

Manchester Road Surgery

Quality Report

484 Manchester Road

Crosspool

Sheffield S10 5PN

Tel: 01142668265

Website: www.manchesterroadsurgery.org.uk

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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 Manchester Road Surgery on 17 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

The practice provided a listening service for patients facing difficult life choices, ill health, loneliness or bereavement and also offered patients an appointment with a chaplain who volunteered at the practice offering confidential support and signposting to resources and local support groups if appropriate.

The areas where the registered provider must make improvements are:

Summary of findings

- Ensure DBS checks are in place or a risk assessment for all staff undertaking chaperoning duties.

The areas where the registered provider should make improvements are:

- Fire drills should be undertaken to ensure staff are aware of the fire evacuation procedure.

- The practice should maintain records of emergency equipment checks.

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 their responsibilities to raise concerns, and to report incidents and near misses. The practice carried out investigations when things went wrong and lessons learned were communicated to the staff involved.
- Although risks to patients who used services were assessed, patients were at risk of harm because adequate systems and processes were not in place. For example, recruitment checks to ensure staff were of good character had not been obtained for all staff. Fire evacuation procedures had not been carried out to ensure staff were aware of and understood the procedures to follow.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services:

- Data showed patient outcomes were above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

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.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

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.
- Patients said 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. Home visits were available for older patients and patients who were frail or chronically ill.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a listening service for patients facing difficult life choices.
- 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 with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led:

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, there were some areas that required improvement in relation to the monitoring of systems and procedures to ensure the appropriate recruitment checks were carried out on staff.
- The registered 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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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. It was responsive to the needs of older people, and offered GP home visits and urgent appointments for those with enhanced needs. The practice also offered home visit appointments with the practice nurse and healthcare assistant to ensure housebound patients received the care and treatment they needed. The practice worked closely with other health and social care professionals, such as the community nursing team, social workers and a community support worker. The practice also provided services for patients who resided in a local care home for the elderly with visual impairment.

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 patients had a named GP 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. For example, the GPs and practice nurses had regular meetings with the local Diabetic Specialist Physician to discuss and review patients who have diabetes.

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. The practice told us that all young children were prioritised and children under one were seen on the same day as requested and children between one and 10 would receive a phone call from the GP within two hours of the request to be seen.

Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. Immunisation rates were high for all standard childhood immunisations.

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 needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered early morning appointments on a Monday from 7.30am and GP telephone consultations late afternoon for patients who were not able to attend the practice during the day. The practice offered online services as well as a full range of health promotion and screening that reflected the needs of this age group.

People whose circumstances may make them vulnerable

Outstanding



The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those who had a learning disability. Longer appointments were available for patients as needed. The GPs carried out routine weekly home visits to patients who were frail or chronically ill even if they were not housebound. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and looked after the residents of a local drug and alcohol rehabilitation care home, providing a weekly routine surgery and acute appointments as required.

The practice had told vulnerable patients about how to access various support groups and voluntary organisations and offered confidential support through a volunteer chaplain who would support, comfort and signpost patients to local support groups or organisations. It also offered a listening service run by fully trained volunteers for those patients facing difficult life choices, ill health, loneliness or bereavement.

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

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people living with dementia). 91% of people diagnosed as living with dementia had had their care reviewed in a face to face meeting in the last 12 months. The practice have for the past 10 years allocated all patients living with dementia a named GP. The practice carried out advance care

Summary of findings

planning for patients with dementia and regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and had developed a crises leaflet for patients experiencing poor mental health. Staff had a good understanding of how to support people with mental health needs and dementia. The practice also hosted Improving Access to Psychological Therapies programme (IAPT) to support patients' needs.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing above local and national averages. There were 251 survey forms distributed and 117 forms were returned. This is a response rate of 46.6%. Example of responses included:

- 91% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 94% found the receptionists at this surgery helpful (CCG average 85%, national average 86%).
- 98% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 94% said the last appointment they got was convenient (CCG average 91%, national average 91%).

- 88% described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 78% usually waited 15 minutes or less after their appointment time to be seen (CCG average 61%, national average 64%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. We spoke to five patients during the inspection who spoke highly of the clinical care and treatment they received. They told us they were treated with dignity and respect and all the staff were friendly, helpful and caring. They told us they found the practice clean and they could usually get an appointment when needed.

Manchester Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Manchester Road Surgery

Manchester Road Surgery is located in Crosspool, Sheffield and accepts patients from Crosspool, Crookes, Broomhill, Sandygate, Lodge Moor, Fulwood and Hollow Meadows. The practice catchment area is classed as within the group of the tenth least deprived areas in England.

The practice provides Primary Medical Services (PMS) under a contract with NHS England for 4549 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. They also offer a range of enhanced services such as minor surgery and childhood vaccination and immunisations.

Manchester Road Surgery has two GP partners (one male, one female), a female salaried GP and two male GP Registrars. There are two female practice nurses and a female health care assistant (HCA). These are supported by a practice manager and an experienced team of reception/administration staff.

The practice is open between 8.15am and 6pm Monday to Friday with the exception of Monday when the practice is open from 7.30am and Thursday when the practice is closed from 1pm. Morning appointments are offered from 8.30am to 11am Monday to Friday, with the exception of

Monday when appointments start at 7.30am. Afternoon appointments are offered from 4.30pm to 6.00pm Monday to Wednesday, no appointments Thursday afternoon and 2pm to 5.30pm on a Friday.

When the practice is closed between 8am and 8.15am and 6.00pm to 6.30pm services are provided by the Sheffield GP Collaborative and when the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service. Patients are advised of which number to redial when they telephone the practice number. The practice is registered to provide the following regulated activities: treatment of disease, disorder or injury, diagnostic and screening procedures, surgical procedures, maternity and midwifery services and family planning.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations such as NHS England, Sheffield Healthwatch and the CCG to share what they knew. We carried out an announced visit on 17 November 2015. During our visit we:

- Spoke with a range of staff including three GP's, two practice nurses, health care assistant, secretary, reception supervisor, receptionist and practice manager. We also spoke with patients who used the service including two members of the patient participation group.
- Observed communication and interaction between staff and patients, both face to face and on the telephone within the office area.
- Reviewed 22 comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relating to the management of the practice.

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 also a recording form available on the practice's computer system. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared with the staff involved to make sure action was taken to improve safety in the practice. For example, we were told how the procedure for recording the temperature on the medical fridge had been reviewed following an incident. The incident record contained the investigation undertaken, action taken to avoid the situation happening again and briefings with the staff involved to update them on the change to procedure. The GP told us that they were planning on involving all staff groups, for example, administration staff in future SEA discussions.

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

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse although there were shortfalls in some areas.

- 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 member of staff 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. GPs were trained to Safeguarding level three.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role. However, not all reception staff who acted as chaperones had received a

disclosure and barring check (DBS check) and risk assessments to assist in identifying which staff required DBS checks had not been completed. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection and prevention control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling and security). Regular stock checks of medicines were undertaken by the GPs but we found two out of date items in the doctors' bags. These were removed and disposed of immediately. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body). However, where some locums had been used, we did not see copies of their current indemnity insurance although the practice manager stated these had been sought.

Monitoring risks to patients

Risks to patients were assessed:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff office area. The practice had up to date fire risk

Are services safe?

assessments but had not carried out any fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- There was no record the emergency equipment, for example, the defibrillator, anaphylaxis kits and the oxygen equipment were checked regularly to ensure they were working properly. The practice nurse told us these checks were carried out weekly but not documented.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was a panic button system in the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- 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 easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 98.8% of the total number of points available, with 9.4% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was 5.8% above the CCG and 7.3% above the national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 9.8% above the CCG and 10.8% above national averages.
- Performance for mental health related indicators was 4.4% above the CCG and 6% above national averages.
- The dementia diagnosis rate was 18% lower than the national average.

Clinical audits demonstrated quality improvement.

- The practice had a calendar of clinical audits that were carried out annually. There was evidence that six completed clinical audits had been carried out in the past year where the improvements made were implemented and monitored.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, patients on medication for high cholesterol were changed to a more appropriate drug based on NICE guideline recommendations. Regular re-audits were completed which showed that all patients identified had had a medication review and their medication altered if appropriate.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role specific training and updating for relevant staff e.g. for those reviewing patients with long term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. The practice followed a 360 degree approach for the nurse appraisals. Members of the whole practice team would complete pre-appraisal documentation which would be used as part of the one to one appraisal with the GP to inform learning and development needs.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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.

- 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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are 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

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support. 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 and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 85%, which was slightly higher than the national average of 81%. There was a policy to offer 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 screening.

Childhood immunisation rates for the vaccinations given were slightly higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 93% to 96%. Flu vaccination rates for the over 65s were 87%, and at risk groups 65%. These were also higher than national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 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 area to discuss their needs.

All of the 22 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96% said the GP was good at listening to them compared to the CCG average of 89% and national average of 88%.
- 98% said the GP gave them enough time (CCG average 91%, national average 91%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

- 99% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 94.5% said they found the receptionists at the practice helpful (CCG average 85%, national average 86%).

Care planning and involvement in decisions about care and treatment

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

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

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 89% 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. 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 and entrance area told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 106 patients on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP rang them and also visited them if needed. The practice offered patients an appointment with a chaplain

Are services caring?

who volunteered at the practice. This service was open to all patients of the practice offering confidential support and signposting to local support groups and resources if appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified. For example:

- There were longer appointments available for people with a learning disability.
- The practice offered an early morning clinic on a Monday morning at 7.30am for working patients who could not attend during normal opening hours despite not being signed up to the enhanced service with the CCG for offering appointments outside of the normal opening hours.
- Home visits were available for older patients / patients who would benefit from these.
- The GPs carried out routine weekly home visits to patients who were frail or chronically ill.
- Same day appointments were available for children under one and children aged one to ten were offered a phone call from the GP within two hours if there were no available appointments for the same day.
- The practice looked after the residents of two local care homes. One for the elderly with sight impairment where the GP visited weekly and one for drug and alcohol rehabilitation where the practice provided a weekly routine clinic at the surgery. Patients in both homes received acute appointments and visits as required. Comprehensive care plans were in place for each patient and a variety of additional services offered as appropriate, for example referral to mental health services.
- The practice have for the past 10 years allocated all patients living with dementia a named GP.
- The practice offered a listening service for patients facing difficult life choices, ill health, loneliness or bereavement. This service was run by volunteers trained in listening skills.
- The practice offered late afternoon appointment clinics for students to attend for the immunisations recommended for this age group, for example, the meningitis vaccine.
- There were disabled facilities, hearing loop and translation services available.

- The practice did not have a lift. All clinical rooms and the facilities were based on the ground floor apart from two consulting rooms which were located on the first floor. The practice manager confirmed these were used by the counsellors who also had access to ground floor rooms should a patient not be able to use the stairs.

Access to the service

The practice was open between 8.15am and 6pm Monday to Friday with the exception of Monday when the practice was open from 7.30am and Thursday when the practice was closed from 1pm. Appointments were offered from 8.30am to 11am Monday to Friday, with the exception of Monday when appointments started at 7.30am and 4.30pm to 6.00pm Monday to Wednesday, no appointments Thursday afternoon and 2pm to 5.30pm on a Friday. When the practice is closed between 8am and 8.15am, and 6.00pm to 6.30pm, patients were advised to contact the local GP collaborative. Between 6.30pm and 8am patients were directed to the NHS 111 service. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 74%.
- 91% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 88% patients described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 78% patients said they usually waited 15 minutes or less after their appointment time (CCG average 61%, national average 64%).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

Are services responsive to people's needs?

(for example, to feedback?)

- 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 in the waiting room to help patients understand the complaints system.

We looked at two complaints received in the last 12 months and found they had been dealt with appropriately, identifying actions, the outcomes and any learning. For example, the practice had redesigned their practice stamp to make it clearer when receiving letters what actions needed to be taken and by whom to ensure no actions were missed.

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. Our discussions with staff indicated the vision and values were embedded within the culture of the practice with patient care as a priority. Staff told us this was achieved through good communication and a team approach.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing most risks and implementing mitigating actions. However, risks had not always been assessed and identified in areas such as recruitment and fire drills had not been carried out as identified in the practice's fire risk assessment.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The registered provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt very supported by management.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. We also noted that team away days were held twice a year.
- Staff said they felt respected, valued and supported, by the partners in the practice and the practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through complaints received. There was an active virtual PPG which also met face to face once a year. We spoke to two members of the PPG who told us the practice listened to them. For example, the layout of the waiting room posters and leaflets had been re-structured to make it easier for patients to access.
- The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

Are services well-led?

Good 

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

team was forward thinking and part of local schemes to improve outcomes for patients in the area. For example, it had taken part in a pilot project which had introduced the Community Support Workers into local surgeries.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered provider did not ensure checks that staff were of good character were carried out. Disclosure and Barring checks had not been obtained for staff such as receptionists who carried out chaperone duties. Regulation 19(3)(a).
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	