

Ashcroft Surgery

Quality Report

803 Stockport Road
Levenshulme
Manchester
M19 3BS
Tel: 0161 224 1329
Website: www.theashcroftsurgery.co.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 Ashcroft Surgery 6 August 2015 and 11 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they sometimes found it difficult to access appointments but an on the day triage service was available.
- 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.
- Patients could access smoking cessation services at the practice and dietary advice was available. Patients could also see a community drugs worker or community psychiatric nurse at the practice.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- The provider must ensure all aspects of the practice are cleaned at appropriate intervals, and the cleaning schedule should reflect the needs of the practice.

Summary of findings

The provider also should:

- The provider should make sure that all members of staff who undertake chaperone duties understand their role.
- The provider should have a safeguarding adults policy in place that is practice-specific.

- The provider should put in place a process so all fire checks are carried out at the appropriate intervals.
- The provider should collect all the required recruitment information in respect of new employees.

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 as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were thorough and lessons learned were communicated widely enough to support improvement.

Disclosure and Barring Service (DBS) checks had not been carried out for all staff who carried out chaperone duties. Non-clinical chaperones did not stand in a position where they could witness a procedure taking place. Fire safety checks were carried out, but not at the required frequency. Not all aspects of infection control were included in the cleaning schedule and some areas of the practice were not found in a clean state.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed most patient outcomes were in line with national averages. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had usually been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

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



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.

Good



Summary of findings

Patients said they sometimes found it difficult to access appointments but we saw triage appointments were available on the day of our inspection. There was early morning opening three times a week. 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.

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 their responsibilities at work. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services. Patients over the age of 75 had a named GP and home visits were available when required. When a patient was discharged from hospital they received a telephone call from a GP within 48 hours, and this was followed up by a visit if required.

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 structured annual review to check that their health and medicine 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. 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 and health visitors. The practice nurse was able to take blood samples from children to avoid hospital attendances.

Good



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

Good



Summary of findings

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 reflected the needs for this age group. Early morning appointments with a GP, practice nurse or healthcare assistant were available on three days a week.

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 those with learning disabilities or a mental health condition. Patients with a learning disability had an annual health check, and support was available from the learning disability community team health facilitator. The practice regularly liaised with the homeless hostels and drug and alcohol rehabilitation services in their practice area.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. 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 had a mental health lead and hosted a Mental Health Liaison Meeting each month to discuss the outstanding needs of patients.

All patients on the dementia register or Mental Health register were offered annual reviews.

Relevant posters and leaflets were displayed in the waiting room signposting patients to local support.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Clinical staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

What people who use the practice say

The latest national GP patient survey results showed the practice was performing in line with local and national averages.

- 64% find it easy to get through to this surgery by phone compared with a CCG average of 74% and a national average of 73%.
- 88% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 62% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55% and a national average of 60%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 93% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.

- 75% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 54% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57% and a national average of 65%.
- 48% feel they don't normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were mainly positive about the standard of care received. Patients said they were treated with respect by GPs who listened to them, and they said reception staff were pleasant and helpful. We also spoke with 16 patients. Patients spoke positively about the GPs and staff but said it was difficult to get through to the practice on the telephone and appointments could be difficult to access.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure all aspects of the practice are cleaned at appropriate intervals, and the cleaning schedule should reflect the needs of the practice.

Action the service **SHOULD** take to improve

- The provider should make sure that all members of staff who undertake chaperone duties understand their role.

- The provider should have a safeguarding vulnerable adults policy in place that is practice-specific.
- The provider should put in place a process so all fire checks are carried out at the appropriate intervals.
- The provider should collect all the required recruitment information in respect of new employees.

Ashcroft 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 adviser a practice manager specialist adviser and an Expert by Experience. An expert by experience is someone who uses health and social care services.

Background to Ashcroft Surgery

Ashcroft Surgery is a purpose built GP practice situated on a main road in the Levenshulme area of Manchester. There are two floors with consultation rooms on both. There is a passenger lift available so all areas are accessible to people with mobility issues. There is ramped access to the building, and there is a car park to the rear of the building.

The practice contracts with NHS England to provide Personal Medical Services (PMS) to the patients registered with the practice. At the time of our inspection 8043 patients were registered. There was a higher than average proportion of patients in the 25 to 39 age range, and lower than average proportion of patients over the age of 45. The practice is in an area of high deprivation.

There are five GP partners (three male and two female) at the practice. There is also a practice nurse, a phlebotomist/healthcare assistant, a practice manager and administrative and reception staff. The practice was in the process of recruiting a second practice nurse.

The practice is open from 7.30am until 6.00pm on Mondays, Tuesdays and Thursdays and from 8.15am until 6pm on Wednesdays and Fridays. GP surgeries took place in the mornings, with extended hours two mornings a week, and in the evenings.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider.

Why we carried out this inspection

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

Detailed findings

- 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 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 6 and 11 August 2015. The visit was carried out over two days due to some permanent GPs not being available on the day of the first visit. During our visits we spoke with a range of staff including two GPs, the practice nurse, healthcare assistant, practice manager and two reception staff. We spoke with 16 patients. We reviewed nine comment cards where patients shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Clinical staff were aware of how to report and record significant events. Other staff told us they would inform the practice manager and they would record the information.

We reviewed records of significant events recorded in the previous year. We saw these were investigated, discussed with relevant staff, and actions were put in place to minimise the risk of reoccurrence. Staff confirmed that significant events were discussed in practice meetings. However, meeting minutes were brief so evidence was not available of this.

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.

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:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. There was an up to date safeguarding children policy although there was no practice specific policy for safeguarding vulnerable adults; the practice used current Department of Health guidance for safeguarding adults. 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 they had received training relevant to their role.
- A notice was displayed in the waiting room advising patients that chaperones were available if required. Where a member of reception staff acted as a chaperone they stood outside the privacy curtain and

did not witness the procedure taking place. Staff told us they would only go inside the curtain if they thought there was a problem. Clinical staff told us they stood inside the curtain. Not all staff who performed chaperone duties had received a Disclosure and Barring Service (DBS) check, but we saw evidence that the practice manager was in the process of requesting these. (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).

- There were procedures in place for monitoring and managing risks to patient and staff safety. A fire safety audit had been carried out in September 2013 and we saw the actions required had been taken. Fire checks were not being carried out at appropriate intervals. Checks of the fire alarm system should have been carried out weekly, with more in-depth checks on a quarterly and annual basis. They had not been checked since 24 July 2015. Weekly inspections of the means of escape had not been carried out since 15 May 2015. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Standards of cleanliness and hygiene were variable. Most of the premises were observed to be clean and tidy. However some areas required attention. There was a gap in flooring in the first floor waiting room where the practice had planned to install a sliding door. This gap was dirty. The ground floor ladies' toilet contained no toilet paper and the liquid soap dispenser was empty. The practice manager explained that the baby clinic had been on so it had been a busy morning. The baby changing unit also appeared dirty and when the inspector wiped it with a damp paper towel dirt easily came off it. The practice nurse was the infection control lead. They had received training in November 2011 and they then trained other staff. The practice had changed their cleaning company in April 2015. A cleaning supervisor carried out regular quality audits and where issues were found they were rectified. We saw the cleaning specification but the practice manager told us this was incorrect. For example it stated internal glazing was cleaned annually by the cleaners. The practice manager told us a window cleaner came every two

Are services safe?

months and the cleaners should wipe mirrors daily. The cleaning specification also stated the cleaners cleaned toys kept in the surgery every day, but GPs said they did this after each use.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. During our first visit we saw the practice nurse checked and recorded the fridge temperature three times a week. A system had been put in place to check the temperature every day by our second visit.
- Recruitment checks were carried out and most of the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. This included proof of identification, references, qualifications, and registration with the appropriate professional body. The practice had gone through the recruitment process for a nurse who had not yet started work due to illness. We saw that there were gaps in their recruitment process and no work history or references had been sought. The practice manager told us these gaps would be addressed prior to the nurse starting work.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The results from 2014/15 were 87.4% of the total number of points available, with 6.7% exception reporting. The practice told us results had since improved. Data from 2013/14 showed:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 60.83%. This was lower than the national average of 88.35%. Some other diabetes indicators had also been lower than the national average. The practice told us that since this had been identified they monitored their performance weekly and this figure was now approximately 90%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 55.56%. This was lower than the national average of 86.04%. However the practice provided evidence of their liaison with psychiatry services in the area in attempts to hold care plans. They also provided evidence of patients with a mental health diagnosis having regular physical health checks.

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 92.86%. This was higher than the national average of 83.82%.
- The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who were being treated with an appropriate bone-sparing agent was 100%. This was higher than the national average of 81.27%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of clinical audits completed in the last two years where the improvements made were implemented and monitored. 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 non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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.
- Staff had an annual appraisal with their line manager. All staff stated they felt well supported at work and could approach any senior staff member if they needed any support.
- 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

Are services effective?

(for example, treatment is effective)

accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred 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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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. Patients could access smoking cessation services at the practice and dietary advice was available. Patients could also see a community drugs worker or community psychiatric nurse at the practice. Patients over the age of 40 could have an NHS health Check and these were offered on an opportunistic basis if a patient attended for any other matter.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 78.4%, which was comparable to the national average of 81.88%. 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 the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.4 to 96.3% and five year olds from 80.5% to 93.8%. Flu vaccination rates for the over 65s were 72.25%, and at risk groups 50.3%. These were also comparable to national averages.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations. There was a television in the ground floor waiting area to help make the reception area more private. There was also a television in the first floor waiting area. Staff told us that without this it was possible to hear through doors due to the design of the building. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The 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. 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 were happy with how they were treated and that this was with compassion, dignity and respect. The practice was usually above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.

- 85% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 90%.
- 88% 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

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:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 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 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. There was a practice register of all people who were carers. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that counselling for patients was available in the area and patients could be referred by a GP or self-refer.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered an early morning surgery three times a week, starting at 7.30am. This was in response to a patient survey about expended opening times.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and other patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice had a passenger lift so the whole of the building was accessible to patients.
- The practice nurse had been trained to take blood samples from children to avoid them having to attend a hospital appointment.
- The practice nurse and healthcare assistant were able to take routine blood samples from adult patients. It was usual for a patient to have their blood taken at the same time the GP requested it to avoid returning at a later date.
- The practice nurse and healthcare assistant were able to carry out electro-cardiograms (ECGs) on patients, usually as soon as the GP requested them, to avoid the patients having to attend hospital.

Access to the service

The practice was open between 7.30am and 6pm on Monday, Tuesday and Thursday, and between 8.15am and 6pm on Wednesdays and Fridays. There were morning and afternoon surgeries each day. The practice had carried out a survey in May 2015 to ask patients their opinion of extended hours surgeries. We saw that 50% had preferred appointments prior to 8am, with the other 50% preferring a mixture of other times. The practice told us that security was an issue for staff working late, especially during the

winter months, so they had started early morning opening three times a week. This was a recent change so there had been no satisfaction survey regarding this at the time of our inspection.

Routine appointments could be made several weeks in advance. We saw that patients requesting a specific GP were given a date approximately four weeks in the future. Reception staff told us this was due to the annual leave of the GP, and we saw routine appointments with other GPs were available during the week following our inspection. There were on the day appointments available for the day of our inspection. The practice had a triage system for patients requesting an urgent on the day appointment. GPs telephoned patients and gave advice over the telephone if appropriate. If an appointment was required they made this directly with the patient.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 64% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 75% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 54% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

Patients we spoke with during our inspection told us it was sometimes difficult to access appointments, and they sometimes struggled to contact the practice by telephone. During our inspection we saw that reception staff answered the telephone in-between speaking with patients on the reception desk. They explained that there were usually more staff available but on that particular day there had been an unforeseen staff emergency.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at the complaints file that dated back to 2010. We found that complaints were satisfactorily handled and dealt with in a timely way. Where the staff member required to deal with the complaint was not available the patient was informed and told when they could expect a response.

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 discussed the possibility of having a mission statement to formalise their vision to deliver high quality care and promote good outcomes for patients. A decision had been made to concentrate on meeting patient demands first but it was clear from speaking with staff that they knew their objectives and aimed to make the patient experience positive. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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
- With the exception of safeguarding vulnerable adults practice specific policies which 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
- Robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

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 partners encouraged a culture of openness and honesty.

The clinical team held weekly meetings and we saw that meeting minutes were circulated to inform any staff member who did not attend. Meetings for administrative staff were less frequent but staff told us they had a system in place to inform the practice manager of any issues they had so these could be addressed in a timely manner. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at or in-between team meetings. They felt confident in doing so and felt supported if they did. Staff said they felt valued and supported by senior staff members and partners.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG). There was an active PPG which met every three months. There were 17 active members, mainly recruited during an open day. Information about the PPG was available on the website and minutes of all meetings were kept.

The practice had gathered the views of patients when deciding when to offer their extended opening hours. These views, along with practical information about the area, were taken into consideration when the recent early morning surgeries started.

The practice analysed the results of the national GP patient survey and discussed ways to make improvements to the practice. The practice manager and GPs were involved in making sure the action plan was taken forward.

Staff told us they were able to give their opinion about any aspect of the practice and discuss any concerns or issues with colleagues. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

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

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>We found that the registered person did not ensure all areas of the premises were clean, and the cleaning specification was inaccurate. This was in breach of regulation 15 (1) (a) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>Gaps in some flooring were dirty and had not been cleaned for some time. The baby changing unit appeared not to have been cleaned properly for some time. There was no soap in the ladies toilet. The cleaning specification held by the practice was inaccurate with regard to cleaning of internal glazing and toys.</p> <p>Regulation 15 (1) (a) (2)</p>