

Dunrobin Street Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

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 Dunrobin Street Medical Centre on Tuesday 29 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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 that although they had to wait they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice was well equipped to treat patients and meet their needs.
- There was a leadership structure. Patients and staff felt the practice could be more encouraging and supportive in ensuring they are involved in the improvement and future plans for the practice.

The areas where the provider should:

- Ensure that risk assessments of the premises and equipment are completed and updated. This should include a Legionnaires risk assessment.
- Consider reviewing the suitability of the curtain screens used in consulting rooms.
- Ensure that an audit of minor surgery procedures is completed.
- Complete a thorough risk assessment on the practice decision not to have an Automated External Defibrillator (AED) which includes what alternative action staff should take in absence of this equipment.

Summary of findings

- Consider how the patient participation group can be supported to be more involved in the continuous improvement of the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. The practice was able to provide evidence of a track record for monitoring safety issues. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. When things went wrong, lessons were learned, communicated widely and improvements were made. Although not well organised, information about safety was recorded, monitored, reviewed and addressed. Systems were in place to keep people safeguarded from abuse.

Although there were systems, processes and practices in place to keep people safe some improvements in systems could be made. Recruitment checks were carried out, however some records were incomplete. Risks to patients while extensive building work was being carried out had not been reviewed or re-assessed to ensure patient safety in the event of an emergency.

Good



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. There was evidence to confirm that these were discussed with other local practices. Data showed patient outcomes were at or above national averages. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles and any further training needs were identified and planned for through appraisals and personal development plans.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection and comment cards we received demonstrated they were treated with compassion, dignity and respect. Data from the National GP Patient Survey July 2015 showed that patients rated the practice higher than others for some aspects of their care and felt involved in decisions about their care and treatment. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements

Good



Summary of findings

to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. The practice was improving its facilities to meet the needs of patients. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate.

Are services well-led?

The practice is rated as good for being well-led. It had a vision and a strategy. Staff and patients told us that they were not always made aware of plans for the development of the practice and both expressed a keenness to be part of the future of the practice. Staff were clear of their role and responsibilities. The practice had a number of policies and procedures to govern activity and held regular meetings that included discussion of governance topics. There were systems in place to monitor and improve quality and identify risk. The practice was aware of future challenges and had plans to merge with another practice. The Patient Participation Group (PPG) did not feel that the practice was proactive in seeking their involvement and feedback in the running and changes at the practice. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients were offered home visits, even out of hours, if necessary as well as rapid access appointments for those with enhanced needs, for example dementia and end of life care. The practice had daily contact with district nurses and participated in monthly (more often if necessary) meetings with other healthcare professionals to discuss any concerns.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Quality and Outcomes Framework (QOF) data we looked at showed the practice had achieved 85 of the 86 diabetes indicator points available, this was comparable to other practices in the locality. QOF is a system intended to improve the quality of general practice and reward good practice. Longer appointments and home visits were available when needed. All long term patients had a named GP, a personalised care plan and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. One stop clinic appointments available so that patients with more than one condition can be reviewed at the same appointment.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours. We saw good examples of joint working with midwives, health visitors and district nurses. The practice achieved 100% uptake for cervical screening for women between the ages of 25 and 54 years in 2013-2014.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The practice had made limited adjustments for working age people. However extended hours appointments were not available in the evening and telephone consultations took place in working hours. The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group for example travel vaccinations, family planning advice, and heart screening. The practice also offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good



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

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

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Data showed that 93.8% of patients on the practice register who experienced poor mental health had been offered an annual health check. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice regularly worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia. It carried out advance care planning for patients with dementia and 89.5% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. A total of 307 surveys (8.5% of patient list) were sent out and 99 (32%) responses which is equivalent to 2.8% of the patient list were returned. However; results indicated the practice could perform better in certain aspects of care, including involving patients in decisions about their care. For example:

- 77% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 81% **and a national average of 81%.**
- 77% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 85% **and a national average of 85%.**
- 84% of respondents say the last GP they saw or spoke to was good at listening to them compared with a CCG average of 88% **and a national average of 89%.**
- 82% of respondents said the last GP they saw or spoke to was good at giving them enough time compared to a CCG average of 87% and a national average of 87%.
- 71% of respondents said they would recommend this surgery to someone new to the area compared with a CCG average of 78% **and a national average of 78%.**

The practice scored higher than average in terms of patients not being kept waiting long for their allocated appointments and patients were able to speak to or see the same GP. For example:

- 84% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 62% **and a national average of 60%.**
- 91% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 81% of respondents usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 67% **and a national average of 65%.**
- 89% described their experience of making an appointment as good compared to a CCG average of 78% and a national average of 73%.
- 79% feel they don't normally have to wait too long to be seen compared to a CCG average of 61% and a national average of 58%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients before our inspection. We received 23 completed comment cards which were mainly positive overall about the standard of care received except for one comment about the time waiting to be seen at the appointment. Reception staff, nurses and GPs all received praise for being professional and caring. Patients said they were always listened to. Patients informed us that staff treated them with compassion and respect. We spoke with 11 patients during the inspection between the ages of 15 to 87 years. All patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that risk assessments of the premises and equipment are completed and updated. This should include a Legionnaires risk assessment.
- Consider reviewing the suitability of the curtain screens used in consulting rooms.

- Ensure that an audit of minor surgery procedures is completed.
- Complete a thorough risk assessment on the practice decision not to have an Automated External Defibrillator (AED) which includes what alternative action staff should take in absence of this equipment.
- Consider how the patient participation group can be supported to be more involved in the continuous improvement of the practice.

Dunrobin Street Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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 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.

Background to Dunrobin Street Medical Centre

Dunrobin Street Medical Centre is located in a residential area of Stoke-on-Trent and provides primary health care to patients living in the area. It is a purpose built single storey building which is currently undergoing extensive building work to extend the premises. The total practice patient population is 3,592. There are two whole time equivalent GPs, one female and one male who provide services. The practice team includes two management staff and four practice nurses. There are practice support staff including a data analyst, secretary, receptionists and administrators. In total there are 14 staff employed in either full or part time hours.

The practice opening times are 8.30am to 6.30pm Monday, Tuesday, Wednesday and Friday and Thursday 8.30am to

4pm. The practice did not offer extended GP appointment opening times. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the 111 service and also the out of hours service, Staffordshire Doctors Urgent Care which is its out-of-hours service provider.

The practice has a contract to provide General Medical Services (GMS) for patients. This is a contract for the practice to deliver general medical services to the local community or communities. They provide Directed Enhanced Services, such as the childhood vaccination and immunisation scheme and minor surgery. The practice provides a number of clinics for example long-term condition management including asthma, diabetes and high blood pressure. It also offers services for health checks and foreign travel.

The practice is an undergraduate training practice which supports medical students. In October 2015 the practice will also be supporting undergraduate student nurses.

Why we carried out this inspection

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

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Detailed findings

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 carrying out our inspection, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We spoke with two members of the patient participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We also spoke with the manager of one of the care homes to whom the practice provided a service. We did this to help us to understand the care and support provided to patients by the practice.

We carried out an announced inspection on 29 September 2015 at the practice. During our inspection we spoke with the two GP partners and a practice nurse. We also spoke with, one receptionist, the practice manager, assistant practice manager and eleven patients (included the two PPG members). We observed how patients were cared for. We reviewed 23 comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a 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 for staff to complete. Complaints, accidents and incidents were entered onto the computer system and automatically treated as a significant event.

We saw that the practice had managed these consistently over time and so could show evidence of a safe track record over the long term. The practice manager was responsible for disseminating safety alerts and there were systems in place to ensure they were acted on. Information we received such as meeting minutes, records of complaints and incident reports confirmed significant events were investigated and action taken to make improvements where appropriate. Lessons learnt were shared with staff and stakeholders to make sure action was taken to improve safety in the practice and that relevant protocols were updated to reflect best practice. Records we reviewed were not well organised but showed that significant events had been monitored since August 2007. Records showed that four significant events had been reviewed between 2014 and 2015. An example of these showed that one of the fridges that contained medicines which included vaccines was left open overnight. An investigation was held, temperature sensitive medicines were disposed of, and a review of the procedures for the storage of medicines undertaken.

Records showed that where patients were affected by significant events they received an apology and were told about actions taken to improve care.

Overview of safety systems and processes

There were systems and guidance in place for monitoring and managing risks to patient and staff safety. These covered areas such as safeguarding, risk assessments, infection prevention and control, staffing and medicines.

There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. One of

the GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. The GPs had received training relevant to their role and dates had been confirmed for nurses to complete the safeguarding training at the level appropriate to their role. Our review of records showed appropriate follow-up action was taken where alleged abuse occurred to ensure vulnerable children and adults were safeguarded.

The practice had completed fire risk assessments, however these had not been updated to ensure the safety of patients and staff while the building work was taking place. On the day of the inspection we observed that due to the building work taking place that there was only one accessible door to the premises which was used as both the entrance and the exit. This would also be the exit point in the event of a fire. Staff were unaware of other exit points should there be a fire in the corridor leading to the exit. The practice manager addressed this on the day of the inspection with the building company. We received confirmation that a further external door had been fitted and an assessment completed to ensure that staff were aware of the action to take in the event of an emergency. Electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was regularly maintained to ensure it was working properly.

The practice had an infection control policy in place and supporting procedures were available for staff to refer to. There were cleaning schedules in place and cleaning records were kept. Treatment rooms had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available throughout the building. Clinical waste disposal contracts were in place. One of the practice nurses was the clinical lead for infection control and had undertaken further training to enable them to carry out staff training. Although the practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal) a Legionella risk assessment had not been carried out. The management team told us that this would be completed.

A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones had received a disclosure and barring check (DBS). These checks identify whether a

Are services safe?

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. We saw that the policy did not provide staff with guidance as to where they should stand when asked to undertake chaperone duties. The practice management team addressed this at the time of inspection.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

Recruitment checks were carried out. We found that all staff had had a Disclosure Barring Services (DBS) criminal record check carried out to ensure they were suitable to undertake their roles. The practice did not have evidence in nurses recruitment files to confirm that their registration was up to date and therefore able to practice as a registered nurse. The practice manager confirmed following the inspection that an online check of the nurses registration status confirmed that all nurses were registered to practice.

Monitoring risks to patients

The practice had assessed risks to those using or working at the practice. We saw that where risks were identified action plans had been put in place to address these issues. We saw that a building maintenance policy was in place. We also saw evidence in the form of an invoice that an asbestos survey had been carried out. However, a report detailing the results was not available to view.

Schedules were identified for maintenance. The practice had completed a risk assessment log where specific risks related to the practice were documented. We saw that each risk was rated and mitigating actions recorded to reduce and manage the risk. However, while extensive building work was being carried out at the practice not all risks had been kept under review to manage and monitor risks to

patients, staff and visitors to the practice whilst the building work was being carried out. The manager has confirmed following the inspection that this has been completed following the fitting of the second external door.

There were emergency processes in place for identifying acutely ill children and young people and staff gave us examples of referrals made. Staff we spoke with told us that children were always provided with an on the day appointment if required. Patients with a change in their condition were reviewed appropriately. Patients with an emergency or sudden deterioration in their condition were referred to a duty GP for quick assessment.

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

There were emergency procedures and equipment in place to keep people safe. Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis (a severe allergic reaction) and low blood sugar. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use. Staff received annual basic life support training. We were told that the practice had made a recent decision not to replace the defibrillator previously available at the practice. The practice had completed a risk assessment to support their decision, however the assessment was not robust to support staff in what alternative action they should take in absence of this equipment. Oxygen with adult and children's masks were available. There was also a first aid kit and accident book.

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. The practice had a comprehensive business continuity plan (2015) 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 GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and routinely referred to guidelines from the National Institute for Health and Care Excellence (NICE) when assessing patients' needs and treatments. There was a system in place to inform staff of any changes in the NICE guidelines they used.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice had also signed up to the local Clinical Commissioning Group (CCG) Quality Improvement Framework (QIF). The QIF is underpinned by a learning and development programme, with workshops and best practice documents. The practice used the information collected for the QOF/QIF and reviewed their performance against the national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. The practice achieved 98.2% of the total number of points available which was above the local CCG average of 95% and national average of 93.5%. Data we looked at showed that the practice had a lower prescribing rate for the prescribing of Non-Steroidal Anti-Inflammatory medicines (used to relieve pain and reduce inflammation) when compared to the national average (57.24% as compared to the national average of 75.13%). The GPs told us that they rarely prescribed these medicines, ensured patients were appropriately monitored and the data reflected their prescribing habits. Other QOF data from 2013-2014 showed:

- Performance for diabetes assessment and care was higher than the national average.
- The percentage of patients with hypertension having regular blood pressure tests was much higher than the national average.
- Performance for mental health assessment and care was similar to the national average.

- The dementia diagnosis rate was much higher than the national average.

Clinical audits were carried out to facilitate quality improvement and all relevant staff were involved in the practice aim to improve care and treatment and patient outcomes. We saw five clinical audits carried out during the last 24 months. One audit had a second cycle completed to review whether improvements had been made. This audit looked at the management of patients with heart failure to ensure that they were in line with NICE recommendations. It was found that of the 43 patients on the register, one patient needed their treatment reviewed. At the second audit an additional four patients had been added to the register and it was found that they had commenced appropriate treatment in a timely manner. We looked at a further audit related to whether specific eligible adult patients had received an appropriate vaccine given to at risk patients to protect them from infections which cause pneumonia. One of the studies showed that of 16 patients identified 14 had received the vaccination. These patients were invited to attend the practice to receive their injection. The practice planned to vaccinate eligible patients when they attended for their annual influenza vaccine and to carry out a further audit in later this year. The GPs at the practice also carried out minor surgery procedures. We found that a minor surgery audit had not been carried out to ensure safe practice was followed and identify improvement where needed.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality. All staff had annual appraisals that identified learning needs from which action plans were documented. All staff had had an appraisal within the last 12 months. All nurses and healthcare assistants had supervision of their practice carried out. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, nurses received training and attended regular updates for the care of patients with long-term conditions,

Are services effective?

(for example, treatment is effective)

administering vaccinations and taking samples for the cervical screening programme. However we noted there was no evidence to demonstrate that the GPs had attended updates in minor surgery procedures.

Staff received training that included: dementia awareness, moving and handling, domestic abuse, conflict resolution, learning disabilities and information governance. There was a training schedule in place to demonstrate what training staff had received or were due to receive. 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 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 patient's to other services.

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

Consent to care and treatment

We found that not all clinical staff we spoke with could demonstrate a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). Staff were also not fully aware of the Mental Capacity Act (MCA) 2005 and their duties in fulfilling it. Although staff had received training in these areas they were able to give examples of how patients were supported to give an informed consent. For example, patients were given information on their condition, treatments and given time to make an informed consent where appropriate. We also noted that the consent policy included information on Gillick competencies and information on consent competency was available in the

reception area. Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated). The process for seeking consent was not monitored through audits of records for example, patients' consent for minor surgery to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. The nurses actively engaged patients in lifestyle programmes. Data showed that 91.7% of patients had their smoking status recorded and 90.3% of these patients had accepted support to help them stop smoking. Patients were sign posted to weight loss clinics when appropriate. We saw that information was displayed in the waiting area due to the building work taking place and also made available and accessible to patients on the practice website and through social media.

Patients had access to appropriate health assessments and checks. It was practice policy to offer a health check to all new patients registering with the practice. The health checks were carried out by one of the nurses. Patients aged between 40 and 74 years were offered an NHS health check. The GPs were informed of any health concerns detected. Where abnormalities or risk factors were identified appropriate follow-up on the outcomes of health assessments and checks were made.

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance. Data collected by NHS England for 2013 -2104 showed that the performance for all childhood immunisations was above average when compared with the local CCG average. For example, childhood immunisation rates for the vaccination of children under aged two and under ranged from 93.1% to 100% and five year olds from 96.6% to 100%. Practice nurses used chronic disease management clinics to promote healthy living and health prevention in relation to the patient's condition. The practice website contained health advice and information on long term conditions, with links to support organisations.

Are services effective?

(for example, treatment is effective)

We saw that the uptake for cervical screening for women between the ages of 25 and 64 years was 100% which was slightly above the local CCG average of 96.8% and national average of 97.6%. The practice was proactive in following

these patients up by telephone and sent reminder letters. Public Health England national data showed that the practice was comparable with local and national averages for screening for cancers such as bowel and breast cancer.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous, caring and very helpful to patients both at the reception desk and on the telephone. We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey published in July 2015. The survey included responses collected during July to September 2014 and January to March 2015. There were 307 survey forms sent out of which 99 (32.2%) responses were returned. Data from the national patient survey showed the practice was rated broadly in line with the local and national average satisfaction scores on consultations with GPs and nurses and the support received from receptionists.

- 84.4% said the GP was good at listening to them compared to the CCG average of 87.8% and national average of 88.6%.
- 81.5% said the GP gave them enough time compared to the CCG average of 87.2% and national average of 86.6%.
- 96.1% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92.6% and national average of 91%.
- 95.8% said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 93.3% and national average of 91.9%.
- 92.3% said they found the receptionists at the practice helpful compared to the CCG average of 86.9% and national average of 86.8%.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 23 completed cards. The cards contained positive comments about the practice and staff. Patients commented that the service was excellent, they were treated with respect and dignity and that GPs and staff were professional and caring. We also spoke with eleven patients on the day of our inspection which included two members of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. Their comments were in line with the comments made in the cards we received.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. The curtains provided in consulting rooms could only be drawn around the doors and not around the couch where patients would be assessed or treated. This limited the level of privacy afforded to patients to maintain their dignity during examinations, investigations and treatments. The position of the open reception desk within the waiting room made it difficult for confidential conversations to take place. To address this issue the practice provided small laminated cards available at the reception desk so that patients could discreetly let staff know they wanted to speak with someone privately.

Care planning and involvement in decisions about care and treatment

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

Data from the National GP Patient Survey published July 2015 we reviewed showed patients responses about the GPs and nurses involving them in planning and making decisions about their care and treatment and results were comparable to the local and national averages. For example:

- 82.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.3% and national average of 86%.
- 76.8% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81.2% and national average of 81.4%.
- 93.2% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90.3% and national average of 89.6%.
- 90.4% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86.8% and national average of 84.8%.

During the inspection patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and

Are services caring?

supported by staff. Patient feedback on the comment cards we received was also positive and aligned with these views. Comments received aligned with those above in that patients felt well supported by the nurses.

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. Written information was available for carers to ensure they understood 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 worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- The practice were aware of people who were vulnerable including patients who were homeless. It had systems in place to find patients if they had not been seen for some time.
- 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, which included patients with long term conditions or receiving end of life care.
- Urgent access appointments were available for children and those with serious medical conditions.
- Although patients were guaranteed an appointment on the day they required one, pre bookable appointments were also available.
- Telephone consultations were available every day after the morning clinic and patients were advised to telephone before 10am to arrange this.
- The practice had appointed a medicines clerk to assist with medication queries and requests with options to task the patients GP with any queries.
- Facilities and access for patients with physical and mobility disabilities and translation services were available.
- The practice was in the process of extending its premises to improve the facilities and accessibility for patients.
- A manager from a local care home told us the GPs always responded well to requests for home visits and had no concerns about the practice.

Access to the service

The practice opening times were 8.30am to 6.30pm Monday, Tuesday, Wednesday and Friday and Thursday 8.30am to 4pm. The practice had previously offered patients access to GP appointments in extended hours but

it no longer offered this service. Patients expressed their disappointment in comment cards we received. These comments were also aligned to the responses the practice received in their patient survey completed in May 2015.

The practice used an appointment system which allowed patients to have a same day appointment. Although patients do not have to book an appointment in advance the practice still offered a small number of pre-booked appointments if needed. The GPs also offered telephone advice after their morning surgery. Patients were advised to telephone before 10.00am to arrange this. The practice did not provide an out-of-hours service to its patients but had alternative arrangements for patients to be seen when the practice was closed. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on their circumstances. Information on the out-of-hours service was provided to patients.

Information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. Longer appointments were available for older patients, children, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions.

The patient survey information we reviewed for July 2015 showed that patients rated the practice much higher or comparable with the local and national averages in response to questions about access to appointments. For example:

- 84% were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 89% described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 91% said they could get through easily to the surgery by telephone compared to the CCG average of 76% and national average of 73%.
- 81% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67% and national average of 65%.

Are services responsive to people's needs?

(for example, to feedback?)

The patient views in the comments cards we received showed that patients were happy with the appointment system. However they commented that at times they had to wait a long time to be seen at their appointment. These views did not align with the views of the patient GP national survey but they were reflected in the outcome of a survey undertaken by the practice in May 2015.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. There was a designated person who handled all complaints in the practice.

Information about how to make a complaint was available on the practice website and in the waiting area. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and

responded to. In addition, the complaints policy and patient complaint leaflet outlined who the patient should contact if they were unhappy with the outcome of their complaint.

We looked at a summary of four complaints made during the last 12 months and saw they had been responded to in line with the practice's complaints policy with a full explanation and apology. Complaints were raised as significant events where appropriate and investigated and themes and trends were identified. The practice discussed complaints with staff at the appropriate staff meeting and were able to demonstrate changes made in response to feedback. For example staff were booked to attend customer care training following the receipt of a complaint about the attitude of reception staff and monitoring was carried out at appraisals and staff meetings to ensure improvement was maintained.

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, in leaflets and on the practice website. Staff knew and understood the values.

The practice had a strategy but no supporting business plan to reflect the vision and values. Some staff and patients felt that they were not involved in the future plans for the practice, for example the opportunity was not provided for them to have a say in the plans for the extension of the building. The GP partners explained that this was due to the rapid progress following approval from the CCG. We saw that the plans for the extension were displayed in the practice, details and updates were available on the practice website, social media and discussed at the Patient Participation Group (PPG) meeting held in January 2015. However PPG members that we spoke with did not feel that they were given the opportunity to be actively involved in working with the practice to make improvements.

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 staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were easily accessible to all staff
- A programme of clinical and internal audit was used to monitor quality and to make improvements
- Patients feedback was proactively sought to support improvements in the delivery of the service. The practice acted on any concerns raised by both patients and staff.
- The GPs, nurses and other staff were all supported to address their professional development needs.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, a review of some risks were not considered when the extension building work was started.

Leadership, openness and transparency

Staff we spoke with were positive about working at the practice. They told us they felt supported to deliver safe, effective and responsive care. Staff described the culture at the practice as open and transparent. They told us they felt comfortable to raise any concerns when required and were confident these would be dealt with appropriately.

Regular practice, clinical and team meetings involving all staff were held and staff felt confident to raise any issues or concerns at these meetings. There was a practice whistle blowing policy available to all staff to access on the practice's computer system. Whistle blowing occurs when an internal member of staff reveals concerns to the organisation or the public, and their employment rights are protected. Having a policy meant that staff were aware of how to do this, and how they would be protected.

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

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

The practice had gathered feedback from patients through patient surveys, compliments and complaints received. We looked at the results of the practice patient survey for May 2015 carried out with the involvement of the PPG. Appropriate action had been taken to address comments and suggestions made by patients. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The practice had an active PPG which consisted of eight members. The PPG met quarterly with staff members and a GP from the practice.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they

Are services well-led?

Good 

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

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Dunrobin Street Medical Practice was a research practice and linked to a local university. The practice team was involved in three studies. These included a study to improve the way in

which long term condition reviews are delivered. Another involved testing how pain levels change in patients with musculoskeletal (Pain of the muscles, tendons, ligaments and bones) problems using a SMART phone application.

The practice was an undergraduate training practice which supported medical students. It was involved in a joint funded project with the local CCG to train registered nurses who have worked in health or mental health environments within a hospital setting.