

# Appleton Village Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Appleton Village Surgery on 6 January 2016. Overall the practice is rated as good but requires improvement for providing safe services.

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

- The practice operates from old residential buildings. The practice was aware of the limitations of the premises such as disabled access for some parts of the building and the need for some remedial work and extra rooms. The practice was in the process of deciding whether to move premises or renovate the existing site.
- The practice had closed its list to new patients from December 2014.
- The practice operated a triage system for all calls, at any time of the day, before appointments were

made. Patients were called back by a clinician to discuss their symptoms. If necessary an appointment was made that was tailored to the individual patient's needs.

- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- 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. The practice sought patient views about improvements that could be made to the service; including carrying out surveys and having a patient participation group (PPG) and acted, where possible, on feedback.
- Staff worked well together as a team and all felt supported to carry out their roles.

# Summary of findings

The areas where the provider must make improvement are:

- Complete any remedial work to ensure the electrical safety of the building.
- Revisit risk assessments for the control of substances hazardous to health.
- Monitor emergency medication stored in GP bags for expiry dates.

The areas where the provider should make improvements are:

- Display information for patients about: opening times, appointment times, GPs available, arrangements for new patients and emergency contacts outside of the building.
- Have a building plan, which includes the identification of any explosive materials stored, at the entrances of the building for use by the emergency services.
- If the provider is to stay in the premises, to carry out a full survey of the premises to check the premises meets all health and safety regulations and act on any recommendations during refurbishment.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. This was because the premises did not entirely meet health and safety requirements for example, electrical safety and incomplete risk assessments and actions necessary as a result. However, the provider was aware of limitations of the building and was in the process of deciding whether to renovate the existing premises or relocate to other premises.

The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including medicines management and safeguarding.

Requires improvement



### 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. Clinical audits demonstrated quality improvement. Staff worked with other health care teams and there were systems in place to ensure information was appropriately shared. Staff had received training relevant to their roles.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Survey information we reviewed showed patients had difficulty in making appointments and seeing their preferred GP. However, there was a triage system in place for all appointments and this could be accessed at any time of the day. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

The practice is rated as good for being well-led. The practice proactively sought feedback from staff and patients and had an active PPG. Staff had received inductions and clinical staff attended meetings and events. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

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 providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s.

Good



### People with long term conditions

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice offered a range of services to help manage long term conditions such as a phlebotomy service, 24 hour blood pressure monitoring and access to an ECG machine to monitor the heart.

Good



### Families, children and young people

The practice is rated as good for providing services for families, children and young people. The practice regularly liaised with health visitors to review vulnerable children and new mothers. 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. The practice held weekly immunisation clinics.

Good



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

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered extended hours on a Wednesday evening and Friday morning and online appointment bookings.

Good



### People whose circumstances may make them vulnerable

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of

Good



# Summary of findings

patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments and specific clinics were available for people with a learning disability.

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

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice worked with local mental health teams and there were specific mental health clinics available. The practice actively screened patients for dementia and referred patients when necessary to local clinics.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 (from 106 responses which is approximately equivalent to 1% of the patient list) showed the practice was performing below local and national averages in certain aspects of service delivery. For example,

- 44% found it easy to get through to this surgery by phone compared to a CCG average of 52% and a national average of 73%.
- 50% of respondents described their experience of making an appointment as good (CCG average 62%, national average 73%).

However, 86% of patients were able to make an appointment or speak to someone last time they tried which is higher than the local average of 82% and national average of 85%.

The practice performed better in terms of patient care for example,

- 92% of respondents said the last GP they saw was good at treating them with care and concern (CCG average 88% and national average of 85%).
- 100% of respondents said they had confidence and trust in the last GP they saw or spoke to (CCG average 96% and national average of 95%).

In terms of overall experience, results were lower compared with local and national averages. For example,

- 71% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 52% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).

However, we also reviewed more recent information from the NHS Friends and Family Test which is a survey that asks patients if they would recommend the service. From October to December 2015, there were a total of 945 responses (which is approximately equivalent to 9% of the patient list) of which 887 (93%) were extremely likely or likely to recommend the service and only 19 patients said they were unlikely to recommend the service.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards and five were positive about the standard of care received. Two mentioned the premises needed refurbishment and there were four comments regarding difficulty in making appointments but one said the triage system worked well.



# Appleton Village Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Lead Inspector and included a CQC inspection manager, a GP specialist adviser and a practice manager specialist advisor.

## Background to Appleton Village Surgery

Appleton Village Surgery is practice is situated in old residential buildings. There were 10885 patients on the practice register at the time of our inspection.

The practice is managed by two GP partners. There are three salaried GPs and the practice is a training practice and has two foundation 2 GPs. The practice also uses regular locum GPs. There are two healthcare assistants, three practice nurses and a nurse clinician. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday. Clinic times vary depending whether patients require a GP or nurse appointment. Appointments are available between 8.30am and 12.45pm and from 1.15pm to 6.30pm. When patients call the surgery, they are given a time for a clinician to call the patient back to be triaged to assess the need for an appointment regardless of when they called during the day. The length of the appointment was then tailored to meet the needs of the patient and to take into account other factors such as whether the patient needed to be seen at home.

Extended surgery hours are offered on Wednesdays between 6.30pm to 7pm and Friday mornings between 7am to 8am. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

The practice has a Personal Medical Services (PMS) contract and has enhanced services contracts which include childhood vaccinations.

## Why we carried out this inspection

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

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

## How we carried out this inspection

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

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

# Detailed findings

- Is it well-led?

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

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

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 6 January 2016.
- Spoke to staff and representatives of the patient participation group (PPG).
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events and incidents. Members of staff were empowered to report any incident or complaint no matter how minor. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events. Outcomes and any actions necessary to prevent reoccurrence were then cascaded to the relevant staff. For example, there had been a change of policy for prescribing one particular medication as a result of analysis of a significant event.

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

The practice held meetings to discuss all significant events on a six monthly basis to identify any trends. The practice shared lessons as a result of significant event analysis with other stakeholders when necessary.

The practice had systems in place to cascade information from safety alerts and were aware of recent alerts.

### Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. A recent safeguarding audit had been completed and the practice was working with the local commissioning group to improve processes in place. The practice held quarterly meetings to discuss safeguarding cases.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Comments we received from patients and staff acknowledged the premises were in need of refurbishment. We noted there was a lot of clutter, for example, boxes stored under receptionists' desks limiting their leg room when working. There were many paper notices throughout the building on the walls which hindered the aesthetics of the waiting area. Seating was vinyl and washable but one chair was ripped. Flooring in some areas needed to be replaced.
- The practice employed an external cleaning company. The cleaner's storage area had inappropriately stored mops and cleaning materials stored in bottles without appropriate labelling or assessments in place. We were told after the inspection that the manager was meeting with the company to discuss the concerns raised at our inspection. One of the practice nurses was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken. Some of the actions required had not been completed as a decision had not yet been reached regarding whether the practice moves to another site or refurbishes the premises.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. There was a robust repeat prescribing procedure in place that ensured GPs reviewed any requests and carried out checks to ensure the correct medications were being used. For example, antidepressants were never re-issued without the GP checking the patient's records first. Prescription pads were securely stored and there were systems in place to

# Are services safe?

monitor their use. Emergency medication was checked for expiry dates; however, there was no monitoring system in place for expiry dates for emergency medications held in GP bags.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety but some improvements were needed. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The practice could improve safety by having a building plan, which identifies any explosive materials stored, at the entrances of the building for use by the emergency services.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- A recent gas safety check identified a hazard with the toaster being placed under the gas boiler which had caused some of the plastic casing around the boiler to melt. On inspection, the toaster was still there along with a microwave oven. This was pointed out to the practice manager who subsequently moved the toaster to a safer place.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Some of the actions required had

not been completed as a decision had not yet been reached regarding whether the practice moves to another site or refurbishes the premises. For example, electrical work and improvements in infection control.

- Some risk assessments were incomplete for example, control of substances hazardous to health as we found some poorly labelled bottles of cleaning fluids with no corresponding risk assessment for use. Some display screen risk assessments to check staff were working correctly at computers to avoid muscular or eye problems had not been completed. The practice worked in conjunction with a health and safety consultancy agency and we were sent information after our inspection that these would be completed. The agency had shortlisted the practice for an award for its commitment to health and safety in the workplace.
- 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. The appointments were monitored hourly by the senior partner to ensure there were enough clinicians available to meet patient demand.

## Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available. This practice was an outlier for QOF for diabetes management. For example, data from 2014–2015 showed the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 43% compared with a national average of 88%.

We discussed diabetes care with the practice and found that during this time frame, the practice had had staffing issues. The practice was aware of the low figures and had resolved this by having new staff and bespoke diabetes management clinics to improve outcomes for patients.

Performance for mental health care was comparable to national averages.

The practice carried out a variety of audits that demonstrated quality improvement. For example, minor surgery audits, medication audits, safeguarding audits and clinical audits.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. There were also locum induction packs available.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Training included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training sometimes delivered by guest speakers.
- All staff had had an appraisal within the last 12 months and action plans were monitored by the practice manager.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

# Are services effective?

(for example, treatment is effective)

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. GPs were aware of the relevant guidance when providing care and treatment for children and young people. Consent forms for surgical procedures were used and scanned in to the medical records.

## Supporting patients to live healthier lives

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. Patients were then signposted to the relevant service. Other services were available to the practice including phlebotomy clinics, learning disabilities clinics and Community Wellbeing. The practice also liaised with

the local mental health teams. The practice carried out vaccinations and screening and performance rates were in line with local and/or national averages for example, results from 2013-2014 showed:

- Childhood immunisation rates for the vaccinations given to two year olds and under ranged from 72% to 100% compared with CCG averages of 73% to 98%. Vaccination rates for five year olds ranged from 88% to 98% compared with local CCG averages of 91% to 98%.
- The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 70% compared to a national average of 73%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 84% compared to a national average of 82%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We spoke with members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey published in July 2015 (from 106 responses which is approximately equivalent to 1% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 89%, national average 87%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

However, 73% said they found the receptionists at the practice helpful (CCG average 79%, national average 87%) (25% saying unhelpful). Customer service training sessions had been arranged.

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

Patients told us they felt involved in decision making about the care and treatment they received. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%)

However,

- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language.

### 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 to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered a longer appointment to meet the family's needs.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were translation services available.

### Access to the service

The practice is open 8am to 6.30pm every weekday. Clinic times vary depending whether patients require a GP or nurse appointment. Appointments are available between 8.30am and 12.45pm and from 1.15pm to 6.30pm. Extended surgery hours are offered on Wednesdays between 6.30pm to 7pm and Friday mornings between 7am to 8am. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

Results from the national GP patient survey published in July 2015 (from 106 responses which is approximately equivalent to 1% of the patient list) showed that patient's satisfaction with how they could access care and treatment was much lower than local and national averages. For example:

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 44% patients said they could get through easily to the surgery by phone (CCG average 52%, national average 73%).

However, when patients called the surgery, they were given a time for a clinician to call the patient back to be triaged to assess the need for an appointment regardless of when they called during the day. The length of the appointment was then tailored to meet the needs of the patient and to take into account other factors such as whether the patient needed to be seen at home. The appointment system was monitored by the hour to make sure the practice could

meet the demand. Most patients still called at 8am onwards but there was no need to do this as the triage service was available all day. The appointment system reduced the number of failed appointments.

Information about how the practice operated its appointment system was available in practice information leaflets and on the web site. There was a notice above the reception room window which would not necessarily be easily seen by patients. There was no information outside of the building to tell patients about arrangements for appointments, surgery hours, emergency appointments or information about the GPs who worked there and further improvements could be made.

There was no formal risk assessment in place for disabled access. There were three consultation rooms on the first floor which could only be accessed by steep stairs. There was a ramp to the entrance of the building but the door opened outwards and the entrance and corridors to the reception and waiting areas were very narrow. Procedures were in place via the triage system to allow patients with mobility issues to either be seen in a ground floor consultation room or at home and access could be arranged via another entrance at the back of the building. A formal risk assessment was sent to us after the inspection.

A tannoy system was used to call patients in the waiting room and on occasions during the inspection day, the sound was sometimes indistinct.

### 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 and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to. Letters to patients in response to complaints, made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

We reviewed complaints and found both verbal and written complaints were recorded and written responses for which included apologies were given to the patient and an explanation of events. The practice monitored complaints to identify any trends to help support improvement.



# 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 did have a mission statement but this had only recently been formulated. The practice aimed to have patients' health and wellbeing at the centre of everything they did.

The practice operates from old residential buildings which were in need of some redecoration. The practice was aware of the limitations of the premises such as the number of consultation/treatment rooms, disabled access for some parts of the building and the need for some remedial work. The practice was in the process of deciding whether to move premises or renovate the existing site. There was a business plan that covered a variety of aspects of the practice such as staffing and training and the document acknowledged that issues with the premises were a high priority.

### Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and other's roles and responsibilities.
- An overarching clinical governance policy and practice specific policies that all staff could access on the computer system. When any policies were updated, they were sent to staff and the documents were signed to acknowledge they had been read.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: clinical meetings, palliative care meetings with other healthcare professionals and monthly meetings with health visitors. However, further improvements could be made by holding staff meetings for either the whole practice team or administration team to promote team building.

- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.
- Encouraged and supported staff via informal and formal methods including structured appraisals to meet their educational and developmental needs.

### Leadership, openness and transparency

There was a clear leadership structure in place and staff felt supported by management. The practice management actively supported the wellbeing of staff in addition to promoting career progression. For example, several staff wellbeing sessions had been organised for the staff team. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. For example, changing the location of the prescription desk. The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice. Initially there had been very little feedback but then the practice had adopted a text service to ask patients immediately after their appointment. This had resulted in a significant increase in the number of responses. For example, in June 2015 there were 8 responses but by October 2015, there were 467.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

The practice was a training practice and trainee GPs were well supported and supervised in their role. The practice took the opportunity to allow staff to progress their careers.

## Are services well-led?

Good 

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

For example, staff were trained to carry out various roles and one receptionist had trained to become a healthcare assistant. The practice team was forward thinking and took an active role in locality meetings and CCG meetings.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The provider had not yet completed some risk assessments and some actions needed to be taken to comply with Health and Safety regulations for example, electrical safety. Regulation 15 (1) e</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	