

# Dr Gerald Eko

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Gerald Eko on 11 April 2016. Overall the practice is rated as good.

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

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

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

We saw one area of outstanding practice:

Childhood immunisation rates were higher than local and national averages. For example, childhood immunisation rates for the vaccinations given to all children under five years old was 100%. To achieve this the practice had developed a close working relationship with the health visitors.

The areas where the provider should make improvements are:

To keep a log of all blank prescriptions within the practice.

# Summary of findings

To have a system and policy in place to ensure results are always reviewed in a timely manner when the GP is on leave.

To document the use of chaperones in patient records.

**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.

**Requires improvement**



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Chaperone use was not recorded in patient records, however all of the staff we spoke with told us chaperones were routinely offered and used.
- Risks to patients were assessed and well managed.
- There was no system in place to ensure timely monitoring of results when the GP was on leave. Following the inspection, evidence was provided to show how results would be monitored in the future.
- Prescription pads were securely stored, however we saw no evidence of systems in place to monitor their use. These were all logged on the day of the inspection. Following the inspection we were provided with evidence to show how all prescriptions would be logged and their use monitored.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



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

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice comparable to others for several aspects of care.
- Patients told us 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people within its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

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.
- Performance for diabetes indicators at 94% were 10% above the CCG average and 5% below the national average.
- Longer appointments and home visits were available when needed.
- All patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the 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 or 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.
- Within the last 12 months 85% of patients diagnosed with asthma had received a review of their care.
- Patients told us that children and young people were treated in an age appropriate way and were recognised as individuals and we observed evidence on the day of the inspection to confirm this.

Good



# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health

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

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**Good**



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in 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 living with dementia).

- Within the last 12 months, 95% of patients diagnosed with dementia had received a face to face review of their care. This is 14% higher than the local average and 11% higher than the national average.

**Good**





# Summary of findings

- Performance in the mental health indicators was comparable with national averages.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- Patients experiencing poor mental health had been advised how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with local and national averages. Out of the 292 survey forms distributed, 115 were returned. This represented 4% of the practice's patient list.

- 91% found it easy to get through to this surgery by phone (CCG average 64%, national average 73%).
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 86% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).

- 76% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 CQC comment cards which were all positive about the standard of care received.

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

# Dr Gerald Eko

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

### Background to Dr Gerald Eko

Dr Gerald Eko's practice is situated within a purpose built surgery on the outskirts of Barnsley.

The building has a car park and disabled access.

The practice provides care for 2811 patients in the NHS Barnsley Clinical Commissioning Group (CCG) area.

The practice catchment area has been identified as one of the of the seventh least deprived areas in England.

There is one male GP supported by a female practice nurse, a healthcare assistant and a team of administration and reception staff.

The practice opening hours are 8.00am to 6.00pm Monday, Wednesday and Friday, 8.00am to 5.00pm Tuesday and 8.00am to 12.30pm on a Thursday.

Appointments with the GP are available from 8.30am to 11.10am every morning and 3.20pm to 5.30pm Monday, Wednesday and Friday, 3.00pm to 4.30pm Tuesday and closed on a Thursday afternoon.

Longer appointments are available for those who need them and home visits and telephone consultations are available as required.

Out of hours services are accessed by calling the practice telephone number or NHS 111.

The practice is registered to provide the following regulated activities; maternity and midwifery services; surgical procedures, family planning, diagnostic and screening procedures and treatment of disease, disorder or injury from Darton Health Centre, Church Street, Darton, Barnsley, South Yorkshire S75 5HQ.

### Why we carried out this inspection

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

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

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Healthwatch to share what they knew. We carried out an announced visit on 11 April 2016. During our visit we:

- Spoke with a range of staff including the GP, practice manager, practice nurse and receptionist and spoke with patients who used the service.
- Observed interactions between patients and staff and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

- Reviewed CQC comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and complete a recording form which was available on the computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident, a system was implemented to flag up when a patient was taking immunosuppressive medication.

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

### Overview of safety systems and processes

The practice did not always have clearly defined and embedded systems, processes and practices in place to keep patients safe, which included:

- Whilst we did not identify any negative impact on patient care, we found there was no system in place for locum GPs to review blood results and results of other investigations while the GP was on leave. The GP told us that he rarely took leave and reviewed all results on his return. The GP told us the laboratory staff always informed the practice staff if any results were significantly outside normal parameters and the locum GP would action these results. However, he also said laboratory staff would not inform the practice staff of results that were just outside normal parameters or borderline so these would not be actioned until they returned. The GP told us he was never away for more than three days at a time. Following the inspection the practice manager and GP produced a policy clearly stating that all results will be checked twice daily by the locum and actioned accordingly.

- There were processes in place to safeguard patients from abuse. Arrangements were in place to safeguard children and adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role with the exception of one of the clinical staff. The GP was trained in safeguarding children to level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The use of chaperones was not routinely documented in patient records.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescription pads were securely stored; however we saw no evidence of systems in place to monitor their use. Following the inspection we were provided with evidence to show how all prescriptions would be logged and their use monitored.

## Are services safe?

- The nurse had qualified as an Independent Prescriber. They received mentorship and support from the GP this extended role.
- The practice had a system for production of Patient Specific Directions to enable the Health Care Assistant to administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed four recruitment files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- 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 defibrillator available on the premises and medical emergency oxygen with adult and children's masks. A first aid kit and accident book were also available.

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 94.8% of the total number of points available, with 6.9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators at 86% was comparable to the CCG average of 84% and the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests at 81% was comparable to the CCG average of 81% and the national average of 84%.
- Performance for mental health related indicators at 89% was comparable to the CCG average of 83% and the national average of 93%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a reduction by two thirds for prescriptions of a certain types of antibiotic.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role specific training and updating for relevant staff for example, for those reviewing patients with long term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. Although one member of staff was overdue an annual update, we were given evidence that an update had been booked in the near future and the staff member could demonstrate how they kept up to date with any changes.
- 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 their learning needs and to cover the scope of their work. This included ongoing support during sessions, one to one meetings, appraisals, clinical supervision and facilitation and support for revalidating the GP and practice nurse. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding children, fire procedures, basic life support and information governance awareness. There were no formal training documented for safeguarding adults, all

# Are services effective?

## (for example, treatment is effective)

staff we spoke with knew the signs of possible abuse and who to speak with if they had any concerns. Staff had access to in house training. Staff did not have access to e-learning training modules. We were told by the practice manager that this was being considered.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients 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 on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

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

- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to all children under five years old was 100% to achieve this the practice had developed a close working relationship with the health visitors. The practice nurse told us she would contact every patient who failed to attend and discuss the importance of immunisation with the parents/guardians. Those who failed to attend a second time would be discussed with the health visitor and encouraged to attend.

Flu vaccination rates for the over 65s were 73%, and at risk groups 51%. These were comparable to CCG and national averages.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Results from the national GP patient survey showed the practice was rated lower than others or comparable to others locally and nationally for its satisfaction scores on consultations with GP and nurses. The practice was rated 10% above the local average for the helpfulness of its reception staff.

For example:

- 83% said the GP was good at listening to them (CCG average 88%, national average 89%).
- 79% said the GP gave them enough time (CCG average 87%, national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 78% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 96%, national average 92%).
- 96% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

We spoke with five patients on the day and they told us staff were helpful and caring.

All of the 48 CQC patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

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

Results from the national GP patient survey showed the practice was rated lower than average in questions about the involvement of patients in planning and making decisions about their care and treatment. For example:

- 72% said the last GP they saw was good at explaining tests and treatments (CCG average 86%, national average 86%).
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Patients we spoke with on the day told us they felt involved in all decisions about their care and several of the CQC comment cards refer to being listened to by the GP.

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

## Are services caring?

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

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

Staff told us that if families had suffered bereavement, they would offer support if the family attended the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8.00am to 6.00pm Monday, Wednesday and Friday, 8.00am to 5.00pm Tuesday and 8.00am to 12.30pm Thursday.

Appointments with the GP were from 8.30am to 11.10am every morning and 3.20pm to 5.30pm Monday, Wednesday and Friday, 3.00pm to 4.30pm Tuesday and closed on a Thursday afternoon.

In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 85% of patients were satisfied with the practice's opening hours (CCG average 76%, national average 75%).
- 91% patients said they could get through easily to the surgery by phone (CCG average 64%, national average 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system such as posters in the waiting room.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint there has been a review of the consent procedure.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy 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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

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

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active virtual PPG which carried out patient surveys and submitted proposals for improvements to the practice management team. For example, after patients had commented that it was too warm in the practice, the heating was adjusted.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff told us they felt encouraged to attend any training that they felt would be of value to the practice or the patients.