

# Hunmanby Surgery

## 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?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection on 18 November 2014 to Hunmanby Surgery. The practice has approximately 4,000 patients in the catchment area of Hunmanby, Filey, Flamborough and surrounding areas.

Overall, we rated this practice as good.

Our key findings were as follows:

- The leadership, governance and culture were used to drive and improve the delivery of care.
- People told us they were treated with professionalism, respect and that the practice responded well to temporary resident care and support.
- The practice worked well with other providers, especially around long term conditions and palliative care.

- The practice had systems and processes in place to ensure they provided a safe service.
- The practice was visibly clean and tidy.
- The practice offered a variety of pre-booked appointments, walk-in clinics, extended opening hours and regular home visits.
- Incidents and complaints were appropriately investigated and responded to.

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

The provider should:

- Ensure staff who undertake chaperoning are trained.

**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 safe. The practice had systems in place to monitor patient safety and had a good track record for maintaining patient safety. Staff were aware of the process for identifying safety and was recorded, monitored, appropriately reviewed and addressed. Staff demonstrated an understanding of safeguarding patients from abuse and the actions to take. Risks to patients were assessed and well managed. There were enough staff to keep patients safe. Staff were clear about the process and audit trail for the authorisation and review of repeat prescriptions.

Good



### Are services effective?

The practice is rated as good for effective. Data showed patient outcomes were at or above average for the locality. Care and treatment was delivered in line with recognised practice standards, local and national guidelines. Patients had their needs assessed and care planned in accordance with best practice. The practice used the information they collected and their performance to monitor patient outcomes. Staff worked well with other health and social care professionals.

Good



### Are services caring?

The practice is rated as good for caring. Patients said they were dealt with in a kind and compassionate manner. We observed staff being polite, welcoming, professional and sensitive to the different needs of patients. Patient's privacy and dignity was respected. Patient surveys showed high levels of satisfaction. The practice provided information and support to patients who were bereaved and for carers.

Good



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

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the Clinical Commissioning Group (CCG) to secure service improvements as the need arose. The practice supported a large population of older patients and regular home visits were conducted. Urgent visits were given the upmost priority. The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the Patient Participation Group (PPG). Patients who may be vulnerable, such as those with mental health difficulties, learning disabilities or palliative care needs were supported appropriately by the practice. The practice took complaints seriously, handled them in a timely manner and resolved them fully.

Good



# Summary of findings

## Are services well-led?

The practice is rated as good for well-led. Leadership in the practice was visible and accessible and there was an open culture that encouraged the sharing of information and learning. The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. A number of policies and procedures were in place which made up their overall governance structure. Monthly checks were completed for example; fire safety, work areas, general safety and the environment to ensure the practice continued to comply with its statutory obligations and legal requirements. Clear leadership structures were in place which had named members of staff in lead roles. The practice encouraged innovation and was looking at ways of making the patient experience a better one.

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 the practice had achieved good outcomes in relation to the conditions commonly associated with older people. For example the percentage of patients with dementia who had their care reviewed in the last 15 months was in line the national average and people over the age of 75 treated with a fragility condition was also in line with the national average. The practice offered proactive, personalised care to meet the needs of older people. Appointments were made available to suit the needs of the elderly patient population and the practice provides a high rate of visiting appointments to meet their needs.

Good



### People with long term conditions

The practice is rated as good for the care of patients with long term conditions. Nationally reported data showed the practice had achieved good outcomes in relation to those patients with commonly found long-term conditions and was above the national average for performance. Chronic diseases are monitored by the practice nurse for patients with chronic obstructive pulmonary disease (COPD), asthma and diabetic checks. The practice also worked closely with the local cardiology nurse, respiratory nurses, podiatrist and tissue viability nurse.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. Nationally reported data showed the practice had achieved good outcomes in relation to a full range of immunisations for children. First immunisations were given by the doctor with subsequent immunisations carried out by the practice nurse. Family planning and contraceptive advice was available through both the doctors and practice nurse. Contraception was initiated by a doctor and then followed up by the practice nurse. Same day telephone appointments were also offered with the duty doctor specifically for younger people.

Good



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

The practice is rated as good for the population group of the working-age people (including those recently retired and students). The practice recognised the need to provide additional and flexible service to patients of the working age group so therefore offered

Good



# Summary of findings

extended opening hours and telephone consultations with the GP or directly with the practice nurse. The practice also offered appointments and prescriptions online and text appointment reminders where patients have requested it.

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

The practice is rated as good for the population group of patients whose circumstances may make them vulnerable. The practice had achieved good outcomes in relation to meeting the needs of patients who were deemed as vulnerable. The practice staff and clinical teams worked together to provide a higher level of care for this population group. A lead role was identified for supporting vulnerable patients that attended A+E and hospital admissions. A follow-up system was in place where patients had attended hospital and discharged. Any difficulties were followed up with the GP and the care services involved. The practice had carried out annual health checks for people with learning disabilities.

**Good**



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

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). Nationally reported data showed the practice had achieved good outcomes in relation to the conditions commonly associated with older people; for instance people with a dementia related condition had their care reviewed in the last 12 months was in-line the national average. Nationally reported data also showed the practice had achieved good outcomes in relation to the dementia diagnosis rate for the number of patients in residential care homes. The practice conducted annual dementia reviews and patients experiencing deterioration in their mental health were seen urgently. The practice liaised with both carers and local pharmacies to ensure patients with poor mental health obtained the correct treatment and identified any difficulties with care.

**Good**



# Summary of findings

## What people who use the service say

We received 15 completed CQC comment cards from patients of which all were positive about their experience using the services provided. We spoke with thirteen patients on the day of our inspection. All patients we spoke with were complimentary about the care they received from the GPs and felt that staff treat them with dignity, compassion and respect. Patients also commented that it was sometimes difficult arranging appointments but also felt more urgent cases were dealt with more promptly.

Patients told us all staff; were polite and understanding. They said they felt they were always given enough time

during their appointment and spoke highly of the GPs. The majority of patients said they usually saw the GP of their choice but appointments generally did not run on time. All patients said the practice and the service it provided was either good or very good and they had sufficient time in their consultation with their GP.

A review of the national GP survey results for 2013 identified that the patients rate the practice as being 'in the middle range for all aspects of care and 78% of patient said they would recommend the practice.

## Areas for improvement

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

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

The provider should:

- Ensure staff who undertake chaperoning are trained.

# Hunmanby Surgery

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Inspector. The team included an expert by experience, a GP and a practice manager.

## Background to Hunmanby Surgery

The practice provides GP services for patient living in Hunmanby, Filey, Flamborough and surrounding areas. The practice has 2 GP partners, 1 male and 1 female. The practice also provides care to temporary patients during the summer holiday period which adds additional work load pressure to the practice. Appointments are managed to adjust to the seasonal demand.

The practice opening times are from 8.00am – 6.00pm. In addition there are extended hours appointments available on a Wednesday evening from 18.30 – 19.50. The practice does not provide an out-of-hours service to their own patients directly and patients are automatically diverted to the local out-of-hours service Prime care, when the surgery is closed in the evenings and at the weekends.

The practice register is made up of 4,055 patients. The largest population group was the age range population group 65s and over. This age group made up 32% of the practice register whilst the under 16s age group made up 12% of the practice register.

The CQC intelligent monitoring placed the practice in band six. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience

including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

## Why we carried out this inspection

We inspected this service as part of our inspection programme. This provider had not been inspected before. 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, we always ask the following five questions of every service and provider:

- 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



# Detailed findings

- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have had poor access to primary care
- People experiencing mental health problems

Before visiting Hunmanby Surgery, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We asked the surgery to provide a range of policies and procedures and other relevant information before the inspection.

We carried out an announced inspection visit on 18th November 2014. During our inspection we spoke with a range of staff including GPs, a practice nurse, health care advisor and administration and reception staff. We spoke with 13 patients who used the service and two members of the patient participation group (PPG). We observed how patients were being cared for and talked with carers and/or family members. We reviewed CQC comment cards where patients and members of the public shared their views and experiences about the service.

# Are services safe?

## Our findings

### Safe track record

The practice had systems in place to monitor patient safety and had a good track record for maintaining patient safety. We looked at the significant events analysis over the last year and saw that there were four separate events identified. Learning and actions were recorded and dates of when reviews took place.

Our discussion with GPs, nurses and non-clinical staff showed that they were aware and fully involved in safe practices, protocols but the process for learning from incidents required to be fully implemented. Staff told us that a significant events analysis (SEA) discussion took place on an 'ad-hoc' basis and a more formal approach needed to be adopted and implemented. We were provided with documentation that included SEAs as a routine part of monthly clinical meetings.

Staff were clear on what action to take in the event of an incident occurring. Information from the Quality and Outcomes Framework (QOF), which is a national performance measurement tool, indicated that in 2013/14 the practice was appropriately identifying and reporting incidents.

Staff were aware of the process for identifying safety and medication alerts. Safety alerts were circulated internally electronically within the practice. Staff knew who was responsible for issuing alerts and the process for implementing changes as a result of alerts being issued.

The premises were accessible for people with limited mobility such as wheelchair users and all patient areas were clean and well-maintained. However, a risk assessment had been completed by the manager and they told us that the premises were not fully compliant with the Disability Discrimination Act 1995 (DDA) as some mobile scooters could not access the building due to their size. Although, some patients could not access the service using their mobility scooter, the staff fully supported patients to access the building for their appointments.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. All staff had responsibility for reporting significant or critical events and our conversations with them confirmed their awareness of

this. We saw that any significant event had been recorded and there were documented details of the event, learning outcomes and actions taken to reduce the risk of them happening again.

We reviewed the minutes of monthly business meetings. The manager told us that a separate clinical meeting was due to take place shortly. Following the inspection the minutes of the clinical meeting were made available for review.

The practice had in place a process for complaints and there was clear information available for patients should they need to make a complaint about the practice or staff. We saw two complaints had been recorded during the last 12 months. These complaints were still under investigation with the allocated GP. Records we looked at corroborated this.

National patient safety alerts were communicated via computer alerts to practice staff. We saw that alerts were also discussed at weekly practice meetings, to ensure that staff were aware of any relevant to the practice and where action needed to be taken in a timely manner.

### Safeguarding

There were policies and procedures in place to support staff to report safeguarding concerns to the named responsible GP within the practice and to the local safeguarding team. Staff we spoke with demonstrated an understanding of safeguarding patients from abuse and the actions to take should they suspect anyone was at risk of harm. Staff were clear how they would access procedures and policies should they need to raise any concerns.

We saw information presented in patient waiting areas that offered advocacy and chaperone services for patients to request if they needed further support and assistance. We did not see any information leaflets or posters for patients regarding what action the practice takes in the event of a safeguarding concern.

We saw evidence that all staff had received different levels of safeguarding training for adults and children. The practice also identified a nominated professional as a safeguarding lead. The nominated lead had completed level three training to allow them to carry out the role as safeguarding lead.

### Medicines management

## Are services safe?

The practice had up to date medicines management policies and prescribing protocols in place. We saw that medicines for use in the practice were stored securely and only clinical staff had access to them. GP bags were regularly checked to ensure that the contents were intact and in date. There were processes in place to ensure that stocks of medicines such as vaccines were readily available, in date and ready to use. We looked at how vaccines were ordered and saw that they were checked on receipt and stored appropriately in accordance with the manufactures recommendations.

Some medicines were stored in a lockable fridge and staff recorded the temperature daily to ensure medicines were stored in line with manufacturer's recommendations. There were processes in place to ensure the safe management of prescriptions.

Staff were able to demonstrate the process and audit trail for the authorisation and review of repeat prescriptions. Prescription pads and repeat prescriptions were stored securely.

We looked at records that demonstrated how patient's medication was reviewed as a result of changing healthcare needs. Information we looked at confirmed that the practice had a clear audit trail for the management of changes to a patient's medicine and regular medicine reviews were undertaken.

The practice had systems in place to ensure the safe disposal of unwanted medicines. Staff told us prescriptions that were not collected were routinely monitored.

### Cleanliness and infection control

We observed all areas of the practice to be clean and tidy. The practice had an infection prevention and control policy (IPC). The practice also had a nominated infection control lead. However, not all staff knew how to access this policy or fully understand the responsibility of the IPC lead. Not all staff had received training in good infection control practices. We spoke to the practice manager following the inspection and they assured us that further training for staff had been completed. ther documentation provided assurance that the IPC lead had clear responsibilities defined.

Patient toilets were observed to be clean and had supplies of hot water, soap, paper towels and hand sanitizer. Aprons, gloves and other personal protective equipment (PPE) for

staff were available in all treatment areas. Sharps bins were appropriately located, labelled, closed and stored after use. Disposable curtains were used in consulting and treatment rooms, which were labelled with disposal dates. There were arrangements in place for the collection of general and clinical waste.

We saw records that confirmed the practice was carrying out regular checks for legionella in order to reduce the risk of infection to staff and patients.

### Equipment

There were processes in place to regularly check and calibrate equipment used in clinical areas. We saw records showing that equipment had been serviced and maintained at required intervals and to the manufactures recommendations. These measures provided assurance that the risks from the use of equipment were being managed and people were protected from unsafe or unsuitable equipment.

Staff we spoke with told us there was enough equipment in place to meet the needs of the practice. We saw that equipment checks were regularly carried out and staff where aware of who to report maintenance issues or faults to.

We also saw that annual checks on portable appliance electrical (PAT testing) equipment had taken place and servicing arrangements were in place; for example for oxygen and pulse oximeter equipment.

### Staffing and recruitment

The practice had a recruitment policy and process in place. We looked at four staff files and appropriate checks were carried out before the staff member began working within the practice. Staff had a recent Disclosure and Barring Service checks (DBS) in line with the recruitment policy. We saw that there was an appropriate level of skill mix of staff in the practice. We saw that staff were able to share different task and workloads when the practice entered busy periods for patients.

Staff told us that the levels of staff and skill mix was currently appropriate although restricted due to the size of the practice building. Staff also told us that there was a seasonal increase to temporary resident patients as the

## Are services safe?

location was within close distance of three major holiday camps which had become increasingly busy in the past. The practice did not appear to make any seasonal adjustments to its staffing for this increase.

Staff we spoke with were flexible in the tasks they carried out. This meant they were able to respond to areas in the practice that were particularly busy or responding to busy periods. For example, reception support was increased at busy times and other staff completed administration tasks.

### Monitoring Safety & Responding to Risk

The practice had developed clear lines of accountability for all aspects of care and treatment. The GPs and nurses were allocated lead roles or areas of responsibility, for example safeguarding and infection control. Procedures were in place to assess, manage and monitor risks to patient and staff safety included fire risk assessments and monthly health and safety/environment checks.

There were health and safety policies in place covering subjects such as fire safety, manual handling and equipment, patient areas and risk assessments for the health and safety and environment of the practice. These were all kept up to date to ensure patients and staff remained safe at all times.

Patients with long term conditions who had changes identified in their condition or new diagnoses were discussed at practice monthly clinical meetings. That allowed clinicians to monitor treatment and adjust according to risk. Therefore the practice was positively managing risk for patients. For example patients who required palliative care were discussed in multi-disciplinary team meetings and the practice was following the 'gold standards' framework for palliative care

Arrangements to deal with emergencies and major incidents

We saw records which showed staff had been trained to deal with medical emergencies including cardiopulmonary resuscitation (CPR), anaphylactic shock (the treatment of severe allergic reaction). However, not all staff had completed mandatory training in for example, health and safety, manual handling and first aid. We spoke to the practice manager and they assured us that all mandatory training had been arranged for staff in January 2015. Following the inspection the practice provided us with evidence that mandatory training had been completed for staff on 7 January 2015.

Staff had access to a defibrillator and oxygen for use in a medical emergency. All of the staff we spoke with knew how to react in urgent or emergency situations. We also found the practice had a supply of medicines for use in the event of an emergency which had been regularly checked for completeness.

The practice had implemented appropriate controls to ensure the surgery could continue to provide a patient service in the event of unforeseen emergencies such as flooding, fire and the lack of utilities being available. We saw an up to date business continuity plan that was available in hard copy format for members of the management team to use in emergency situations. Staff we spoke with were aware of the practice business continuity arrangements and how to access the information they needed in the event of emergency situations.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

We found care and treatment was delivered in line with recognised practice standards, local and national guidelines. Staff told us they received guidance issued by the National Institute for Health and Care Excellence (NICE) electronically. They told us that the practice manager was responsible for circulating them to clinical staff. We saw examples where treatment guidance had been circulated to staff and acted on.

We spoke with a range of patients during our visit and they all were able to tell us how their treatment of particular conditions was monitored. Patients told us there were regular clinics for recall appointments for example; patients with a dementia related condition, diabetes, vulnerable and high risk groups. For example we saw records that ensured patients with long term and chronic conditions were subject to regular recall annually, three monthly, six monthly and every nine months.

The practice aimed to ensure that patients had their needs assessed and care planned in accordance with best practice. For example, we saw that the patient administration system showed evidence of consent applied for the effective treatment of patients with diabetes. Additionally, patient's treatment plans were reviewed annually in line with the practice's clinical protocols. We saw that nurses were supported and given administration time to plan and prepare care plans for vulnerable and patients at high risk of hospitalisation. A GP told us that the practice nurse had just started planning and preparing care plans for patients that were over 75 years.

We saw evidence that the practice regularly completed patient recalls as a result of completing disease-modifying antirheumatic drugs (DMARD) audits. DMARDs are medicines that are normally prescribed as soon as rheumatoid arthritis (RA) is diagnosed, in order to reduce damage to the joints.

Staff had a good understanding of the Mental Capacity Act 2005 and ensured the requirements were complied with. Staff were able to identify patients who may need to be supported to make decisions and identify where a decision

may need to be made in a person's 'best interest'. The practice offered an advocacy service where patients were identified as needing support during their care decisions. Information was available to all patients about this.

GPs we spoke with were aware of their responsibilities in making clinical decisions where patients did not have the capacity to make the decision for themselves regarding medical care. For example if no power of attorney or advanced directive was in place for a patient that lacked capacity the patient's relative or nominated carer was identified when the practice needed to act in the patient's best interest.

The practice held a programme of multi-disciplinary care meetings to ensure patient's needs assessments remained up to date. National data showed the practice was in line with referral rates to secondary and other community care services for all conditions.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles. Examples of clinical audits included drug interactions; effectiveness of particular drugs and audits to assess management and outcomes for patients with chronic obstructive pulmonary disease (COPD).

We looked at how the practice monitored the Quality and Outcome Framework (QOF) diagnosis and prevalence. The QOF is a system used to identify and reward general practices for providing good quality care to their patients, and to help fund work to further improve the quality of the health care delivered. The practice used the information they collected for the QOF and their performance to monitor patient outcomes. The QOF report from 2013/14 showed the practice was supporting patients well with conditions such as chronic obstructive pulmonary disease (COPD), dementia, cancer and learning disabilities.

The team was making use of clinical audits tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how as a group they reflected upon the outcomes being achieved and areas where this could be improved. However, meetings were not formalised for all staff where clinical complaints or significant events were discussed and the outcomes and practice analysed to see whether they could have been improved. We were provided with

## Are services effective?

(for example, treatment is effective)

documentation that assured staff had completed formal appraisal as part of their routine. Other documentation provided assurance that the SEAs were routinely included as part of regular monthly meetings.

Patients told us they were happy with how the doctors and nurses at the practice managed their conditions and if changes were needed, how they were part of the discussion before any decisions were made.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed patients were dealt with in a kind and compassionate manner. We observed staff being polite, welcoming, professional and sensitive to the different needs of patients. We also observed staff dealing with patients on the telephone and saw them respond in an equally calm professional manner. Staff we spoke with were aware of the importance of providing patients with privacy. They told us they could access a separate treatment room off the reception area if patients wished to discuss something with them in private or if they were anxious about anything.

Consultations took place in consultation rooms which gave patients privacy and separate examination rooms promoted patients dignity. There were signs explaining that patients could ask for a chaperone during examinations if they wanted one. However, some staff told us that they had not completed chaperone training. We spoke to the practice manager following the inspection and they assured us that further training for appropriate staff had been arranged for February 2015.

Staff were aware of the need to keep records secure. We saw patient records were mainly computerised and systems were in place to keep them safe in line with data protection legislation.

We reviewed the most recent data available for the practice in patient satisfaction. The 2012-13 National Patient Survey of 134 people showed that 99% of people described their overall experience of making an appointment as convenient, with 78% saying they would recommend the practice to someone else. 86% said they their doctor was good at explaining tests and treatments. These results were above the overall average for other practices in the CCG area.

Patients completed 15 comment cards to provide us with feedback on the practice, and we spoke to a further 13 patients on the day. The majority of people said they found the doctors, nurses and other clinical staff to be caring,

empathetic and professional. They said they were treated with dignity and respect. Many people highlighted examples of where they felt they had received particular good care, and staff told us many patients had stayed with the practice for a number of years.

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

Patients we spoke to on the day of our inspection 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

In the most recent practice survey, 86% of people said they felt the doctor was good at explaining tests and treatments, and 91% said they were good at listening to them. Staff told us that translation services were available for patients who did not have English as a first language.

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

GP's referred people to counselling services where necessary, and the practice website and handbook contained links to support organisation and other healthcare services. Patients could also search under their local area for further advice and support.

The patients we spoke to told us that staff responded compassionately were polite and understanding. A GP told us that they were currently developing a carers register and we saw information about this displayed in the waiting room notice board.

The practice provided information and support to patients who were bereaved and for carers. The practice signposted patients to a local hospice organisation and referrals were made on behalf of patient's relatives and carers as appropriate.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found that the practice was accessible to patients with limited mobility. Ramp access was provided for entry into the building and although some patients could not access the practice in their mobility scooter due to limited space available. Facilities for patients with limited mobility had hand and support rails fitted to assist them where required. The consulting rooms were accessible for patients with limited mobility and there was also a toilet for disabled patients. Other facilities were available for mothers and babies; for example baby changing facilities.

Staff were knowledgeable about how to book interpreter services for patients where English was their second language. An electronic booking in appointment system was in use and was also made available in other languages for example Polish and Arabic. The reception staff told us that they were familiar with patients who may require any assistance as most of their patients are long standing ones and were well known to them.

The practice supported a large population of older patients and regular home visits were scheduled daily for each GP. Where patients required urgent visits reception staff provided a system to allow doctors to manage their home visits by specific priority order.

Patients could use an online booking system to arrange their repeat prescriptions. Where patients preferred not to use this system they could telephone or do this in person directly at the practice. The practice also had a text messaging system for patient who liked to be reminded about their appointment by text messaging. Consent to text messaging reminders was available on the practice website.

The practice had an active Patient Participation Group (PPG). We saw records of minutes from the PPG that showed they discussed and reviewed practice issues and challenges. For example extended opening hours for appointments and the refurbishment and upkeep of the surgery was discussed. The group was also responsible for completing an annual survey on patient experiences with the practice and a detailed analysis report was produced for review and action.

The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the PPG. A number of service improvements and changes have been implemented as a result of the PPG meeting during the 2013/14 period. For example; redecoration of the surgery, development of a surgery newsletter and improving services within the community.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. Staff could access other support services for example Age UK or the Alzheimer's Society for up to date information in order to support patients as needed. The practice manager told us that the surgery is currently in need of expansion to allow additional space for staff and patients. They told us that the practice management are in consultation with local services in order to increase its surgery space.

The manager told us that the premises were not fully compliant with the Disability Discrimination Act 1995 (DDA) as some mobile scooters could not access the building due to their size. Although, some patients could not access the service using their mobility scooter, the staff fully supported patients to access the building for their appointments. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities. An audio loop was not available for patients who were hard of hearing.

The practice had a register for patients who may be vulnerable, such as those with mental health difficulties, learning disabilities or palliative care needs. These patients were discussed regularly at clinical meetings to ensure the practice could meet their needs.

### Access to the service

The 2012-13 National Patient Survey of 134 people showed that 84% found it easy to get through to the surgery by phone. Patients were 87% were satisfied with their ability to get an appointment and 64% found the out of hours experience good. The practice had extended opening hours during a mid-week surgery and was considering opening alternate weekends in response to the PPG meetings.

A GP told us that the practice offered 'enhanced services for patient with dementia and accounts for unplanned admissions. They also told us that the practice had



# Are services responsive to people's needs?

(for example, to feedback?)

introduced a scheme in conjunction with NHS England to extend GP cover to 8pm to minimise the use of A+E and out of hours services for patients. The scheme ran from October 2014 till March 2015.

Comprehensive information was available to patients about appointments on the practice website and in the practice handbook which was available in reception waiting rooms. This included how to arrange urgent appointments, vaccinations, stopping smoking and baby clinics.

There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

On the whole patients were satisfied with the practice. The PPG and the practice management team were actively working towards improving the access and appointment experience for patients.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

We saw the complaints procedure and information about how to make a complaint on display in the practice. The practice web site also had a complaints policy that people could make reference to if they need it. The patients we spoke with were aware of the process to follow should they wish to make a complaint.

We looked at two complaints received since April 2013 and although we found these were currently open, they were being handled satisfactorily and had been dealt with in a timely and person centred way.

We spoke with members of the PPG and they felt that the practice always took complaints seriously, handled them in a timely manner and resolved them fully. Members also felt that the practice took suggestions from the PPG seriously and acted on them with patient satisfaction in mind.

# 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 in the form of a practice statement of purpose to deliver high quality care and promote good outcomes for patients. These values were clearly displayed in the waiting areas and on the practice website for patients to obtain.

Staff and the PPG members said the leadership in the practice was visible and accessible. They told us there was an open culture that encouraged the sharing of information and learning. Staff we spoke to understood the values and ethos of the surgery, and said they were encouraged to share views and input. Staff also told us that all of the GPs were happy to offer help if required and that they had no hesitation approaching them if needed.

### Governance arrangements

The practice had a number of policies and procedures in place which made up their overall governance structure. These were available to all staff. However, some policies required to be re-implemented for all staff for example; Infection and Prevention Control (IPC) policy and incident management reporting.

We looked at a range of these policies and found they covered the relevant areas in sufficient detail and incorporated national guidance and legislation, for example, safeguarding vulnerable adults and children, complaints, clinical governance and significant events. The policies and associated procedures had been reviewed and updated on a regular basis. We also found clinical staff had defined lead roles within the practice, for example, IPC and safeguarding.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance and showed an overall achievement of 99%. The QOF data for this practice showed it was performing above the CCG and England average. We saw that the clinical team discussed elements of QOF performance at team meetings and actions were recorded to maintain or improve outcomes.

The practice had a system in place to assess the quality, performance and overall environment of the practice through monthly inspections. The practice manager

completed monthly checks for example; fire safety, work areas, general safety and the environment to ensure the practice continued to comply with its statutory obligations and legal requirements.

### Leadership, openness and transparency

The practice had a clear leadership structure which had named members of staff in lead roles. Staff we spoke with were all clear about their own roles and responsibilities. They all told us that they felt valued, well supported and knew who to go to in the practice with any concerns. They also felt that any concerns raised would be acted upon.

We saw from minutes that some meetings were held at least monthly in different teams for example; business meetings and multi-disciplinary meetings. However, practice clinical meetings were not held as frequently. Staff told us that there was an open door culture within the practice and they had the opportunity and were happy to raise issues. However, staff also told us that the practice did not meet as a whole team as this was due to workload commitments.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, disciplinary, supervision and appraisal, and recruitment policy, which were in place to support staff. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had an active PPG which was made up of representatives from various population groups; including people over 60 and working age people. The PPG had carried out annual surveys and met every quarter. We looked at the analysis of the last patient survey which was considered in conjunction with the PPG. The results and actions agreed from these surveys were available on the practice website.

The practice had gathered feedback from patients through patient surveys and complaints received. We looked at the results of the annual patient survey in 2014 which was managed by the PPG. 100 patients had completed the on a range of questions.

# Are services well-led?

Good 

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

76% of patients said it was very easy or easy to get through to the practice by telephone. 91% of patients said they found the receptionists helpful. 65% said it was either very or fairly convenient to get an appointment and 99% said their consultation with the GP was either excellent or good.

We spoke with members of the PPG and they told us that the group was actively seeking to recruit other member to the group particular young family members and members of the ethnic minority. They also told us that the practice encourages innovation and was always looking at ways of making the patient experience a better one.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training

and mentoring. We looked at four staff files and saw that appraisals had taken place which included a personal development plan. Learning and objectives were also agreed and monitored in an annual staff training plan. However, not all staff had an up to date appraisal record and we discussed this with the manager. We spoke to the practice manager following the inspection and they assured us that appraisal for staff had been completed. We were provided with documentation that assured staff had completed formal appraisal as part of their routine.

Nurses and GPs took ownership of their own continuing professional development and we saw documented evidence to confirm this.