedback from staff generally through staff meetings and discussion. Staff told us they generally felt able to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was an emphasis upon continuous learning and improvement within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area.