

# The Medical Centre

## Quality Report

Market Street, Whitworth, OL12 8QS

Tel: 01706 852238

Website: [www.whitworthmedicalcentre.nhs.uk](http://www.whitworthmedicalcentre.nhs.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?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Medical Centre on 9 December 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.
- 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 the 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 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 including:

- The practice development plan identified key roles and responsibilities for all team members from the GPs to the administrative staff which were also reflected in each staff member's personal development plan. This ensured progression and motivated the staff.

The areas where the provider should make improvement are:

# Summary of findings

- Should update the system to monitor the traceability of the prescription paper and pads used in the practice.
- Should devise an action plan where there were some areas of suggested improvement from surveys such as the national GP survey and the PPG survey.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or 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.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.

# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group 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.
- 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 with staff and other stakeholders.

## Are services well-led?

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

Good



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

# 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 home visits and urgent appointments for those with enhanced needs.
- The practice was working with the local Clinical Commissioning Group nurses to share information about older patients in care homes to ensure a collaborative approach was taken.

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.
- The practice performed better than the national average in two out of the five diabetes indicators outlined in the Quality of Outcomes Framework (QOF) and was comparable to the national average for the remaining three indicators.
- 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 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.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



# Summary of findings

- The take up rate for the cervical screening programme of women aged 25-64 was comparable to the Clinical Commissioning Group and national averages (2015).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

## **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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- 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).

Good



# Summary of findings

- 95% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 87% of people diagnosed with a mental health issue had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 15 July 2015 and distributed 342 survey forms of which 106 were returned. Overall, the results showed the practice was performing in line with local and national averages.

- 66% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 92% found the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 96% said the last appointment they got was convenient (CCG average 91%, national average 92%).

- 76% described their experience of making an appointment as good (CCG average 71%, national average 73%).
- 79% usually waited 15 minutes or less after their appointment time to be seen (CCG average 65%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Patients felt the staff were caring and listened to them. They also felt they could easily access appointments.

We spoke with five patients during the inspection. All five patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Should update the system to monitor the traceability of the prescription paper and pads used in the practice.

- Should devise an action plan where there were some areas of suggested improvement from surveys such as the national GP survey and the PPG survey.

## Outstanding practice

We saw areas of outstanding practice including:

- The practice development plan identified key roles and responsibilities for all team members from the

GPs to the administrative staff which were also reflected in each staff member's personal development plan. This ensured progression and motivated the staff.

# The Medical Centre

## Detailed findings

### Our inspection team

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

a CQC Lead Inspector and included a GP specialist advisor.

## Background to The Medical Centre

The Medical Centre is based in the Whitworth valley and lies between Rochdale and Rossendale. It is part of the East Lancashire Clinical Commissioning Group (CCG) and has 7065 patients on their register on the day of the inspection.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Male and female life expectancy in the practice geographical area is 77 years for males and 82 years for females both of which are slightly below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register were similar to the average GP practice in England.

The practice had a higher percentage (61.6%) of its population claiming disability allowance than the England average (50.3%).

The service is provided by four GP partners. The practice also employs a practice manager, an assistant practice manager, practice nurses, a healthcare assistant and a number of reception / administrative staff who also cover other duties.

The practice is based in a purpose built building with ramp access to assist people with mobility problems. The

practice has a number of consulting rooms, one for each GP and three treatment rooms used by the nurse and healthcare assistant. There is also a multidisciplinary consultation room used by visiting clinicians such as the midwife, health visitor, physiotherapist and locum GPs.

The surgery is open Monday to Thursday between 8am and 7pm. The surgery is closed for one hour between midday to 1pm on each Thursday for staff training. The surgery is open from 8am to 6:30pm on Fridays. There is provision for poorly children to be seen the same day.

The practice provides online patient access that allows patients to book appointments and order prescriptions.

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting, 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 visit on 9 December 2015. During our visit we:

# Detailed findings

- Spoke with a range of staff including the GP partners, the practice manager and assistant practice manager, a practice nurse and a number of receptionist / administrative staff.
- We also spoke with patients who used the service and observed how people were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts 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 a recent incident with a pharmaceutical fridge resulted in a review of the practice's cold chain procedures and the purchase of a new pharmaceutical fridge.

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 clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that nurses 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

check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention 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. Posters to show appropriate hand hygiene had been put in place following the last audit.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations. Prescription pads and paper were securely stored and there were systems in place to monitor use when taken out of the surgery, but there was no overall record of the total number of pads or paper in the practice.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 reception office.

## Are services safe?

- The practice had up to date fire risk assessments and carried out regular 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. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- 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 an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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 easily 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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 were 88% of the total number of points available (2014/15), with 7.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed;

- Performance for diabetes related indicators was 76.7%. This was below the CCG average of 91.8% and below the national average of 89.2%.
- Performance for hypertension related indicators was 92.3%. This was below the CCG average of 97.8% and the national average of 97.8%.
- Performance for mental health related indicators was 80.8%. This was below the CCG average of 93.3% and below the national average of 93.3%.
- Performance for dementia related indicators was 88.5%. This was above the CCG average of 96.7% and the national average of 94.5%.

Clinical audits demonstrated quality improvement.

- The GPs we spoke with confirmed that clinical audits were carried out and we saw evidence of these. There was an audit log and schedule for the forthcoming year.
- We reviewed two cycles of an audit in relation to joint injections and their effectiveness. We saw improvements had been as a result.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme for newly appointed clinical and 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 on-going 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 received an appraisal within the last 12 months.
- 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

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

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

# Are services effective?

## (for example, treatment is effective)

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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital.

### 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.

- An exercise on prescription coordinator, midwife, physiotherapist, health visitors and smoking cessation advice was available on the premises on various days and people could also be directed towards local support groups.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82% (01/04/2014 to 31/03/2015). 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 screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 35% to 91% and five year olds from 67% to 100%. Flu vaccination rates for the over 65s were 76.44% (01/09/2013 to 31/01/2014), and at risk groups 52.6% (01/09/2013 to 31/01/2014). These were also comparable to CCG and 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 and they could offer them a private room to discuss their needs.

All of the 13 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 four 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 most recent national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results comparable with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 87%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 82% 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 93%, national average 92%).
- 92% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

### 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 in line with local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 80% 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 translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified a total of 121 carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice monitored the service it provided and listened to patients. Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- The practice had sufficient space and flexibility for the current number of patients being treated. The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties and there was a hearing loop at the reception. The consulting rooms were accessible for patients with mobility difficulties and there were access enabled toilets and baby changing facilities.
- The majority of the practice population were English speaking patients but access to online and telephone translation services were available if they were needed. A couple of GPs spoke Urdu which was the most common language after English.
- The practice was working with the nurses from the Clinical Commissioning Group (CCG) who went into the local care and nursing homes on a routine basis. The GPs signposted any patients who required follow up to these nurses.
- Longer appointments were available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.

### Access to the service

The surgery was open Monday to Friday between 8am and 7pm and closed for one hour between 12noon and 1pm on each Thursday for staff training. The four GPs worked a staggered shift pattern which meant appointments were available throughout the day. 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.

Patients told us they were able to get appointments when they needed them. Results from the most recent national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 66% of patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 76% of patients described their experience of making an appointment as good (CCG average 71%, national average 73%).
- 79% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 65%, national average 65%).

### Listening and learning from concerns and complaints

The practice had an effective 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. Information was available in the reception and public areas to help patients understand the complaints system.
- The practice manager was the designated responsible person who handled all complaints in the practice. Clinical complaints were also assigned a GP lead.
- Staff confirmed they responded to patient's concerns, attempted to rectify the issue if able and offered them the opportunity to complain through the practice's procedure.
- The practice had a duty of candour policy and offered patients opportunities to have face to face meetings to discuss any issues. Discussion with the practice manager identified that patients concerns received but not formalised within the complaints process were responded to appropriately and recorded.
- The practice had received eight complaints between January 2014 and November 2015. We looked at two complaints received in the last 12 months. Records showed these were acknowledged, investigated and responded to appropriately.

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

- Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Meeting minutes showed complaints were a standing item on the agenda.

# 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 staff described a clear vision to deliver high quality care and promote good outcomes for patients. The GPs described how they aimed to provide a safe and effective service whilst treating patients with respect and dignity in a safe and friendly environment

- The practice had an overall vision and ethos to deliver consistent, friendly and patient centred care and staff knew and understood the values. The aims and objectives were also available on the website and included:
  - To deliver safe, effective high quality services and environment, providing excellence at all times.
  - To work in partnership with other Health Care Professionals to assess patient's needs and subsequently provide appropriate treatment, which is evidence based.
  - To ensure and encourage all patients and those involved in their care, participate fully in the decision making process and have a positive experience.
  - To ensure all members of staff have the competency and motivation to deliver the required standards of care, through continuous learning and development strategies.
- The practice had a business plan in place which reflected the vision and values.

### 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.
- The practice development plan identified key roles and responsibilities for all team members from the GPs to the administrative staff which were also reflected in each staff member's personal development plan. This ensured progression and motivated the staff.
- Practice specific policies were implemented and were available to all staff.
- Data was available that ensured staff had a comprehensive understanding of the performance of the practice.

- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

There was a clear leadership structure in place and staff felt supported by management. Staff told us the practice held regular team meetings, there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.

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

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

When unexpected or unintended safety incidents arose, the practice gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

### 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.

- The GP and practice manager had an open door policy. Staff said they felt well supported at work and could approach their manager if they had any problems.
- 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 PPG had

# Are services well-led?

Good 

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

worked with the local hospital dementia ward to promote patients understanding about people living with dementia. The PPG had also linked in with a local school to promote health awareness.

- The PPG had displayed some information in the practice.
- It had gathered feedback from patients by a patient satisfaction survey in February 2015 and was going to repeat this in January 2016.
- The national GP patient survey published in July 2015 had been mostly positive.

- Although the majority of feedback was positive from both surveys, neither the practice staff nor the PPG members had devised an action plan where there were some areas of suggested improvement.

## Continuous improvement

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

- The practice was working with the local CCG nurses to share information about patients in care homes to ensure a collaborative approach was taken.