

Rocky Lane 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?	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

This is the report of findings from our inspection of Rocky Lane Medical Centre. The practice is registered with the Care Quality Commission (CQC) to provide primary care services. We undertook a planned, comprehensive inspection on 29 October 2014 and we spoke with patients, relatives, staff and the practice management team.

The practice was rated as **Good**.

Our key findings were as follows:

- Staff understood and met their responsibilities to raise concerns and report incidents, risks and near misses. Lessons were learned and communicated widely to support improvement. There were enough staff to keep people safe. However improvements were required to ensure staff were safely recruited and required information was held in relation to staff.
- Patient's needs were assessed and care was planned and delivered in line with current legislation. Staff received training appropriate to their roles and further training needs have been identified and planned.

- Many patients told us they were treated with compassion, dignity and respect and that they were involved in care and treatment decisions.
- The practice reviewed the needs of their local population. Patients reported good access to the practice.
- There was a clear leadership structure and staff felt supported by management. There were systems in place to monitor and improve quality and identify risk.

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

The provider must:

- The provider must ensure that all staff with chaperoning responsibilities have had a Disclosure and Barring Service (DBS) check completed.

The provider should:

- Ensure annual electrical tests are completed for all electrical equipment in use.
- Ensure doctors have available emergency drugs for use in a patient's home.

Summary of findings

- Have available the use of equipment such as pulse oximeters, defibrillators and oxygen for emergency treatments or a risk assessment in place supporting their decision not to have this.

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 service was safe in part. Information from NHS England and the Clinical Commissioning Group (CCG) indicated that the practice had a good track record for maintaining patient safety. Effective systems were in place to oversee the safety of the building and patients. Staff took action to learn from any incidents that occurred within the practice. Staff took action to safeguard patients and when appropriate made safeguarding and child protection referrals. We found that not all staff with chaperoning responsibilities had a completed Disclosure and Barring Service (DBS) check.

Requires improvement



Are services effective?

The service was effective. There were systems in place which supported GPs and other clinical staff to improve clinical outcomes for patients. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met. Consent to treatment was obtained appropriately.

Good



Are services caring?

The service was caring. The 22 patients who completed CQC comment cards and the ten patients we spoke with during our inspection were complimentary about the care they had received. They told us the GP and practice staff always treated them with dignity and they felt that their views were always listened to. Staff we spoke with were aware of the importance of providing patients with privacy. Carers or an advocate were involved in helping patients who required support with making decisions.

Good



Are services responsive to people's needs?

The service was accessible and responsive to patients' needs. The practice made adjustments to meet the needs of patients, including having access to interpreter services. The practice responded appropriately to complaints about the service. Regular patient surveys were conducted and the practice took action to make suggested improvements.

Good



Are services well-led?

The service was well led and effectively responded to changes. Governance and risk management structures were in place. The practice had a clear set of values which were understood by staff and recorded on the practice website. The team used their clinical audit tools, clinical supervision and staff meetings to assess the quality of service being provided and how to make improvements.

Good



Summary of findings

The six population groups and what we found

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

Older people

Staff were able to recognise signs of abuse in older people and knew how to escalate or refer these concerns if needed. All staff received adult safeguarding training annually. They recognised the complex needs of older people and how best to treat them. The practice kept a register of all older people to help them plan for the regular review of their care and treatment. The practice nurse and healthcare assistant undertook structured annual assessments of older people, including their medicines.

All older patients were being assigned a named GP at the time of our inspection. If older patients were admitted to hospital in an unplanned way this was reviewed by the GP and if required changes would be made to their treatment plan for example a change in medications. Health promotional advice and support was given to patients and their carers if appropriate and leaflets were seen at the practice. These included signposting older patients and their carers to support services across the local community. Older patients were offered vaccines such as the flu vaccine each year.

Good



People with long term conditions

The practice had processes in place for the referral of patients with long term conditions that had a sudden deterioration in health. The GP reviewed all unplanned admissions to hospital. Registers of long term conditions were kept and annual reviews of patients were carried out, including a review of medications. If needed these patients were seen more regularly to monitor their conditions. All patients with an unplanned admission to hospital were reviewed by the GP on discharge. We saw health promotional advice, information and referral to support services for example smoking cessation.

Good



Families, children and young people

The practice had systems in place for identifying children, young people and families living in disadvantaged and vulnerable circumstances. The practice monitored children and young people with a high number of A&E attendances. The GP had written reports for safeguarding and child protection hearings as required.

The practice identified and reviewed newly pregnant women with ante and post natal referrals along with patients who experienced issues with their pregnancy. Regular meetings were held at the practice with midwives, health visitors and district nurses. If required the GP would liaise with school nurses working locally.

Good



Summary of findings

Staff we spoke with were aware of consent best practice (Gillick competences). The GP undertook children immunisation sessions and the practice and procedures were in place to follow up patients who did not attend their appointment. We saw health promotional advice, information and signposting to support organisations and services for families, children and young people, including for sexual health clinics and mental health services.

Working age people (including those recently retired and students)

The practice provided a range of services for patients to consult with GPs and nurses, including on-line booking and telephone consultations. Appointments were available prior to 9am on one day each week and the practice had extended hours on a Monday and Tuesday. It was reported to us that patients within this population group had experienced delays in getting an appointment to see the GP.

Good



People whose circumstances may make them vulnerable

Systems were in place for sharing information about patients at risk of abuse with other organisations where appropriate. The practice had a system in place for identifying patients living in vulnerable circumstances. Training for staff in children's and adult safeguarding matters had been completed. A register was kept of patients with a learning disability to help with the planning of services and reviews. All such patients were offered an annual health check. We heard of the close links with community teams supporting this patient group. We saw health promotional advice and information available for patients.

Good



People experiencing poor mental health (including people with dementia)

The practice maintained a register of patients who experienced mental health problems. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. Clinicians routinely and appropriately referred patients to counselling and talking therapy services, as well as psychiatric provision.

Good



Summary of findings

What people who use the service say

We received 22 completed patient CQC comment cards and spoke with ten patients who were attending the practice on the day of our inspection. We spoke with patients from different age groups, including parents with children, patients with different physical conditions and long-term care needs. The patients were complimentary about the staff and GPs.

We heard that staff had looked at how to make it easier to obtain appointments and had introduced an on-line facility for booking appointments. We were told that all

patients whenever they called would be provided with a consultation with the GP. This was often a face-to-face appointment on the same day or a telephone call from the GP.

The national patient survey results showed the practice performed well for questions related to the overall experience of their GP surgery as fairly good or very good. Good results were reported for not being overheard in the reception area, for good or very good patient involvement in decisions about their care and treating them with care and concern.

Areas for improvement

Action the service **MUST** take to improve

Action the provider **SHOULD** take to improve:

The provider must:

- The provider must ensure that all staff with chaperoning responsibilities have had a Disclosure and Barring Service (DBS) check completed.

Action the service **SHOULD** take to improve

The provider should:

- Ensure annual electrical tests are completed for all electrical equipment in use.
- Ensure doctors have available emergency drugs for use in a patient's home.
- Have available the use of equipment such as pulse oximeters, defibrillators and oxygen for emergency treatments or a risk assessment in place supporting their decision not to have this.

Rocky Lane Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and the team included a GP and a Practice Manager. We were accompanied during the inspection with an Expert by Experience.

Background to Rocky Lane Medical Centre

Rocky Lane Medical Centre is registered with the CQC to provide primary care services, which includes access to GPs, minor surgery, family planning, ante and post natal care. The practice is situated within the Childwall ward area of the city. The practice has a higher than average population in full or part time employment. At 84.6 years, life expectancy in the Childwall ward area is 3.4 years higher than the national average. The wards life expectancy rate is one of the highest in the city. Mortality rates in Childwall are the lowest in the Liverpool wards. Teenage pregnancy, childhood obesity and alcohol related hospital admissions are also low.

The practice provides GP services for 3885 patients. They have two General Practitioner (GP) partners, one associate GP, a practice nurse, healthcare assistant, a practice manager and deputy practice manager and a number of receptionist/administration staff. The practice is part of NHS Liverpool CCG.

GP consultation times are Monday to Friday 08.00 to 18.30 and a late evening till 20.00 each Monday. Patients can book appointments in person, via the telephone and online. Appointments can be booked for up to a week in advance for the doctors and a month in advance for the

nursing clinics. The practice treats patients of all ages and provides a range of medical services. When the practice is closed patients can access the out of hour's provider for Liverpool, Urgent Care 24 (UC24).

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

- 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
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Detailed findings

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring System. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We reviewed the policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We carried out an announced inspection on 29 October 2014. We reviewed all areas of the practice including the administrative areas. We sought views from patients both

face-to-face and via comment cards. We spoke with the practice manager, registered manager, the GP partners, a nurse, healthcare assistant, a number of administrative staff and the receptionists on duty.

We observed how staff treated patients visiting and ringing the practice. We reviewed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We also talked with carers and family members of patients visiting the practice at the time of our inspection.

Are services safe?

Our findings

Safe Track Record

Reports from NHS England indicated the practice had a good track record for maintaining patient safety. During our inspection we found good systems to monitor patient safety. Staff were encouraged to share information when incidents and untoward events occurred. The practice manager told us that reports about incidents, significant events and complaints were reported and discussed at regular practice meetings. Minutes of these meetings confirmed this information.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. Staff reported an open and transparent culture when accidents, incidents and complaints occurred. Staff were trained in incident and accident reporting. There was an accident and incident reporting policy and procedure to support staff with which they were familiar. They told us they felt confident in reporting and raising concerns and felt they would be dealt with appropriately and professionally. Of the events we reviewed that had occurred, we were satisfied that appropriate actions and learning had taken place. All actions were monitored at regular practice meetings and we saw from the actions that had taken place all staff involved had used the information for shared learning and to make improvements.

The practice had a process for monitoring serious event analysis (SEA) and when required these were reported to the local Clinical Commissioning Group (CCG). They received alert notifications from national safety bodies and there was a process in place to cascade these to relevant staff as required.

We saw how complaints made were used by the practice to learn and improve patient safety and experience. From the review of complaint investigation information, we saw that the practice ensured complainants were given full feedback and were asked for detailed information about their concerns.

Reliable safety systems and processes including safeguarding

There was a current local policy for child and adult safeguarding. This referenced the Department of Health's

guidance. Staff demonstrated knowledge and understanding of safeguarding. They described what constituted abuse and what they would do if they had concerns. They had undertaken electronic learning regarding safeguarding of children and adults as part of their essential (mandatory) training modules. This training was at different levels appropriate to the various roles of staff.

There was a chaperone policy in place. Staff were familiar with this however, there were no records made when chaperoning of patients had occurred. We saw that there was signage in the consultation rooms and in the patients waiting area offering chaperones if needed.

Medicines management

The practice had clear systems in place for the management of medicines. There was a system in place for ensuring a medication review was recorded in all patients' notes for all patients being prescribed four or more repeat medicines. We were told that the number of hours from requesting a prescription to availability for collection by the patient was 48 hours or less (excluding weekends and bank/local holidays). The practice met on a quarterly basis with the local area teams medicines manager and CCG pharmacists to review prescribing trends and medication audits.

We observed effective prescribing practices in line with published guidance. Information leaflets were available to patients relating to their medicines. We reviewed the bags available for doctors when doing home visits and found they did not routinely hold medicines. Clear records were kept when any medicines were brought into the practice and administered to patients. Medicine refrigerator temperatures were checked and recorded daily and were cleaned on a monthly basis or as needed if there was a spillage. The refrigerator was adequately maintained by the manufacturer and staff were aware of the actions to take if the fridge was out of temperature range.

The practice had the equipment and in-date emergency medicines to treat patients in an emergency situation. We saw that emergency medicine, including medicines for anaphylactic shock, were stored safely yet were accessible, and were monitored to ensure they were in date and effective. We observed that there was a system for checking the expiry dates of emergency medicines on a monthly basis or more regularly if used.

Are services safe?

Cleanliness & infection control

The practice nurse was the lead for infection control. They had undertaken basic training in infection control and obtained support and guidance from the local teams as needed. There was a current infection control policy with supporting policies and guidance. The local area team had undertaken an infection control audit in 2013, we saw good results for this and in the one area that improvements were required, we saw the practice had taken appropriate action.

The practice undertook a number of sessions for minor surgical procedures each week. This included surgery for their patients and neighbouring GP practices. The treatment room was well equipped and single item equipment such as dressing packs and surgical instruments were in place. We saw that robust monitoring systems had been put into place to ensure the results of the specimens obtained were reviewed in a timely way. The practice used single use equipment for invasive procedures for example, taking blood and cervical smears.

Hand wash and alcohol hand sanitizer dispensers were situated in all the relevant rooms. A needle stick/inoculation injury flowchart protocol was displayed in all treatment rooms where the risk to staff of acquiring an infection from this type of injury was more prevalent. Sharps containers were stored in each treatment and consultation room. We saw these containers were stored on worktops and benches away from the floor and out of reach of children. We found that legionella testing had been carried out at the practice.

The environment was clean and tidy and equipment was well-maintained with cleaning schedules for each area. We saw appropriate segregated waste disposal for clinical and non-clinical waste. Contracts were in place for waste disposal and clinical waste was stored securely.

We observed equipment for example, bed trolleys, ECG machines, and dressing trolleys to be clean and tidy. The practice had a cleaning schedule to ensure the equipment remained clean and hygienic at all times.

Equipment

The practice had systems in place to ensure regular and appropriate inspection, calibration, maintenance and replacement of equipment. Suitable equipment which included medical and non-medical equipment, furniture,

fixtures and fittings were in place. Staff confirmed they had completed training appropriate to their role in using medical devices. We saw evidence that clinical equipment was regularly maintained and cleaned but there was no evidence that an annual electrical test had taken place for all electrical equipment in use.

Staffing & Recruitment

The practice had a recruitment policy in place. Appropriate pre-employment checks were undertaken and completed before employment, such as references, medical checks, professional registration checks, photographic identification. However not all staff including those with chaperoning responsibilities had completed a Disclosure and Barring Service (DBS) check before commencement of work and there was no risk assessment to support this decision. These checks provide employers with access to an individual's full criminal record and other information to assess their suitability for the role. Staff were able to describe their recruitment process and told us that they had submitted all the required information and appropriate disclosures.

Monitoring safety and responding to risk

The practice had a system in place for reporting, recording and monitoring significant events. We were told that incidents were reported at regular practice meetings and minutes were shown to us to demonstrate this. Formal risk assessments for the environment and premises were in place, this included a fire risk assessment and a completed legionella test for the building.

The practice had procedures in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. Staffing levels were set and reviewed to ensure patients were kept safe and their needs met.

The healthcare assistant monitored medications to ensure they were always available and in date. The review of the emergency treatment bag showed appropriate equipment and drugs for emergency use.

Staff confirmed they had received regular cardiopulmonary resuscitation (CPR) training and training associated with the treatment of an anaphylactic shock.

Arrangements to deal with emergencies and major incidents

Are services safe?

Comprehensive plans to deal with any emergencies that may occur, which could disrupt the safe and smooth running of the practice, were available. A detailed business continuity plan was in place. The plan covered business continuity, staffing, records/electronic systems, clinical and environmental events. Reception staff we spoke with were knowledgeable about the business continuity plans and described how they had used the plan when telephone and IT systems failed.

Staff told us they had training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR) and other emergencies such as fire and floods. The practice may find it useful to note there was no automated external defibrillator available at the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The service was effective. There were systems in place which supported GPs and other clinical staff to improve clinical outcomes for patients. Care and treatment was considered in line with current guidance from the National Institute for Health and Care Excellence (NICE) and other published guidelines which were available to staff on the IT system in place at the practice. This included the Mental Capacity Act and the assessment of Gillick competencies for children when gaining their consent. The GPs and practice nurse systematically used this system when assessing and treating patients.

The GPs and practice nurse we spoke with were clear about the rationale for the treatments they were prescribing and providing. They confirmed they had access to clinical guidelines on the practice intranet, for example, guidance such as the appropriate management and use of medicines. Each patient attending the practice had their needs assessed and interviews with the GP demonstrated they considered current legislation, standards and nationally recognised evidence-based guidance. We reviewed a number of patient's records in consultation with the GP and found assessments were in place and treatments were appropriate. Consistency and continuity of planned care was achieved between the day and out-of-hour's service for patients with complex and end of life care needs.

We found that staff had access to the necessary equipment and were skilled in its use and GPs arranged timely investigations as required during the patient consultation. Patients we spoke with were clear about their investigations and their treatment and they understood the results of these.

Management, monitoring and improving outcomes for people

The delivery of care and treatment achieved positive outcomes for people which were in line with expected norms. Where positive outcomes needed improving, such as for patients receiving different aspects of diabetes care and treatment, actions were taken by the practice to achieve this. There were systems in place to manage and monitor the service. Each of the GPs working at the practice took a lead role in a specific area such as Diabetes and

Cancer. We saw that monthly clinical meetings took place, during which time patients with complex or vulnerable needs were discussed by the multi-disciplinary team. Minutes of these meetings were kept and we were able to review these during our inspection.

The practice used the information they collected for the Quality Outcomes Framework (QOF) and their performance against national screening programmes to monitor outcomes for patients. We saw regular reporting was carried out by the deputy practice manager. QOF was used to monitor the quality of services provided. The QOF information we reviewed showed the practice was supporting patients well with conditions such as diabetes. Information provided by the local area team showed the practice attended frequent neighbourhood meetings and education events. We saw they had a practice development plan, they were working towards the targets that had been agreed such as cardio vascular disease, long term conditions, children's, urgent care, planned care and alcohol.

The practice had undertaken a number of clinical audits. These included a cancer care audit, minor surgery audit, diabetes audits and patient reviews. We found that where actions were needed as a result of these audits, these had been undertaken and reviewed at staff meetings. Dates were set for the review of these audits.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

Effective staffing

All doctors were on the national GP performers list and this was monitored by the local Clinical Commissioning Group. The practice rarely used locum GPs but when they did, the same checks as those made on permanent staff were also made on locums. The practice had a mix of administration and reception staff working with a lead practice manager. A health care assistant was in post to support the work of the practice nurse. We looked at the induction programme which included mandatory training, role-specific training, risk and health and safety assessments.

Are services effective?

(for example, treatment is effective)

We found all staff had received an annual appraisal. This was used to identify staff learning and development. This was a small practice and there was constant opportunity for close supervision of staff. Staff were supported to undertake continuous professional development, mandatory training and other opportunities for development in their role. Essential (mandatory) training topics were identified with relevance to the different roles within the practice. All doctors working at the practice had completed their General Medical Council (GMC) revalidation process (every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council).

Working with colleagues and other services

There was proactive engagement with other health and social care providers and other bodies to co-ordinate care and meet patient's needs. We saw effective communication, information sharing and decision making about who might best meet the patient's needs. We saw good communications with the out of hours services with information about the patient being shared with the practice each day by 8am. This included important information for instance for patients on the end of life care pathway whose needs may have changed overnight.

Information Sharing

We found that staff had all the information they needed to deliver effective care and treatment to patients. All new patients were assessed and patients' records were set up. This routinely included paper and electronic records with assessments, case notes and blood test results. We saw that all letters relating to blood results and patient hospital discharge letters were reviewed on a daily basis by doctors in the practice. We found that when patients moved between teams and services, including at referral stage,

this was done in a prompt and timely way. Patient summaries were about to be introduced to the practice. This is an electronic record that is stored at a central location. The records can be accessed by other services to ensure patients can receive healthcare faster, for instance in an emergency situation or when the practice is closed.

Consent to care and treatment

The practice had systems in place to seek patients consent for certain procedures, for instance for vaccinations. Staff we spoke with understood their responsibilities for this and why written consent was required in line with legislation and national guidance. We saw that healthcare professionals adhered to the requirements of the Mental Capacity Act 2005 and the Children Act 1989 and 2004. Capacity assessments and Gillick competency of children and young people, which check whether they have the maturity to make decisions about their treatment, were an integral part of clinical staff practices. We found that clinical staff understood how to agree 'best interest' decisions for patients who lacked capacity and sought approval for treatments such as vaccinations from children's parent or legal guardian.

Health Promotion & Prevention

Information provided by the local area team showed that the practice had achieved the threshold in all areas of ill health prevention. We found information on a range of topics and health promotion literature was readily available to patients in the waiting areas. This included information about services to support patients to change their lifestyle for example smoking cessation schemes. Patients were encouraged to take an interest in their health and to take action to improve and maintain it. This was confirmed for us during our conversations with patients and GPs. This included advising patients on the effects of their life choices on their health and well-being.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The service was caring and patients were treated with dignity and compassion. The twenty two patients who completed CQC comment cards and the seven patients we spoke with during our inspection were complimentary about the care they had received. They told us the GP and practice staff always treated them with dignity and they felt that their views were always listened to. Staff we spoke with were aware of the importance of providing patients with privacy.

Reception staff were able to describe how they would promote patient's dignity and how they treated them with respect. Consultation rooms were private with added privacy of curtain screening within the room itself. Patients we spoke with told us that staff treated them with the utmost dignity and respect. They said that doctors and staff maintained their privacy and dignity at all times. We observed reception staff dealing with patients and the public. They treated people with respect, listened to them and answered their queries in a professional manner. When patients presented at the reception desk staff would try to ensure confidentiality as far as possible.

Care planning and involvement in decisions about care and treatment

The Quality Outcomes Framework (QOF) showed adequate results for patients who had a comprehensive care plan

documented in their records which had been agreed between individuals, their family and/or carers as appropriate. During our inspection patients told us they felt involved in their care. They said they were given as much time as they needed when being seen by the nurse or doctor. We saw that patients had opportunities to discuss their health concerns and preferences, to inform their individualised care options. If needed the patients family, friends or advocate would be allowed to get involved or accompany the patient during an appointment. The GP national survey showed 81% of patients say the last GP they saw or spoke to was good at involving them in decisions about their care.

Staff had good communication skills. Patients were communicated with in a way they could understand and this was appropriate and respectful. We saw that written information was provided to patients with long term conditions to help them understand their disease. We saw many patients' leaflets and health promotion information some in different languages along with posters asking patients if they required advocacy services.

Patient/carer support to cope emotionally with care and treatment

One of the patients who had completed our comments card told us how supportive the practice had been when a close relative had died. We spoke with the GP who reported that should a family need extra support than could not be given by the practice they would be referred to local bereavement support groups.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service was accessible and responsive to patients' needs. The practice made adjustments to meet the needs of patients, including having access to interpreter services. We found that the practice was responsive in terms of seeking and acting upon patients views. During our inspection we observed reception staff. We saw how professionally they dealt with patient calls and how empathetic and respectful they were during the conversations.

We discussed patient access with a number of staff. We were told that after initial contact with the practice patients would be given a choice of appointments. This was telephone advice, a face to face appointment or a home visit dependent on the patient's needs. We did hear from some patients who were of a working age who said that when requesting an appointment with the GP they sometimes had to wait for two weeks and this was not acceptable to them.

The practice did not have an active Patient Participation Group (PPG). Instead they were developing a database of patients they could contact to gain their views about the practice. An annual patient survey had been undertaken and an action plan was developed for the negative comments made. We saw in reception there were comments forms and a box for patients and public to contribute views. We were told that patient experience feedback was discussed at staff meetings and appropriate actions taken.

The practice understood the different needs of the local population and acted on these when improving services. We heard how the practice engaged with the local community and their groups. Arrangements were in place to bring together patients who might be isolated in the local community, this was a coffee morning and it gave the practice the opportunity to review the patient's needs at the same time. We saw how the practice engaged with commissioners of services and other acute and community providers to ensure a co-ordinated approach to integrated care. We found effective communication and information sharing between services.

Tackling inequity and promoting equality

The practice was tackling health inequalities by providing good access to medical care and helping patients navigate a complex health system. Patients we spoke with confirmed that the appointments system was easy to use. They felt staff were supportive from the initial contact and they were satisfied with the choices available to them in terms of access to the service. Patients were given a number of access choices. This included telephone advice, face-to-face contact or a home visit if needed.

We found that staff were aware of local services (including voluntary organisations) that they could refer patients to. Patient's information sign posted patients and families to welfare and benefits advice organisations. Local councillors regularly held their surgeries at the practice. We saw that in an effort to improve access for specific diseases the practice held nurse led clinics e.g. diabetes and we found close working relationships with the health visitors and the community nursing team.

Access to the service

During our visit patients told us they experienced good access to the service. the most recent national patient survey showed that 91% of patients were satisfied with the practice open times. Patients we spoke with told us they felt their needs were regularly met including their spiritual, ethnic and cultural needs. Their care and treatment was planned and delivered to reflect those needs as appropriate. We spoke with staff and found they were aware that each patient's needs might be different. They reported how patients with learning disabilities needed more time, attention and explanations about their care.

We saw good evidence of how practice staff worked with out-of-hours services and other agencies to make sure patients' needs were met when they moved between services. We saw that when needed a patient appointment with other providers such as a hospital referral would be made during the patient's consultation with the GP. This was undertaken after the appropriate tests and examinations had been completed by the practice. We heard from patients that following discharge from hospital the GP and practice staff had been very supportive.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person

Are services responsive to people's needs? (for example, to feedback?)

who handled all complaints in the service. Staff were knowledgeable regarding the complaints process. We saw posters advising patients how patients could make a

complaint. We looked at a number of complaints that had been made. We considered that the practice response to complaints was appropriate and actions had been taken to make improvements as required.

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 good patient care and staff were clear about this. There was a clear leadership structure and staff felt supported by management. We spoke with staff with differing roles within the service and they were clear about the lines of accountability and leadership. They spoke of good visible leadership and full access to the senior GP and practice manager.

All staff told us they enjoyed working at the practice and they felt valued in their roles. Staff felt supported, valued and motivated and reported being treated fairly and compassionately. They reported an open and 'no-blame' culture where they felt safe to report incidents and mistakes.

Governance arrangements

We saw transparent and open governance arrangements. We found practice staff were clear about their responsibilities. Staff were clear about who was responsible for decision making and there was a transparent culture within the service. There were formal risk assessment and risk management processes and procedures. The practice had up to date policies and procedures for staff. We also found records with information showing the skills and fitness of people working at the practice. Team meetings were taking place and formal minutes of these were seen.

Leadership, openness and transparency

The management model in place was supportive of staff. Staff we spoke with said they enjoyed working at the practice, many had worked there for a long period of time.

Annual and more regular team events took place and this included the whole practice. Staff spoke positively of these events and how valued and supported they felt working there. The practice had a strong team who worked together in the best interest of the patient. All staff were aware of the practice Whistleblowing Policy and they were sufficiently confident to use this should the need arise.

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

Staff reported a culture where their views were listened to and if needed action would be taken. We saw how staff interacted and found there was care and compassion not only between patients and staff but also amongst staff themselves. We were told that regular clinical and non-clinical meetings took place. At these meetings any new changes or developments were discussed giving staff the opportunity to be involved. All incidents, complaints and positive feedback from surveys were discussed.

We found the practice proactively engaged with the general public, patients and staff to gain feedback. An annual patient survey had been carried out and appropriate action plans were in place. We found the practice did not have an active Patient Participation Group (PPG) they had recently developed a database of patients they could email to obtain their views. At the time of our inspection this group had not been set up.

Management lead through learning & improvement

Staff had access to a programme of induction and training and development. Mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles. Staff were supervised until they were able to work independently but written records of this were not kept. Annual appraisals were undertaken for all staff.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers The provider did not ensure that all staff with chaperoning responsibilities had completed a Disclosure and Barring Service (DBS) check.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	