

# The Moir Medical Centre


## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Moir Medical Centre on 27 August 2015. Overall the practice is rated as good.

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

- The practice had robust arrangements to deal with information about safety. Staff were aware of responsibility to report incidents and concerns and knew how to do this. Information relating to safety was documented, monitored and reviewed.
- Some risks to patients were assessed and managed, however, the practice needed to strengthen its systems for assessing and monitoring risks related to health and safety.
- The practice demonstrated the use of best practice guidance to assess patients' needs and plan their care. Staff had received relevant role specific training and further training needs were identified through an appraisal system.

- Patients told us staff treated them with compassion, dignity and respect and involved them in decisions about their care.
- Information about how to complain was available and easy to understand.
- Patients' feedback indicated that patients had difficulty in accessing services but we saw evidence that the practice had worked hard to review this and improve their access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there are areas where the provider needs to make improvements:

Importantly the provider must:

- Ensure formal arrangements are in place to identify, assess and manage all risks associated with their premises including legionella

# Summary of findings

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. The practice had systems and processes in place to deal with emergencies and had a robust business continuity plan.

Although some risks to staff and patients were assessed, the systems and processes to address all risks needed to be strengthened to ensure staff and patients were kept safe. For example, the practice needed to implement formal risk assessment processes in relation to areas such as the premises, environment and legionella.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services. Information we reviewed showed that outcomes for patients were in line with the locality. Staff had access to local and national guidelines and used these routinely to plan and deliver patient care. Staff had received relevant role specific training and further training was planned as required.

We saw evidence of effective multidisciplinary working with external organisations. For example, the practice worked closely with a care coordinator to ensure their patients had the appropriate care in place following discharge from hospital.

We saw evidence that the practice was using clinical audit to drive improvements. For example, the practice had audited the prescribing of a specific medication to a high risk group and changed its practice. A repeat audit showed that no patients within the high risk group were being prescribed the medication.

**Good**



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. For example, 91% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.

Most patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

**Good**



# Summary of findings

The practice provided a range of information about services which was easy to understand and accessible. We observed that staff treated patients with kindness and respect.

## 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 NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had recently opened a new branch practice in Sawley to provide a more localised service.

Patient survey data indicated that patients experienced difficulties in accessing appointments, especially with a named GP. However, the practice was aware of patient concerns in relation to access and was working with their patient participation group (PPG) to address these concerns. The practice had implemented suggestions such as putting doctor's rotas on the website. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared widely.

Good



## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and met regularly with the practice to share ideas for improvement. Staff had received inductions, regular performance reviews and attended staff meetings and events. Staff were encouraged to make suggestions for improvements within the practice, including how the practice could deliver improved patient care. For example, the healthcare assistant had undertaken a review of NHS health checks and drafted proposals as to how these could be improved.

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.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. For example, the practice provided data to show people with osteoporosis were treated appropriately. The practice offered enhanced services to meet the needs of its older population, for example, for patients living with dementia or those requiring end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments as required. The practice had increased its presence in local care homes and was in the process of initiating a regular visiting schedule to try to minimise requests for home visits.

Good



### People with long term conditions

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

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication 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. We saw evidence that the practice had worked to improve the care it delivered in respect of long term conditions, for example data showed that the practice had improved its performance in respect of monitoring of people with high blood pressure.

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 at risk, for example, children and young people who had a high number of A&E attendances. Staff were able to give examples of how they liaised with the health visiting team if they had concerns about a child. Immunisation rates were relatively high for all standard childhood immunisations and the practice performed particularly well for immunisations at 5 years. Premises were

Good



# Summary of findings

suitable for children and babies, having access for pushchairs and baby changing facilities. We saw good examples of joint working with midwives, health visitors and school nurses including joint meetings.

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

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice opened until 9.00pm on a Tuesday evening for pre-booked appointments. The practice was proactive in offering online services as well as a full range of health promotion information that reflected the needs of this age group.

**Good**



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

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

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice worked closely with the care coordinator to ensure that the needs of vulnerable patients were well managed in the community. Patients who had been discharged from hospital were reviewed by the care coordinator to consider how any future admissions might be avoided. The care coordinator also ensured that patients' needs were being met. The care coordinator and practice staff signposted vulnerable patients to appropriate support groups and voluntary organisations. This information was also available in the practice waiting area.

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

**Good**



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the management of people experiencing poor mental health, including those with dementia. It carried out advanced care planning for patients with

**Good**



## Summary of findings

dementia. The practice had worked to improve its systems for the review of patients with dementia. For example, the practice had instigated a regular review of care home patients by a nurse practitioner.

The practice had told patients experiencing poor mental health about how to access appropriate support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Multidisciplinary meetings were attended by the community psychiatric nurse.



# Summary of findings

## What people who use the service say

We looked at the results of the national patient survey from July 2015. Questionnaires were sent to 381 patients and 129 people responded. This was a 34% response rate. The practice performed well when compared with others in the CCG respect of the following areas;

- 85% 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%
- 91% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 88%
- 89% of respondents said the last GP they saw or spoke to was good at giving them enough time compared with a CCG average of 87%

The practice did not perform as well in the following areas;

- 42% of respondents found it easy to get through to this surgery by phone compared with a CCG average of 75%
- 25% of respondents with a preferred GP usually got to see or speak to that GP compared with a CCG average of 50%

- 52% of respondents described their experience of making an appointment as good compared with a CCG average of 70%

We reviewed comments from NHS Choices. The rating for the practice was 2.5 stars out of a possible five.

We spoke with five patients and a member of the PPG during our inspection. Patients we spoke with were generally positive about the practice. They told us they found the practice clean and tidy and did not feel rushed. Patients told us they were treated with dignity and respect. Most patients we spoke with reported that it could be difficult to access appointments with a GP, especially if they had a preferred GP.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards. Feedback on the comment cards was largely positive and highlighted the professionalism of staff. Two cards contained references to difficulties in accessing appointments and waiting times. Two cards contained negative feedback about treatment from medical staff.

## Areas for improvement

### Action the service MUST take to improve

- Ensure formal arrangements are in place to identify, assess and manage all risks associated with their premises including legionella

# The Moir Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Moir Medical Centre

The Moir Medical Centre provides primary medical services to approximately 13395 patients through a personal medical services contract (PMS). Services are provided to patients from three sites. The practice operates from a main surgery at Long Eaton, a newly built branch surgery at Sawley and a smaller branch surgery at Toton.

The practice population live in an area which is less deprived than the national average. Income deprivation affecting children and older people is below the national average.

The clinical team comprised of three GP partners, two salaried GPs and one long term locum GP. Patients could access male or female GPs. The practice is an accredited training practice and at the time of the inspection the practice had five GP registrars working within the practice. The practice employs two advanced nurse practitioners in addition to one nurse practitioner and six practice nurses. The nursing team are supported by three healthcare assistants.

The management team is comprised of a practice manager and a deputy practice manager. The management were supported by reception, administrative and secretarial staff.

The main practice site opens from 8.00am to 6.30pm Monday to Friday. Appointments were available daily from 8.40am to 6.00pm. Pre-booked appointments are available on Tuesday evenings between 6.30pm and 9.00pm.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU).

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

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.

# Detailed findings

## 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?
- 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)

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 27 August 2015. During the inspection we spoke with a range of staff (including GPs, nursing staff and administrative staff) and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had a system in place for reporting and recording significant events. Staff told us the learning from significant events was shared with them through meetings and electronically through emails and notifications. We saw that the practice had an open and transparent approach to the investigation of significant events. Staff were aware of the system for reporting significant events and told us reporting forms could be accessed on the practice intranet. The practice undertook analysis of significant events to detect themes and trends. Meeting minutes indicated that significant events were discussed and were a standing item on the agenda for clinical meetings. Significant events included clinical and non-clinical events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, lessons were learned following the filing of a letter without the appropriate action being taken which led to a delay in diagnosis.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice had systems in place to monitor patient safety and medicines alerts.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Robust arrangements to safeguard children and vulnerable adults from abuse. Policies and processes reflected local requirements and relevant legislation. Staff knew how to identify possible signs of abuse, where to access the relevant policies and who to speak to within the practice if they had concerns about a patient's welfare. Staff had received training relevant to their role. Staff gave us an example of a recent issue raised by a member of the reception staff. The practice had a lead GP for safeguarding and GPs attended safeguarding meetings where possible.

- Information was displayed in the waiting room, within treatment rooms and on the practice website advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS)
- Procedures for monitoring and managing risks to patient and staff safety. The practice had a health and safety policy and an up to date fire risk assessment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to make sure it was working properly. However the practice did not have a legionella risk assessment in place. The practice manager informed us that the practice had been advised that they did not need to take any action in respect of control of legionella due to not having hot water storage on the premises. The practice did not have written evidence to support what they had been told and we were not assured that the practice had robustly assessed the risks related to the control of legionella. In addition to this the practice did not have formal systems in place to address other risks associated with the premises such as slips and trips and manual handling.
- Appropriate standards of cleanliness and hygiene were followed. The premises were visibly clean and tidy and patients reported that they found the practice to be clean. The nurse manager was the infection control lead and staff had received relevant training on infection control. The practice undertook annual infection control audits and made improvements as a result of findings.
- The arrangements for managing medicines, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local clinical commissioning group (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 and the five employee files we reviewed showed that appropriate recruitment checks had been undertaken prior to

## Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- 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 and all staff worked across the three practice sites to ensure flexibility.

### **Arrangements to deal with emergencies and major incidents**

There was a system which alerted staff to any emergency. All consultation and treatment rooms were fitted with

panic/emergency alarms which could be heard throughout the practice. The reception area had an alarm which was connected to the local police station should this be required.

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Practice staff demonstrated that they used evidence based guidelines and standards to plan and deliver care for patients. These included local clinical commissioning group (CCG) guidance and National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date including regular nursing and clinical meetings. We saw that the practice used clinical audits to monitor the implementation of guidelines.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures).

Data showed that the practice had achieved 90.6% of the total number of points available in 2013/14, with an exception reporting of 7.6% (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). Practice performance in QOF for 2013/14 was mixed and data showed;

- The practice had achieved 89.1% of points available for diabetes related indicators which was 1.9% below the CCG average and 1% below the national average.
- The practice had achieved 72.9% of points available for hypertension related indicators which was 18% below the CCG average and 15.5% below the national average.
- Performance for dementia related indicators was 94.5% which was 1.9% below the CCG average and 1.1% above the national average.
- The practice had achieved 100% of points available for asthma related indicators which was 0.5% above the CCG average and 2.8% above the national average.
- Performance for mental health related indicators was 72.9% which was 22.7% below the CCG average and 17.5% below the national average.

We saw that the practice was aware of areas for improvement and provided data to demonstrate that improvements had been made in 2014/15. For example, the practice had identified that their performance for dementia related indicators was below the level they expected in 2013/2014 so had instigated reviews of patients in a care home setting in addition to regular nurse practitioner reviews. The practice provided data for 2014/15 which showed that they had achieved 100% of the available points for dementia. The practice told us they also had plans in place to introduce regular ward rounds at local care homes.

There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had reviewed the prescribing of an anti-inflammatory medicine to patients at risk of cardiovascular disease. The practice had identified patients at high risk and stopped prescribing this medicine following a patient review. A re-audit showed that no high risk patients were being prescribed the medicine.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw that the practice had a comprehensive induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as fire safety, computer systems and confidentiality.

The practice used a system of appraisals, meetings and practice reviews to determine staff development needs. We saw that staff were able to access the appropriate training to meet these needs and to fulfil their role. Staff had access internally to mentoring, clinical supervision and support from their colleagues, management and the practice partners. Staff told us they could also access support from colleagues within the locality. All staff had had an appraisal within the last 12 months.

Staff received training that the practice considered mandatory which included; safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

Information required to plan and deliver care and treatment was easily accessible to staff through the patient record system and the practice's intranet system. Information included care plans, medical records and test results. We saw that information such as NHS patient information leaflets were also available.

We saw evidence that relevant information was shared with external service providers in a timely way, for example when patients were referred to other services. We saw evidence that the practice had effective systems in place for reviewing incoming communication, for example the out of hours communication was received electronically and reviewed by the on call doctor that morning.

The practice worked closely with a care co-ordinator who was employed by the local community health trust. The care co-ordinator carried out reviews of patients by telephone post discharge from hospital and liaised with social care and voluntary organisations to ensure patient needs were met and reduce hospital admissions. The practice held weekly community development team meetings with the care coordinator. These meetings were attended by a GP, the nurse manager, community matron, district nurse, social worker, a member of the community rehabilitation team and a community psychiatric nurse.

### Consent to care and treatment

Discussions with staff demonstrated that they understood consent and decision-making requirements set out in legislation and guidance. We saw that staff had received training in the Mental Capacity Act 2005 and understood this. Practice staff sought consent as required and monitored this process through records audits to ensure they met their responsibilities in line with legislation and national guidance.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking or patients who might require counselling. Patients were then signposted to the relevant service. For example a counsellor was available within the practice once a week.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 82.3% and the national average of 76.9%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were generally better than the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 98.4% and five year olds from 95.2% to 100%. Flu vaccination rates for the over 65s were 74.8%, and at risk groups 52%. These were also comparable to national averages.

Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice healthcare assistant had recently completed a review of NHS health checks and drafted a proposal as to how these could be improved to maximise opportunity for health education and promotion.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Throughout the inspection, we observed staff interacting with patients. We saw that staff behaved in a polite, friendly and helpful manner towards patients both in person and over the telephone.

The practice sought to maintain patients' privacy and dignity during examinations and treatment by providing curtains in consulting and treatment rooms. Staff told us they would ensure that the door was locked when undertaking a sensitive examination. We noted that consultation and treatment room doors were closed during consultations and that 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.

Six of the eight completed CQC comment cards we received were generally positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We spoke with five patients during the inspection. All of the patients told us that they were treated with dignity and respect by the reception and medical staff. The majority of patients we spoke with felt that they had enough time during their consultations and that they were treated with care and concern.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was generally above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%

- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 95% said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 93% and national average of 92%.

However the practice did not score as well for satisfaction regarding practice receptionists:

- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

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

Patients we spoke with 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.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments which was the same as the CCG average of 86% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%

Patients we spoke with told us they were involved in decisions about their care and treatment.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the practice 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.



## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. Carers were supported by the practice, for example by being offered influenza vaccinations. The practice had also displayed information for carers in the waiting area to ensure they were aware of support available to them.

Staff told us that if a death notification was received, all GPs and the care coordinator were notified. Relatives were contacted and offered consultations as required or advice on how to access local support services.

# 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. For example the practice worked closely with the community health trust employed care coordinator as part of a CCG led project to avoid admissions and keep patients safe and well.

The practice had also recently put in a joint bid with a neighbouring practice to share on-call (in hours duty doctor) services. The aim of this was to increase flexibility and free up GP time.

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 offered late opening one evening per week until 9.00pm for pre-booked appointments
- Longer appointments were available for patients with additional needs including patients with a learning disability
- The practice website had a translation facility to ensure that relevant information was available to patients in their first language
- The practice had disabled access facilities and hearing loops were available in all sites as required
- Baby changing facilities were available
- Translation services were available if required
- Practice patients could access the services of a counsellor in house
- The practice worked closely with a care coordinator (employed by the community healthcare trust) to support the needs of the most vulnerable patients

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.40am to 6.00pm daily. Extended hours surgeries were offered from 6.30pm to 9.00pm on Tuesday evening. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally below local and national averages. For example:

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 42% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 52% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 64% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.

Most of the patients we spoke with told us they were able to get appointments when they needed them.

We saw evidence that the practice were aware of issues regarding patient access. The practice had worked with the PPG to try to address patient concerns. Some of the actions taken included:

- Regular reviews of the appointment system
- The inclusion of information about their appointment system on their website and within their practice leaflet to try to ensure that patients understood the system.
- New premises at the Sawley branch site had led to additional clinical rooms being available.
- Investment in the training of advanced nurse practitioners to deal with minor illnesses and increase availability of GP appointments.
- Reception and nurse triaging system and the use of telephone appointments

The practice had also recently trialled a system which they had named 'hot-desking'. This involved the use of two HCAs working with a GP. Suitable patients were initially seen by the healthcare assistant where baseline observations were taken along with an opportunistic health check, patients then saw the GP and finally saw the second healthcare assistant to make any arrangements for blood tests, x-rays

# Are services responsive to people's needs?

(for example, to feedback?)

or future appointments. The feedback from patients was positive and GPs told us capacity was increased by 50-75%. The practice is planning to make this system permanent for suitable patients.

## **Listening and learning from concerns and complaints**

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

We saw that information was available to help patients understand the complaints system including signage in the waiting room and information in the practice leaflet.

We looked at six complaints received since April 2015 and ten received between April 2014 and March 2015. We found that complaints were handled appropriately. Patients received timely acknowledgements and thorough responses to their complaints. The practice demonstrated an open and transparent approach to dealing with their complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

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 and we found details of the practice's aims and objectives within their statement of purpose which was available on the practice website. Some examples of the aims were 'to register patients without any discrimination', 'to treat patients with dignity, empathy and respect' and 'to improve patient care through education, evaluation and monitoring.'

The practice had recently completed a large project which saw the opening of a new branch practice at Sawley. The partners held monthly business meetings and regularly discussed future plans which included consideration of federating (working together with other practices more closely to share resources or expertise) with other practices.

Conversations with clinical and non-clinical staff demonstrated that they shared the practice aims and values and were committed to providing high quality care.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Staff had leadership roles in different clinical and non-clinical areas
- Practice specific policies were implemented and were available to all staff
- There was ongoing review of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements

However, the practice needed to strengthen its systems for the monitoring of risks to staff and patients. For example, the practice did not carry out risk assessments for the premises in relation to risks such as slips and trips or manual handling.

### Leadership, openness and transparency

The partners in the practice had the experience and capability to run the practice to ensure high quality care. Staff told us that the partners were visible in the practice and that they were approachable. Staff felt that partners and management always took time to listen to concerns or ideas they had. The partners encouraged a culture of innovation, openness and honesty.

Staff told us that regular team meetings were held which afforded the opportunity to raise issues. Staff felt confident that they would be supported in raising any issues for consideration and that there was an open, learning culture within the practice. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, the healthcare assistant was encouraged to undertake a review of the system for NHS health checks and document their ideas for how this system could be improved.

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

The practice encouraged and valued feedback from patients, proactively gaining 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, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had worked closely with the PPG to try to address issues regarding access to appointments. The PPG member told us the practice were engaged with them and open to suggestions from the group.

The practice had also gathered feedback from staff through staff meetings, discussions, appraisals and via a function for staff to give feedback on the practice's intranet. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, when the new branch site was opened all staff were consulted about where they wanted to work. Staff told us they felt involved and engaged to improve how the practice was run.

# Are services well-led?

Good 

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

## Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples of this included:

- A collaborative bid with a neighbouring practice to share on-call services
- The practice system of 'hot-desking' – a system whereby patients are seen by a healthcare assistant before and after their GP appointment to enable baseline observation, opportunistic health checks and arrangements for follow up

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	The practice had not conducted a formal risk assessment for Legionella.
Maternity and midwifery services	The provider must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.
Surgical procedures	Regulation 17(2) (b) Health and Social Care Act 2008(Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	