

# Toft Road Surgery

## Quality Report

Toft Road Surgery  
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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

This is the report from our inspection of Toft Road Surgery. Toft Road Surgery is registered with the Care Quality Commission to provide primary care services.

We undertook a planned, comprehensive inspection on the 2 December 2014 at Toft Road Surgery. We reviewed information we held about the services and spoke with patients, GPs, and staff.

The practice was rated as Good overall.

Our key findings were as follows:

- There were systems in place to mitigate safety risks. The premises were clean and tidy. Systems were in place to ensure medication including vaccines were appropriately stored and in date.
- Patients had their needs assessed in line with current guidance and the practice promoted health education to empower patients to live healthier lives.

- Feedback from patients and observations throughout our inspection highlighted the staff were kind, caring and helpful.
- The practice was responsive and acted on patient complaints and feedback.
- The practice was well led. The staff worked well together as a team and had regular staff meetings and training.

However,

The provider should:

- Ensure a system is in place for checking how many prescription pads were available on the premises and tracking when they were used so they could be accounted for.

**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. The practice had systems in place for monitoring safety and learning from incidents and safety alerts to prevent reoccurrences. For example the practice carried out significant event audits to help GPs' individual and practice based learning.

All staff had received safeguarding training and staff we spoke with were aware of the safeguarding vulnerable adults and children policies in place. The practice had a GP lead for safeguarding who liaised with other agencies when necessary.

There were systems in place to ensure medication including vaccines, were safely stored and in date.

The practice was clean and tidy. All equipment was regularly maintained to ensure it was safe to use.

The practice had emergency medication available including oxygen and two defibrillators suitable for children and adults.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from 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 been identified and planned from their appraisals. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Information from surveys and comment cards and patients we spoke with indicated that staff were helpful and caring. There was accessible information to ensure patients understood the services available. We observed that patients were treated with kindness and respect.

Good



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

The practice is rated as good for providing responsive services. We found that the practice had sought ways to improve their service for their local population and had acted on suggestions made by patients. The practice had been piloting the new Friends and Family test since August 2014 to gain patient's views.

Good



# Summary of findings

The practice had an emergency triage system whereby patients could contact the practice early in the morning to arrange urgent same day appointments. Children were always offered same day appointments for urgent care. The practice carried out telephone consultations and home visits when necessary.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. The practice staff worked well together as a team and strove to always improve their systems of care by having a wide range of staff meetings.

**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 had a higher than average population of elderly patients and supported these patients very well. The practice provided certain enhanced services to improve the health of the elderly population such as avoiding unplanned admissions to hospital and dementia identification service.

The practice kept a register of those patients 75 and over which was regularly updated and the practice offered a named GP for these patients in line with the new GP regulations. The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs. The GPs also attended local nursing homes in the area.

The practice had implemented initiatives to care effectively for elderly patients such as holding the first community event to provide flu vaccinations. The event combined offering other information for example from Age Concern. The practice had also used this opportunity to update patients' medical records and identify patients who were vulnerable, for example elderly patients living alone who required extra support.

The practice had originally piloted Gold Standard Framework meetings for their local practices to discuss patients who required palliative care with other health care professionals to ensure patients in the area received 'joined up' care appropriate to their needs. The practice continues to hold monthly meetings.

Immunisations such as the flu and shingles vaccinations were offered to older patients and the Quality and Outcomes Framework (QOF) information indicated the percentage of patients aged 65 and older who had received a seasonal flu vaccination was higher than the national average.

Good



### People with long term conditions

There were registers of patients with long term conditions which enabled the practice to monitor and arrange appropriate medication reviews. One of the practice nurses looked after patients with long term conditions such as diabetes for example. The GP lead for diabetes and the Practice Nurse had constructed an information advice leaflet to help support newly diagnosed diabetic patients. The patient participation group (PPG) worked with other PPGs from other practices in the area and had organised an event to help support diabetic patients.

Good



# Summary of findings

The practice used the Quality and Outcomes Framework to monitor patient outcomes and worked on local initiatives.

The practice sent the out of hours service a weekly report of priority patients, for example, those that had a serious long term condition or terminal illness that may require help over a weekend or bank holiday.

## **Families, children and young people**

The practice had a midwife who attended the practice twice a week. The practice had a system in place for flagging up those children who had not received their vaccinations and the practice encouraged follow up visits.

The practice had child safeguarding policies and procedures in place and all staff were appropriately trained. There were systems in place to ensure that those children at greater risk were monitored appropriately.

Comments from patients demonstrated that the practice had systems in place to ensure that children requiring urgent consultations were seen when necessary.

**Good**



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

The practice had been the first in the area to pilot the Patient Choose and Book Service for referrals to hospitals. All patients were offered referrals to hospitals of their choice by operating this service.

The practice had a variety of extended opening hour times for pre-bookable early morning or evening appointments with the GP or practice nurse to accommodate those patients who could not attend the practice during normal working hours. The practice had recently introduced an on line booking system for appointments and ordering repeat prescriptions. In addition the practice used a text service to remind patients of their appointments and also to maximise the uptake of the flu vaccination.

The practice was encouraging patients to record blood pressure at home to reduce the number of practice visits. The practice also operated NHS health checks for patients between 40-74 years of age.

**Good**



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

The practice kept a list of patients with learning disabilities and supported a sheltered accommodation unit for adults with learning difficulties. One of the practice nurses visited patients annually and

**Good**



# Summary of findings

arranged support and an annual health check rather than the patient having to attend the practice. The annual health checks were carried out to coincide with the flu vaccination programme so this could be carried out at the same time.

The practice had been involved in setting up the Good Neighbours for Knutsford which is a service that takes patients who do not have their own transport to hospital appointments or other clinics; wait for them and bring them back in exchange for a donation. This service had previously won a Queen's Jubilee Award.

The practice worked with Knutsford Team Meetings to help identify those patients in the area who may be at risk from admission to hospital. The meetings also helped identify patients recently discharged from hospital who may require extra support.

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

The practice maintained a register of patients who experienced mental health problems. The register was used by clinical staff to offer patients an annual health check and medication review. There was a GP lead for Mental Health.

The practice kept a separate register for patients with dementia and had a designated GP lead to look after these patients. The GP carried out audits to ensure a practice reduction of prescribing antipsychotic medication for these patients.

**Good**



# Summary of findings

## What people who use the service say

As part of our inspection process, we asked for CQC comment cards for patients to be completed prior to our inspection.

We received 21 comment cards and spoke with one patient. All comments received indicated that patients found the reception staff helpful, caring and polite and some described their care as excellent. However, patients' experiences of making appointments and waiting times were mixed.

For the surgery, our findings were in line with results received from the national GP patient survey. For example, the latest national GP patient survey results showed that in July 2014, 89% of patients described their

overall experience of this surgery as good (from 128 responses) and 87% found the receptionists helpful which is higher than the national average. 71% of patients found it easy to get through to practice by phone and only 53% felt they don't normally have to wait too long to be seen which is lower than the national average.

Results from the national GP patient survey also showed that 92% of patients said the last GP they saw or spoke to was good at treating them with care and concern and 98% said the last GP they saw or spoke to was good at listening to them which is much higher than the national averages.

## Areas for improvement

### Action the service **SHOULD** take to improve

Ensure a system is in place for checking how many prescription pads were available on the premises and tracking when they were used so they can be accounted for.



# Toft Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector and the team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Toft Road Surgery

Toft Road Surgery is located in the centre of Knutsford, Cheshire which is one of the least deprived areas of the country. There were approximately 9800 patients registered at the practice at the time of our inspection. The practice treated all age groups but there was a larger than average proportion of elderly patients.

The practice has five GP partners (three male and two female), three salaried GPs, four practice nurses, reception and administration staff. The practice is open 8.00am to 6.30pm Monday to Friday and offers extended opening hours for early morning and evening GP and nurse appointments. The practice runs a triage system for emergency appointments whereby a GP calls patients back first to ascertain whether an appointment is needed. Patients requiring a GP outside of normal working hours are advised to contact an external out of hours service provider (Central and Eastern CCG). The practice has a GMS contract and also offers enhanced services for example; various immunisation and learning disabilities health check schemes. The practice is also a training practice for medical students.

### Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services 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:

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

## Detailed findings

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the Practice Manager for Toft Road Surgery provided before the inspection day. There were no areas of risk identified across the five key question areas. We carried out an announced visit on 2 December 2014.

We spoke with a range of staff including three of the GPs, two practice nurses, reception staff, administration staff, the Practice Manager and Assistant Practice Manager on the day. We sought views from patients and representatives of the patient participation group and looked at comment cards and reviewed survey information.

# Are services safe?

## Our findings

### Safe Track Record

The Practice had a system in place for reporting, recording and monitoring significant events and information from complaints. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via the practice's computers. The practice carried out an analysis of these significant events and this also formed part of GPs' individual revalidation process.

### Learning and improvement from safety incidents

We viewed written reports of the events, details of the investigations (root cause analysis) and learning outcomes. Minutes from weekly and monthly staff meetings clearly demonstrated that discussions about any incidents took place. We looked at two incidents that had occurred and found appropriate actions had been taken and new procedures had been implemented to reduce the risk of incidents happening again. For example a prescription error incident had resulted in a new system for prescribing for patients who receive additional medications after being discharged from hospital.

We spoke to one practice nurse who told us after any medical emergency, there was a discussion held between staff to ascertain if the emergency was handled appropriately and how as a practice they could improve if necessary.

Any information with regards to national patient safety alerts or from the Medicines and Healthcare products Regulatory Agency (MHRA) was collected. Information was then cascaded to the appropriate staff members. For example we could see the alert regarding the Ebola outbreak in Africa had been actioned.

### Reliable safety systems and processes including safeguarding

The practice had safeguarding vulnerable adults and children policies in place which were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. In addition there were contact numbers displayed in the Doctor's office but not at reception or treatment areas. There was a GP lead for safeguarding. All staff had received training at a level suitable to their role, for example the GP lead had level three training.

The practice had a computer system for patients' notes and there were alerts on a patient's record if they were at risk (for example from domestic violence) or subject to protection. The practice held internal safeguarding meetings to ensure patients were being appropriately monitored.

A chaperone policy was available on the practice's computer system. Practice nurses acted as chaperones if required and a notice was in the waiting room to advise patients the service was available should they need it.

### Medicines Management

The practice had three fridges for the storage of vaccines. The practice nurses took responsibility for the stock controls and fridge temperatures. We looked at a sample of vaccinations and found them to be in date. There was a cold chain policy in place and fridge temperatures were checked daily. Regular stock checks were carried out to ensure that medications were in date and there were enough available for use. One of the practice nurses carried out vaccinations for children and practice nurses had recently received immunisation training updates.

Emergency medicines such as adrenalin for anaphylaxis and benzyl penicillin for meningitis were available. These were stored securely. One of the practice nurses had overall responsibility for ensuring emergency medication was in date and carried out monthly checks. Emergency drugs were also available in GP bags for home visits. All the emergency medication was in date.

The practice had an electronic prescribing system but occasionally also used paper prescriptions; these were securely stored. However there was no mechanism in place for checking how many prescription pads were available on the premises and tracking when they were used which could mean prescription pads could be unaccounted for.

There were clear guidelines available to patients both in the practice information leaflets and the practice web site on how to order and collect prescriptions. The practice had a prescriptions clerk that worked at a separate section of the reception area so that patients did not have to queue at the main reception area to discuss prescriptions.

The practice worked with pharmacy support from the local Clinical Commissioning Group and carried out medication audits and medication reviews to ensure patients were

## Are services safe?

receiving optimal care in line with best practice guidelines. For example, audits and patient reviews had been carried out for dementia patients receiving antipsychotic medications.

### Cleanliness & Infection Control

All areas within the practice were found to be clean and tidy. The practice was cleaned every morning and additional deep cleaning of the practice took place at regular intervals. We saw audits to confirm that the Practice Manager carried out monthly monitoring checks to ensure the practice cleanliness was acceptable. Comments we received from patients indicated that they found the practice to be clean.

Treatment rooms had the necessary hand washing facilities and personal protective equipment (such as gloves) was available. Hand gels for patients were available throughout the building. Clinical waste disposal contracts were in place and spillage kits were available.

There was a designated GP to act as a lead for infection control and an Infection Control Lead Nurse. The practice nurse had undergone training suitable for this role. All staff received annual infection control training and there were policies and procedures in place which were easily accessible for all staff on the practice's computer system. For example, 'Needle sticks Injuries Policy' and a 'Clinical Waste Protocol'.

The infection control lead nurse carried out infection control audits and we saw a Legionella risk assessment for the practice. The premises were old and the practice was considering either extension or moving premises and therefore had not tackled some items identified.

### Equipment

The Practice Manager ensured all electrical equipment had received a portable appliance check to ensure the equipment was safe to use. All faults with main equipment for the building were reported to the Practice Manager.

Clinical equipment in use was checked to ensure it was working properly. For example blood pressure monitoring equipment was annually calibrated. The practice had two defibrillators and these were checked daily.

### Staffing & Recruitment

The practice had five GP partners, three salaried GPs and four practice nurses. The clinical members of staff were supported by reception and administration staff, three practice secretaries and a Practice Manager and Assistant Practice Manager.

We saw there were 'daily duty sheets' in place and staff covered for each other when necessary for example during holidays. All the administration team were capable of helping out at reception if required.

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff which included information about Disclosure and Barring Scheme (DBS). The practice had a low turnover of staff. We looked at recruitment documentation for the most recently appointed practice nurse and found all necessary checks had been carried out including checking annually professional registration status for nurses. However there was no oversight of the GPs registration status.

### Monitoring Safety & Responding to Risk

There were procedures in place for monitoring and managing risks to patient safety. All new employees working in the building were given induction information for the building which covered health and safety and fire safety.

There was a health and safety policy available for all staff and the Practice Manager carried out routine maintenance checks for the building.

There was a fire risk assessment in place and the practice regularly had fire equipment tested. However the practice had not recently carried out fire drills to ensure the safety of patients, staff or visitors.

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. The practice premises also had panic buttons installed.

All staff received basic life support training and there were emergency drugs available in the treatment room on the

## Are services safe?

ground floor. In addition adrenalin for treatment of anaphylaxis was available in every GP's room. The practice had oxygen and two defibrillators available on the premises.

The practice had a comprehensive business contingency plan in place for major incidents such as power failure or

building damage. The plan included emergency contact numbers for staff. The plan also included a flow diagram to show which members of staff were responsible for cascading information and we found staff were aware of the practicalities of what they should do if faced with a major incident.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Once patients were registered with the practice, one of the practice nurses carried out a full health check. We looked at the information covered in a routine health check and found it to be very comprehensive including information about the patient's individual lifestyle as well as their medical conditions. The practice nurse referred the patient to the GP or other clinic within the practice when necessary.

The practice carried out assessments and treatment in line with best practice guidelines. For example, we spoke with one of the practice nurses who was able to demonstrate their knowledge of recent National Institute for Health and Clinical Excellence (NICE) guidance (September 2014) for patients at risk of cardiovascular disease (CVD). We could see the practice had implemented a strategy of identifying those patients who were at a 10% risk of developing CVD over the next ten years so that they could be prescribed appropriate preventative medication.

The practice had a system of registers for patients who had greater needs for example learning disabilities register. This helped the practice identify patients who required specific appointments such as annual health checks or medication reviews. The practice supported a sheltered accommodation unit for adults with learning difficulties. One of the practice nurses visited patients annually and arranged support and an annual health check rather than the patient having to attend the practice. The annual health checks were carried out to coincide with the flu vaccination programme so this could be carried out at the same time.

The practice had previously set up the first community event for the area to ensure patients received their annual flu vaccination. The practice had also used this opportunity to update patients' medical records and identify patients who may have been more vulnerable, for example those elderly patients living alone who may have required extra support. In addition the practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register and palliative care register.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice. The practice held meetings to regularly discuss practice performance and improvements in QOF and to ensure targets were met. The practice results for QOF totals (2013-2014) were higher than the local average and national average. The practice held a register of patients with dementia and carried out reviews of patients with dementia and according to QOF data 96.7% of patients had received a face to face review compared with the national average for practices of 83.8%.

Clinical staff met weekly to discuss the management of individual cases and also met on an informal basis throughout the day. The practice also met with the local Clinical Commissioning Group (CCG) to discuss performance.

GPs carried out clinical audits. Examples of audits included looking at minor surgery procedures to ensure that safe practice was followed in relation to suspected cancerous lesions and audits to ensure a practice reduction of prescribing antipsychotic medication for patients with dementia. The practice had also carried out an audit for coeliac patients and as a result the practice set up a coeliac service to provide patients with an annual check-up, access to dietician services and appropriate clinical referrals. Learning points from clinical audits however were not routinely discussed at staff meetings.

Comments we received from patients indicated that those with both acute and long term medical conditions felt their conditions were managed appropriately and they felt well supported.

### Effective staffing

The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality. The practice provided a staff handbook to facilitate their learning.

All staff received training that included: - safeguarding vulnerable adults and children, equality and diversity, fire awareness and basic life support on a regular basis to ensure they were up to date with the latest guidance.

# Are services effective?

## (for example, treatment is effective)

There were embedded appraisal systems in place. The Practice Manager oversaw the appraisals of all non-clinical staff. Staff we spoke with felt well supported and told us they were encouraged to attend training courses if they so wished.

All GPs were up to date with their yearly continuing professional development requirements and they had been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council).

The practice had lead GPs for various clinical and medical roles and the practice nurses supported the GPs. For example, there was a GP who was lead for infection control who was supported by one of the nurses. Staff had undergone additional training for their roles.

### Working with colleagues and other services

The practice had access to patients' blood tests and X-ray results from local hospitals and had a system in place for recording information on to patients' medical records. Cases which required immediate follow up were flagged up on the practice's computer task system for the GP to action. Each GP could access their patients' follow up requirements. Urgent information was given directly to the GP. Patients were contacted as soon as possible if they required further treatment or tests.

Patients were referred to hospital using the 'Patient Choose and Book' system. Patients who had been referred under the two week rule (i.e. urgent referrals such as cancer) and who failed their hospital appointment were followed up by GPs to ensure they received timely tests.

The practice was using innovative and proactive methods to improve patient outcomes and it worked in partnership with other neighbourhood practices and community organisations to share best practice. For example, the practice worked with Knutsford Team Meetings to help identify those patients in the area who may be at risk from admission to hospital. The meetings also helped identify patients recently discharged from hospital who may require extra support. The practice had also been involved in setting up the Good Neighbours for Knutsford which is a

service that takes patients who do not have their own transport to hospital appointments or other clinics; wait for them and bring them back in exchange for a donation. This service had previously won a Queen's Jubilee Award.

### Information Sharing

Systems were in place to ensure information regarding patients was shared with the appropriate members of staff. Information about individual clinical cases was shared at staff meetings. For example, the practice in conjunction with community nurses and matrons held monthly multidisciplinary Gold Standard Framework meetings for patients who were receiving palliative care and minutes of these meetings were available to all staff involved.

The practice liaised with the out of hours provider regarding any special needs for patients. The practice had formulated a report template to ensure appropriate information about a patient was sent to the out of hours service. The Practice Manager told us that the out of hours service had previously commented that this was extremely useful in assisting them to provide safe care.

The practice operated a system of alerts on patients' records to ensure staff were aware of any issues for example alerts were in place if a patient was a carer or lived alone.

### Consent to care and treatment

We spoke with one of the GPs about their understanding of the Mental Capacity Act 2005. They provided us with an example of their understanding around consent and mental capacity issues. The practice used mental capacity check lists to ensure they were following appropriate guidance and one of the GPs was a designated mental health lead.

The GP was aware of Gillick guidelines for children. Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

The practice carried out minor surgery and we found appropriate consent forms for patients were in place.

### Health Promotion & Prevention of ill health

The practice placed a strong emphasis on health promotion by having a variety of patient information available to help patients manage and improve their



# Are services effective?

(for example, treatment is effective)

health. For example, to help tackle obesity, the practice had a visiting dietician every two weeks to give advice on healthier eating. The practice leaflet contained useful information about eating a healthy diet.

There were health promotion and prevention advice leaflets available in the waiting rooms for the practice including information on strokes and immunisations. Detailed information was also available on the practice's website and practice leaflet. The website also contained an A-Z information access system to a wide variety of illnesses to help patients manage their medical conditions.

The practice nurses held a variety of clinics for specific problems and general health checks. There was a diabetic clinic, respiratory clinic for patients with asthma for

example, cardiovascular clinic for patients with problems with heart or vascular diseases or stroke and a 'stop smoking clinic'. The practice also operated NHS health checks for patients between 40-74 years of age.

The Practice Nurse looked after patients with long term conditions such as diabetes for example. The GP lead for diabetes and the Practice Nurse had constructed an information advice leaflet to help support newly diagnosed diabetic patients. Once the patient's diabetes was under control, they would be invited to attend the practice every 6 months for a routine review. The patient participation group (PPG) worked with other PPGs from other practices in the area and had organised an event to help support diabetic patients earlier in the year.

One of the practice nurses carried out children's vaccinations and information about vaccination schedules for children was also available on the practice web site.



# Are services caring?

## Our findings

### **Respect, Dignity, Compassion & 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.

CQC comment cards we received and patients we spoke with all indicated that they found staff to be helpful, caring, and polite and that they were treated with dignity. Results from the national GP patient survey also showed that 92% of patients said the last GP they saw or spoke to was good at treating them with care and concern and 98% said the last GP they saw or spoke to was good at listening to them which is much higher than the national averages.

Curtains were provided in consulting rooms and treatment 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 and that conversations taking place in these rooms could not be overheard. Results from the GP national survey showed that 72% of patients were satisfied with the level of privacy when speaking to receptionists at the surgery. We saw that there were notices available to patients in the waiting room to advise them that a room was available should they need to hold private discussions.

The practice had a confidentiality policy in place and all staff were required to sign this annually at their appraisals.

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

Results from the national GP patient survey also showed that 88% said the last GP they saw or spoke to was good at

explaining tests and treatments and 76% said the last GP they saw or spoke to was good at involving them in decisions about their care. 56% of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to a CCG (regional) average of 66%.

The practice manager told us they had been disappointed with the latest national GP patient survey results for their nurses and had conducted their own in house survey which demonstrated a more positive response.

Comments received from patients highlighted that they felt listened to by GPs, were referred appropriately and were supported in terms of managing either long term or acute illnesses.

### **Patient/carers support to cope emotionally with care and treatment**

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed that they would offer them a private room to discuss their needs. The Deputy Practice Manager told us that patients with emotional issues were contacted and could be signposted to various bereavement counsellors and support organisations to ensure their needs were being met.

There was a variety of supporting information to help patients who were carers which was available on the practice website and a dedicated noticeboard in the waiting room. The practice also kept a list of patients who were carers and alerts were on these patients' records to help identify patients who may require extra support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Toft Road Surgery had an established patient participation group (PPG). Adverts encouraging patients to join the PPG were available in the waiting room, in the practice information leaflet and on the practice's website. We spoke with the Chairperson for the PPG who told us there was a 'virtual group' too and that the practice management had been responsive to any of their concerns.

We looked at minutes from a meeting held with the PPG in 2014. From the minutes of this meeting, we could see that suggestions put forward by the PPG had been implemented in the practice. For example, the survey identified that patients were unhappy with their experience of trying to make appointments when contacting the practice by telephone. The practice had taken action by promoting the online appointment booking system and by adding additional telephone lines. The practice management were also considering altering their telephone systems to let patients know where they are in the queue.

### Tackling inequity and promoting equality

The surgery had access to interpreter services (language line) but staff told us they had rarely had to use this facility. The reception desk was fitted with a hearing loop and one member of staff could use sign language. The practice also had alerts on patients' records who may require extra assistance such as the visually impaired. All staff received training about Equality and Diversity.

The building had disabled facilities including access and a ramp. The surgery had some consulting rooms on the first floor and the only access was by stairs. The practice however tried as much as possible to identify those patients who could not manage the stairs by placing alerts on their computer records to ensure patients with mobility issues could be booked in for GP or nurse appointments on the ground floor.

### Access to the service

Toft Road Surgery is open 8.00am to 6.30pm Monday to Friday. The practice also offered appointments from 7.30am twice a week and stayed open until 7.15pm three times a week. Patients requiring a GP outside of normal working hours are advised to contact an external out of hours provider (Central and Eastern Cheshire CCG). The practice operated a triage system in order to operate an emergency clinic during the day. GPs would triage calls in order to ascertain whether the patient needed to attend the practice.

There were notices in the waiting room to advise patients that if they had more than one medical problem that needed attention, they should book a longer appointment. The practice carried out telephone consultations and home visits when necessary.

Pre-bookable appointments for those patients who found it difficult to attend the practice during working hours were also available on various days for early morning or evening appointments with the GP or practice nurses. Patients attending these appointments were either telephoned or sent text messages to remind them and this system had reduced the attendance failure rate of the practice.

### Listening and learning from concerns & complaints

The practice had a complaints policy in place and information about how to make a complaint was available within the practice leaflet and website but not available in the waiting room. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

We looked at a review of an annual summary of formal complaints received by the practice for 2014. Complaints however were not broken down into different categories such as whether the complaint was a clinical issue or about staff attitude in order to identify any trends. Learning points from complaints were discussed at staff meetings.

# 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's mission statement was "To provide an appropriate and rewarding experience for our patients whenever they need our support". Comments we received were very complimentary of the standard of care received at the practice.

All staff were engaged in producing a high quality service and each member of staff had a clear role within the structure of the practice. For example, there were leads for safeguarding and infection control.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs. The practice had business plans in place to develop future integration plans with two other practices and community services in the area.

### Governance Arrangements

The practice had policies and procedures to support governance arrangements which were available to all staff on the practice's computer system. The policies included a 'Health and Safety' policy and 'Infection Control' policy. All policies were in date and regularly reviewed.

Policies and procedures had been discussed at a series of staff training days. Personal development was encouraged and supported by training days and appraisals for all staff.

### Leadership, openness and transparency

The practice had a clear leadership structure which had named members of staff in lead roles for oversight of the performance and monitoring of the practices. For example there was one lead GP who was responsible for information governance.

All GPs had specific clinical lead roles such as mental health, palliative care and women's health. Staff we spoke with told us they were well supported and knew who to go to in the practice with any concerns.

The practice had monthly staff meetings to ensure all staff had an opportunity to be involved in the running of the practice. Minutes for all meetings were kept on the practice's computer systems which all staff could access.

Members of staff were supported at the practice for example there was a 'zero tolerance policy' to prevent and

cope with any untoward behaviour from patients against the practice staff. Staff we spoke with thought they were well supported and the culture within the practice was open and honest.

### Practice seeks and acts on feedback from users, public and staff

Results of surveys and complaints were discussed at staff meetings. There was a patient participation group in place and minutes from meetings and results of surveys demonstrated actions were taken when necessary. We spoke with the chair of the PPG who told us there were no concerns at present and felt that the practice was responsive to any issues raised by the group.

The PPG had recently carried out surveys that had focussed on patient experiences of being referred to hospital which highlighted most patients were happy with the NHS system of choose and book.

The practice had been piloting the new Friends and Family Test as a method of gaining patients feedback since August 2014.

Staff we spoke with were not aware there was a whistleblowing policy in place however they did know what to do if they had to raise any concerns.

### Management lead through learning & improvement

GPs were all involved in revalidation, appraisal schemes and continuing professional development. There was a separate doctor's office which contained several computers. GPs used this room to triage appointments but also used it to discuss clinical issues with other GPs within the practice. We spoke with one registrar who told us this was extremely useful to be able to gain ideas or feedback on clinical issues and felt that the arrangement supported them in their work.

The practice had a comprehensive meeting schedule which was drawn up at the beginning of the year with set agendas. Minutes were available for all meetings and cascaded to staff. The practice held weekly clinicians' meetings every Friday. Where gaps in the practice's systems had been identified for example, prescribing systems, meetings were held with local pharmacists and improvements were made.

# Are services well-led?

Good 

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

The practice held half day training sessions and at the beginning of these sessions there was a staff meeting involving all staff. In addition there were separate nurses and reception staff meetings.

The practice was also involved in meetings with the local CCG, multidisciplinary meetings for the Gold Standard Framework and Neighbourhood meetings.

The practice had been involved in many pilot schemes in the area for example Friends and Family, Gold Standard Framework meetings and had led some innovating work within the area. For example, the practice had developed correspondence templates for ensuring the out of hours provider had comprehensive details about patients who required care outside of normal working hours.