

# Abbey Lane Surgery

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Abbey Lane Surgery on 11 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 and easy to understand.

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

The areas where the provider should make improvement are:

- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice had measures in place to ensure that staff had access to relevant training, however some staff had not received safeguarding training in the last year.

# Summary of findings

- The practice should ensure that the tracking of patient histology is in accordance with NHS policy guidance.

**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?

- There was an effective system in place for reporting and recording significant events.
- Lessons were 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, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, 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?

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- 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 appraisals and personal development plans for all staff.
- Practice staff reviewed the needs of its local population and collaborated with the multidisciplinary team to ensure improvements to services where these were identified.

Good



### Are services caring?

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example, 91% of patients would recommend this surgery to someone new to the area compared to the CCG average of 75.5% and the national average of 77%. In addition, 95% of patients describe their overall experience of this surgery as good compared to the CCG average of 85% and the national average of 87%.

Good



# Summary of findings

- Feedback from patients about their care and treatment was consistently and strongly positive. The practice has the second highest patient satisfaction scores out of the 87 practices in Sheffield.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, one of the GPs had attended a specialised training course in order to deliver domiciliary care for a patient with increased mental and physical health needs.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. For example, care plans were observed which were specific to the individual needs and wishes of patients to choose and plan their end of life care.

## Are services responsive to people's needs?

Good



- Practice staff reviewed the needs of its local population and collaborated with the multidisciplinary team to ensure improvements to services where these were identified.
- Most 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 easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. 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 although some were overdue a review. The practice staff held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

# Summary of findings

- 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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 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.

### People with long term conditions

Good



- Nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and a risk classification within the preceding 12 months was comparable to other practices at 92% but higher than the national average of 88%.
- 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.

### Families, children and young people

Good



- 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 Accident and Emergency 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 comparable to other practices at 73% and the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 96% and higher than the national average of 81%.

# Summary of findings

- 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, health visitors and school nurses.

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

Good



- 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.

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

Good



- 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 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.

## **People experiencing poor mental health (including people with dementia)**

Good



- All patients diagnosed as living with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- All patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months, which is higher than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.



# Summary of findings

- 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. Patients have access to a mental health worker at the practice two days each week.
- 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 dementia

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing above local and national averages. 247 survey forms were distributed and 124 were returned. This represented 30% of the practice's patient list.

- 93% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried (National average 78%).
- 94% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 84%).
- 91% 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%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were positive about the standard of care received. Comments described the surgery as excellent with exceptional doctors who treat patients with care, dignity and respect in a safe and hygienic environment.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring. The Friends and Families test rates the practice as 4.5 out of 5 stars and describes it as an excellent practice where the staff are unfailingly polite and helpful; the doctors excellent and give patients time to discuss their problems.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.

- The practice had measures in place to ensure that staff had access to relevant training however some staff had not received safeguarding training in the last year.
- The practice should ensure that the tracking of patient histology is in accordance with NHS policy guidance.

## Outstanding practice

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome

obstacles to achieving this. For example, one of the GPs had attended a specialised training course in order to deliver domiciliary care for a patient with increased mental and physical health needs.

# Abbey Lane 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 and a practice manager specialist adviser.

## Background to Abbey Lane Surgery

Abbey Lane surgery is situated in the Woodseats area of Sheffield which is an area of low deprivation. The practice is situated in a converted property across three floors and is currently being updated. There is no patient parking on site but street parking is available adjacent to the practice. The surgery offers clinics including; weight loss, mental health care, smoking cessation and pre-natal clinics with the midwife. There is disabled access to the rear of the building and direct bus transport links to the city centre. There are two partner GPs (both female), one practice nurse (female) and a health care assistant (female) and a mental health support worker.

The practice is open at 8.30am until midday and 2pm until 6pm on Monday to Friday. Appointments are between 8.30am and 10.20am and 2pm until 5pm Monday to Wednesday and between 8.30am and 10.10am on and 3pm until 5pm on Thursday and Friday. Extended surgery hours are offered through early morning or late evening appointments on alternate weeks. The practice is closed on Thursday afternoons, Out of hours services are provided by 111 services if the practice is closed. The practice has a list size of 2956.

## 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 11 January 2016. During our visit we:

- Spoke with a range of staff (GP's, practice nurses, administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

# Detailed findings

- 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 living 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 at practice and clinical meetings to make sure action was taken to improve safety in the practice. For example, a patient was referred to the wrong hospital service. Following this incident, information regarding the referral system was requested from the hospital provider and all staff members were updated on the new system at the monthly staff meeting to avoid this happening again.

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 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. A GP is the lead member of staff for safeguarding and 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. Both GPs were trained to Safeguarding level three.
- A notice in the reception area 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 and we were told of plans with approval for updating the premises. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection prevention and control protocol in place and staff had received training and were due a review. Annual infection control audits were undertaken and we saw evidence that action was being 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 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. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed two 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 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.
- The practice did not keep a running log of patient samples and should ensure that the tracking of patient histology is in accordance with NHS policy guidance.

### Monitoring risks to patients

## Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. 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 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. Staff were aware of legionella and the systems were flushed regularly, however there was no evidence of a legionella risk assessment. Staff assured us that this issue would be addressed. (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.

### **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.
- The practice had a defibrillator available on the premises, however there was no oxygen and no risk assessment for this. 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. The plan 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 556 out of the total number of points available (559) with 11.6% 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 above the national average. For example, the percentage of patients with diabetes, on the register, who had regular blood testing was 85% compared to the national average of 77%.
- The percentage of patients with hypertension having regular blood pressure tests was 89% compared to the national average 83%.
- Performance for mental health related indicators was above the national average. For example the percentage of patients diagnosed as living with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 100% compared to the national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been 13 clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in medicines management audits in collaboration with the CCG.
- Findings were used by the practice to improve services. For example, previous data identified the practice as high antibiotic prescribers. The practice addressed this issue by identifying who was prescribing and what was being prescribed; reviewing patients to see if the prescription was appropriate and if alternatives could be used; undertaking online training; discussing at clinical meetings and contacting the CCG pharmacist for advice. Re-audit of figures showed a great improvement and we saw evidence that this issue had been addressed in the central locality prescribing report 2015/16.

### Effective staffing

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

- The practice had an induction policy in place 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 a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included an online training package, ongoing support during sessions, shadowing, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

# Are services effective?

## (for example, treatment is effective)

- 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 and their intranet system.

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan 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 clinical and practice 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.

- The process for seeking consent was monitored through records audits.

### 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 and those requiring advice on their diet and smoking cessation. Patients were then signposted to the relevant service.
- A mental health support worker was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 85%, which was higher than the CCG average of 75% and the national average of 74%. 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 and they ensured 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 higher than the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds from 95% to 100%.

Flu vaccination rates for the over 65s were 74%, and at risk groups 51.56%. These were also 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.
- We observed a strong caring and patient-centred culture. Feedback from patients about their care and treatment was consistently positive and staff were motivated to offer kind and compassionate care. We found positive examples to demonstrate how patients' choices and preferences were valued and acted upon.
- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example, 91% of patients would recommend this surgery to someone new to the area compared to the CCG average of 75.5% and the national average of 77%. In addition, 95% of patients describe their overall experience of this surgery as good compared to the CCG average of 85% and the national average of 87%.
- Feedback from patients about their care and treatment was consistently and strongly positive. The practice has the second highest patient satisfaction scores out of the 87 practices in Sheffield.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, one of the GPs had attended a specialised training course in order to deliver domiciliary care for a patient with increased mental and physical health needs.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. For example, care plans were observed which were specific to the individual needs and wishes of patients to chose and plan their end of life care.

All of the 14 patient Care Quality Commission 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 spoke with one member of the patient participation group. 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 felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 89% and national average of 88%.
- 92% said the GP gave them enough time (CCG average 87%, national average 86%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96.2%, national average 95%).
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.8%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 96% 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 sometimes above local and national averages. For example:

## Are services caring?

- 90% 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%.
- 88% 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 84.3%, 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, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. There was no access to a male GP however staff told us that this had not been an issue.

- The practice offered early morning and late evening appointments on alternate days each week 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 as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were some disabled facilities and interpretation services available but no hearing loop in place.
- The practice had 2 consulting rooms which could only be accessed via a staircase however patients with a disability could always request to be seen on the ground floor.

### Access to the service

The practice is open at 8.30am until midday and 2pm until 6pm on Monday to Friday. When the practice is closed, 111 services are in place. Appointments are between 8.30am and 10.20am and 2pm until 5pm Monday to Wednesday and between 8.30am and 10.10am on and 3pm until 5pm

on Thursday and Friday. Extended surgery hours are offered through early morning or late evening appointments on alternate weeks. The practice is closed on Thursday afternoons.

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

- 76.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 72.4% and national average of 74.9%.
- 93.3% patients said they could get through easily to the surgery by phone (CCG average 69.8%, national average 73.3%).
- 78.5% patients said they always or almost always see or speak to the GP they prefer (CCG average 58.3%, national average 60%).

People told us on the day of the inspection that 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 e.g. posters displayed and suggestion box available however information was not available on the practice website.

We looked one complaint received in the last 12 months and found they were satisfactorily handled in a timely manner. For example a complaint relating to a home visit was received on 27 May 2015 and resolved on 10 June 2015. Lessons were learnt from concerns and complaints through discussion at the monthly clinical meeting and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff however some of these were overdue a review.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous quality improvement was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had 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 they were approachable and always took the time to listen to all members of staff.

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.

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

- Staff told us the practice held regular practice, clinical and reception 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 and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a new and active PPG who meet regularly to discuss improvements to the practice. For example, extended hours opening was implemented following the last meeting.

- The practice had 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 that they thoroughly enjoyed working at the practice and felt involved and engaged to improve how the practice was run.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had just commenced a dementia direct

# Are services well-led?

Good 

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enhanced service to identify early diagnosis in their population. In addition the GPs had started recalling all patients with more than two long-term conditions to create individual care plans for this group.