

# Drs Charles Mok Read Easson Mannion Shapiro & Woodroffe

## Quality Report

Middle Street

Beeston

Nottingham

NG9 1GA

Tel: 01159076960

Website: [www.themanorsurgery.com](http://www.themanorsurgery.com)

Date of inspection visit: 26 January 2016

Date of publication: 01/06/2016

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?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Drs Charles Mok Read Easson Mannion Shapiro & Woodroffe	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Manor Surgery on 26 January 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice used clinical audits to review patient care and took action to improve services as a result.
- The practice scored consistently above average in the GP patient survey, especially in patient care, with 100% of patients stating they had confidence and trust in the last GP they saw

- Information about services and how to complain was available. The practice sought patients' views about improvements that could be made to the service directly and through an active patient participation group.
- 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.
- 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 practice worked effectively with the wider multi-disciplinary team to plan and deliver high quality and responsive care to keep vulnerable patients safe.
- The practice had an active Patient Participation Group (PPG) and worked with them to review and improve services for patients.

We observed areas of outstanding practice:

- The practice staff spent time identifying and supporting carers, a high proportion of carers were registered on the practice list.

# Summary of findings

- Reception and administrative made every effort to make sure information was communicated in an appropriate way and often went out of their way to help patients attend the practice.
- Care was provided to patients during the end of their life, often outside of practice hours, to ensure continuity of care and support to relatives.

The areas where the provider should make improvements are:

- Ensure the systems for monitoring prescriptions is robust and there is effective management of their distribution.
- Ensure staff appraisals are carried out in accordance with practice policy to ensure opportunities for development and training are highlighted.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief  
Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice had robust processes in place to investigate significant events and to share learning from these.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The practice had designated GPs responsible for safeguarding and had regular meetings with attached health professionals to discuss patients at risk.
- The practice ensured staffing levels were sufficient at all times to respond effectively to patients' needs.
- Where people were affected by safety incidents, the practice demonstrated an open and transparent approach to investigating these. Apologies were offered where appropriate.
- Risks to patients were assessed and well managed. There were designated leads in areas such as Infection control and training was provided to support their role.

The practice had systems and processes in place to deal with emergencies. Arrangements for managing medicines, including emergency drugs and vaccinations were robust and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits were undertaken. For example, an audit was conducted to assess the cholesterol levels of patients with diabetes, it highlighted 82 patients who went on to receive further monitoring and treatment to reduce cholesterol levels.
- Data showed most patient outcomes were in line or above those of the locality. For example.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw that a number of clinical staff had additional qualifications and actively sought further training to develop their skills to contribute to practice development.

Good



# Summary of findings

- Not all staff had been appraised in the preceding twelve months however there were plans in place to rectify this and the new practice manager was taking the opportunity to meet the staff individually.

Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example:
  - 97% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
  - 100% of patients had confidence and trust in the last GP they saw or spoke to compared to a CCG average of 96% and a national average of 95%.
  - 98% of patients said the nurses were good at listening to them compared to a CCG average of 92% and a national average of 91%.
  - 97% of patients found the receptionists helpful compared to a CCG average of 91% and a national average of 87%.
- Patients told us they were treated with care and concern by staff and their privacy and dignity was respected. Feedback from comment cards aligned with these views.
- The practice provided information for patients which was accessible and easy to understand.
- Staff worked outside of their contracted hours and what was expected of them, to provide care to those who needed it most.

We observed staff treated patients with kindness and respect, and maintained confidentiality. Reception staff were observed to be friendly and made every effort to accommodate patients' needs.

**Outstanding**



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- All of the patients we spoke with said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and the practice responded quickly when issues were raised. Learning from complaints was shared with staff to improve the quality of service.

**Good**



# Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- The practice offered flexible services to meet the needs of its patients. For example, the practice offered extended hours appointments until 8pm one evening per week and two morning sessions from 7am.

## Are services well-led?

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

- The practice had a vision to deliver high quality care. Staff were clear about the vision and their responsibilities in relation to this. The practice had developed a five year plan which outlined its aims for the future.
- There was a clear leadership structure, succession planning was in place to manage staffing levels in the future, and staff felt supported by partners and management.
- The practice had a wide range of policies and procedures to govern activity and these were regularly reviewed and updated.
- The partners and practice manager encouraged a culture of openness and honesty, and staff felt supported to raise issues and concerns.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was well established and met regularly. The PPG worked closely with the practice to review issues and were supported by the practice in areas the PPG highlighted for improvement such as the installation of an information screen in reception.

**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.

Good



- The practice offered proactive, personalised care to meet the needs of older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- They worked effectively with multi-disciplinary teams to identify patients at risk of admission to hospital and to ensure their needs were met. The percentage of people aged 65 or over who received a seasonal flu vaccination was 76% which was in line with the national average of 73%.
- A GP is trained to fit ring and gelhorn pessaries which reduced the need for patients to travel to hospital for this procedure. A pessary is a device which helps to support a pelvic organ prolapse.
- Monthly meetings were held with the wider multi-disciplinary team to support patients to live in their own homes and ensure they were kept safe, and had their individual needs met.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- The practice had recognised there was a low prevalence of conditions such as COPD and asthma within the practice list and so had implemented regular audits to monitor the diagnosis and care plans in place for these patients.
- The practice was broadly in line with results for the care of patients with long-term conditions. For example:
  - The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 82% compared to a national average of 90%
- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Care plans were in place for the patients identified as being at risk of admission.
- The practice managed over 90% of their patients with a diagnosis of diabetes in the community increasing the

# Summary of findings

convenience of the care the patients receive and reduced the need to travel to main hospitals. Practice nurses were able to start patients on insulin and monitor the treatment and work closely with the local diabetic specialist.

- Longer appointments and home visits were available when needed.

## Families, children and young people

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

- Immunisation rates were in line with the CCG for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to two year olds ranged between 95% and 98%, compared to a CCG range of between 96% and 98%
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Urgent appointments were always available on the day.
- Telephone appointments were available with the on call GP to reduce the need to attend the practice.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included access to telephone appointments, and the availability of extended hours appointments.
- The practice offered online services such as electronic prescriptions, and GP appointments were offered through the online booking system.
- Health promotion and screening was provided that reflected the needs for this age group. The practice had screened 65% of patients aged between 60-69 for bowel cancer, which was in line with the CCG average of 65%.

Good





# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- Practice staff were trained to recognise domestic violence and understood how to go about initiating the conversation leading to support for those patients who may be victims.
- The practice offered longer appointments for people with a learning disability in addition to offering other reasonable adjustments.
- The practice and safeguarding lead regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- The practice provided healthcare to all patients of a local nursing home for people with severe and profound learning disabilities. Each resident had an annual review and the practice provided same day appointments when nursing staff were concerned for a patient's health or wellbeing.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- All staff were trained to be dementia friends to assist in understanding of the illness.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and had regularly worked with Age Concern staff and provided a room for a regular clinic to aid in the support of patients with a diagnosis of dementia.
- The PPG arranged an open Dementia event in the practice which was attended by patients' carers and social care professionals.
- Clinical staff had undergone additional training in mental capacity assessment and the use of deprivation of liberty (DOL).
- Staff had a good understanding of how to support people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

We looked at the national GP patient survey results published on January 2016. The results showed the practice was performing above local and national averages in many areas. 250 survey forms were distributed and 118 were returned. This represented a return rate of 47%.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 87% and a national average of 73%.
- 96% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 99% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 90% and a national average of 85%.

- 95% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 82% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received, which reflected the GP patient survey feedback. Comments highlighted friendly staff and patients said they always felt listened to and received highly satisfactory levels of care. Patients described the practice as caring and supportive, and said they always found it a clean and safe environment.

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

# Drs Charles Mok Read Easson Mannion Shapiro & Woodroffe

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser a practice manager specialist adviser and an expert by experience. An expert by experience is a person who has personal experience using or caring for someone who uses this type of service.

### Background to Drs Charles Mok Read Easson Mannion Shapiro & Woodroffe

Drs Charles Mok Read Easson Mannion Shapiro & Woodroffe, also known as The Manor Surgery, provides primary medical services to approximately 10,500 patients through a personal medical services (PMS) contract. Services are provided to patients from a single site in purpose built premises.

The level of deprivation within the practice population is below the national average. Income deprivation affecting children and older people is also below the national average.

The clinical team comprises eight GP partners (five male and three female), three practice nurses and a healthcare assistant. The clinical team is supported by a practice manager and a team of administrative and reception staff.

The practice is open from 8am to 6.30pm on Monday to Friday. The consultation times for morning GP appointments are from 8am to 11.50am. Afternoon appointments are offered from 1pm until 6.30pm. The practice offers extended hours on a Monday until 8pm and opens early on a Tuesday and Friday at 7am.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Nottingham Emergency Medical Services (NEMS) through the 111 system.

### Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 January 2016. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

We also looked at how well services 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 with dementia)

Please note that when referring to information throughout this report, for example 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

The practice had robust systems in place to report and record incidents and significant events.

- Staff told us they would inform the practice manager or the senior partner of an incident or event in the first instance. Following this, the appropriate staff member completed the reporting form which was available on the practice's computer system.
- The practice recorded all significant events and reviewed these at regular staff meetings.

We reviewed a range of information relating to safety including 13 significant events recorded in the previous 12 months and the minutes of meetings where this information was discussed. The practice ensured lessons were shared and that action was taken to improve safety within the practice. For example, a practice nurse was concerned with the waiting list to attend the local leg ulcer clinic and saw patients' condition deteriorating in this time. Following a significant event being raised by the nurse, an investigation was launched and meetings took place to address the situation. As a consequence patients' waiting times were greatly reduced from twelve to four weeks.

Where patients were affected by incidents, the practice demonstrated an open and transparent approach to the sharing of information. The practice invited patients affected by significant events to view the outcomes and apologies were offered where appropriate.

### Overview of safety systems and processes

The practice demonstrated systems which kept people safe and safeguarded from abuse. These included:

- Arrangements to safeguard children and vulnerable adults from abuse were in line with local requirements and national legislation. There was a lead GP responsible for child and adult safeguarding as well as a deputy lead and staff were aware of whom this was. Policies in place supported staff to fulfil their roles and outlined who to contact for further guidance if they had concerns about patient welfare. Staff had received training relevant to their role and GPs were trained to Level 3 for safeguarding children.
- Nursing and reception staff acted as chaperones if required. Notices were displayed in the waiting area to

make patients aware that this service was available. All staff who acted as chaperones were appropriately trained and checks had been undertaken with the disclosure and barring service (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice premises were observed to be clean and tidy and appropriate standards of cleanliness and hygiene were followed. The practice nurse was the infection control lead who liaised with local infection prevention teams to maintain best practice. The practice had been comprehensively audited in March 2015, which identified a number of required actions and we saw evidence that the practice had addressed these.
- The practice had a system in place to distribute safety alerts and all staff were aware of this. However copies were not kept for over a month and therefore reduced the ability to use the information as reference when needed.
- There were effective arrangements in place to manage medicines within the practice to keep people safe. Medicines audits were undertaken to ensure prescribing was in line with best practice guidelines and the practice worked closely with the community pharmacy team.
- Prescriptions were securely stored and there was a system in place to monitor their use. However during the inspection it was found that some pads were not correctly signed out and no further action had been taken to reduce this from happening in the future. This was an area the practice developed once it was highlighted during the inspection.
- We reviewed five employment files for clinical and non-clinical staff. We found all of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

### 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 and the practice had

## Are services safe?

up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it 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.

- Arrangements were in place for planning and monitoring the number of staff and skill mix needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure 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 computers in all the consultation and treatment rooms which alerted staff to any emergency. In addition there were panic buttons to alert other staff to any emergency if required.

- All staff received annual basic life support training and there were emergency medicines available in the store room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and an accident book were available and the practice had a designated first aider.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of the location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers, and had been tested during a power and telephone failure as a result of the nearby tram works severing the cables, during which the practice continued to provide care to patients using mobile phones and hand written notes until generators were brought in.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Practice staff demonstrated they used evidence based guidelines and standards to plan and deliver care for patients. These included local clinical commissioning group (CCG) guidance and National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. We saw evidence that the practice was using clinical audit to monitor the implementation of guidelines. In addition nursing staff told us they attended clinical commissioning group (CCG) arranged training sessions to ensure they kept up to date with guidelines and best practice.

### 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 recently published results showed that the practice had achieved 544 out of a possible 559 points available which is 97%, with an exception reporting rate of 6.9% which was lower than the CCG and national average. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). Performance in all areas was in line with, or above the local and national average. Data from 2014/15 showed;

- Performance for diabetes related indicators was 94% which was 2% below the CCG average and 5% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 88% which was 2% above the CCG average and 5% above the national average.
- Performance for mental health related indicators was 100% which was 2% above the CCG average and 7% above the national average. This was achieved with a lower than average exception rating when compared to local and national averages.

- Performance for dementia related indicators was 100% which was 1% above the CCG average and 5% above the national average. This was attained with an exception rate of 5.4%, 3% below the national average.

Clinical audits were undertaken within the practice.

- There had been 13 clinical audits undertaken in the last year. These were completed audits, where the improvements made were implemented and monitored. For example; an audit was undertaken to establish the use of the National Early Warning Sign (NEWS) to assist in the recognition of sepsis. A trial started by using a template on the computer system to complete which was quickly implemented and highlighted seven patients over the first year with a high score and further care was put in place to ensure the patients' health, including, in some cases hospital admission.
- The practice participated in local audits, national benchmarking and accreditation. We saw evidence of regular engagement with the CCG and involvement in peer reviews of areas such as QOF performance.

### Effective staffing

We saw staff had a range of experience, skills and knowledge which enabled them to deliver effective care and treatment.

- The practice had a comprehensive induction programme for newly appointed clinical and non-clinical members of staff which covered topics such as safeguarding, first aid, health and safety and confidentiality. For example, there was an existing practice manager in place, who was, at the time of the inspection being shadowed by a new starter who had been allocated three months to get accustomed with the role and taking the lead on the day.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff; for example for staff reviewing patients with long term conditions. Staff administering vaccines, taking samples for cervical screening and taking blood samples had received specific training which included an assessment of competence.
- Some staff had not had an annual appraisal for over 12 months and systems in place to, monitor this were not effective. For example some members had not received an appraisal for 14 months and prior to that it had been



# Are services effective?

## (for example, treatment is effective)

several years. However the new practice manager had already highlighted this as an area for improvement and intended to complete all appraisals as a priority taking the opportunity of meeting staff on a one to one basis to highlight areas of development and training.

- Staff had access to a range of training which was appropriate to meet the needs of their role. In addition to formal training sessions support was provided through regular meetings, mentoring and clinical supervision.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to CCG led training and in-house training including e-learning.

### 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 on-going 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 every month and care plans were routinely reviewed by relevant leads 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.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP, or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Clinical staff had undergone additional training in mental capacity assessment and the use of deprivation of liberty (DOL).

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted or referred to the relevant service.
- The practice offered a range of services including smoking cessation and family planning clinics.

The practice had systems in place to ensure patients attended screening programmes and ensured results were followed up appropriately. The practice's uptake for the cervical screening programme was 83% which was in line with the national average of 82%. There was a policy to send two written reminders followed by a telephone reminder for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were above CCG averages. For example, childhood immunisation rates for vaccinations given to two year olds were consistently ranged from 95% to 98% (CCG range from 96% to 98%) and five year olds ranged from 89% to 96% (CCG average 90% to 98%).

Flu vaccination rates for the over 65s were 76% and at risk groups 52%. The rate for the over 65s was above the national average of 73%; however, the rate for at risk groups was in line with the national average of 56%.

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





# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During the inspection we saw staff treated patients with dignity and respect. Staff were helpful to patients both on the telephone and within the practice. We saw staff greeted patients as they entered the practice.

Measures were in place to ensure patients felt at ease within the practice. These included:

- Curtains were provided in treatment and consultation rooms to maintain patients' privacy and dignity during examinations and treatments.
- Consultation room doors were kept closed during consultations and locked during sensitive examinations. Conversations taking place in consultation rooms could not be overheard.
- Reception staff offered to speak with patients privately away from the reception area if they wished to discuss sensitive issues or appeared distressed.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All 37 completed comment cards we received were overwhelmingly positive about the standard of care. Patients said they were always treated with dignity and respect and described the practice staff as friendly, attentive, supporting and caring. Patients said they felt listened to and were given the time they needed to discuss their problems.

We spoke with six patients, including three members of the patient participation group (PPG), during the inspection. All of the patients said that they found the premises clean and tidy and were always treated with kindness and understanding by the practice staff. Patients said that all staff treated them in a friendly and welcoming manner.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was consistently above local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.

- 97% of patients said the GP gave them enough time compared to a CCG average of 89% and a national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to a CCG average of 96% and a national average of 95%.
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to a CCG average 86% and a national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 92% and a national average of 91%.

Satisfaction scores for interactions with reception staff were also above the CCG and national averages:

- 97% of patients said they found the receptionists at the practice helpful compared to a CCG average 91% and a national average of 87%.

The practice provided healthcare to all patients of a local nursing home for people with severe and profound learning disabilities. Each resident had an annual review and the practice provided same day appointments when nursing staff were concerned for a patient. The lead GP attended the home's summer party in their own time and met family members and discuss their concerns as residents come from all over the region, this was made an annual event as it proved so useful to all concerned.

We saw examples of care for patients nearing the end of their life where GPs had visited patients during the weekend to provide continuity of care and further support to relatives, the named GP had given their phone number to aid in communication and provide the responsive care. To the practice staff the patients' emotional and social needs were seen as important as their physical needs, this ranged from a GP changing a light bulb on a home visit, staff delivering prescriptions to housebound patients when they had run out of medicines and taking the practice wheelchair to the local bus stop to aid patients getting to the practice. During the inspection we saw several thank you cards from patients who had appreciated such care.

### 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



## Are services caring?

sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 98% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 97% of patients said the last GP they saw was good at involving them in decisions about their care compared to a CCG average 85% and a national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to a CCG average 87% and a national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language and posters were placed in the waiting area to make patients aware this was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there was information related to carers, dementia and mental health.

The practice's computer system alerted GPs if a patient was also a carer. The practice provided care to 365 carers in total which equated to 3% of the patient list.

The practice had many long standing staff who were able to identify patients who were requiring additional assistance and support relatives in their carers role. Patients were able to call the carers champion throughout the day for support and if required expect a call back within the hour from their named GP or on-call GP if they are not available.

The practice displayed information for carers in the waiting area and staff had developed a pack of information containing telephone numbers and advice to ease access to support for carers in the community. The practice provided the flu vaccination to carers and made longer appointments available if the patient required.

Staff told us if families had experienced bereavement, their usual GP contacted them if this was considered appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs to give them advice on how to find a support service. The practice had recently assessed the support it provides following bereavement and a GP had written new guidance to include additional provision for relatives and carers in the future.

# 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.

In addition to this the practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered extended hours appointments three days per week.
- There were longer appointments available for people who needed them and we saw evidence to support this.
- Same day appointments were available for children and those with serious medical conditions.
- Home visits were available for housebound patients and the practice visited two care homes on a weekly basis to carry out routine appointments.
- The three practice nurses were experienced and trained in starting, and monitoring patients on insulin. They worked closely with the local diabetic nurse specialist and were supported by a GP with a specific interest in diabetes. The practice saw 90% of diabetic patients receive this care from the practice reducing the need to travel to hospitals regularly.
- There were translation services available if these were required.
- The practice had noted a reduced prevalence of COPD patients when compared locally and nationally. The practice regularly audited this to monitor for changes and nurses and the healthcare assistant held additional qualifications in COPD and asthma to aid in the correct diagnosis of the conditions.
- Consultation rooms were situated on the ground floor and disabled parking was available.
- The practice had undergone a modernisation process to ensure rooms were to the required standard and ensure the practice was able to respond effectively to meet the changing demands of general practice.

### Access to the service

The practice was open from 8am to 6.30pm on Monday to Friday. The consultation times for morning GP appointments were from 8am to 11.50am. Afternoon

appointments were offered from 1pm until 6.30pm. The practice offers extended hours on a Monday until 8pm and opens early on a Tuesday and Friday at 7am. In addition to pre-bookable appointments that could be booked up to twelve weeks 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 above local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 86% of patients said they could get through easily to the surgery by phone compared to the CCG average of 87% and the national average of 73%.
- 92% of patients said the last appointment they got was convenient compared to the CCG average of 94% and the national average of 92%.

People told us on the day of the inspection that they were able to get appointments when they needed them and this aligned with feedback from the comment cards.

### Listening and learning from concerns and complaints

We saw that the practice had systems in place to effectively manage complaints and concerns.

- The practice's 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.
- Leaflets for patients wishing to make a complaint about the practice were available from the reception and the practice had information about the complaints process visibly displayed in their waiting area.

We looked at four complaints received in the last 12 months and found these were dealt with promptly and sensitively. We saw meetings were offered to discuss to resolve issues in the manner which the complainant wanted. Apologies were given to people making complaints where appropriate. Lessons were learnt from concerns and complaints and appropriate action was taken to improve the quality of care. We saw complaints were regularly discussed within the practice and learning was appropriately identified.

# 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 clearly defined aims and objectives which centred on providing the best possible quality service to patients and involving them in decisions regarding their treatment.
- Staff were engaged with the aims and values of the practice and were committed to providing high quality patient care.

### Governance arrangements

The practice had effective governance systems in place which consistently supported the delivery of good quality care. These outlined the structures and procedures in place within the practice and ensured that:

- The practice had a clear staffing structure and staff were aware of their roles and responsibilities.
- A wide range of practice specific policies and protocols were in place and accessible to all staff. We saw that policies and protocols were regularly reviewed and updated and supported staff in their roles.
- There was a demonstrated and comprehensive understanding of the performance of the practice. This ranged from performance in respect of access to appointments, patient satisfaction and clinical performance.
- Arrangements were in place to identify, record and manage risks and ensure mitigating actions were implemented.

### Leadership, openness and transparency

- The partners and practice manager had the experience, capability and enthusiasm to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Management were visible in the practice and staff told us that they were approachable and took the time to listen to all members of staff.
- Staff told us that there was a blame-free and open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so.

- Feedback from staff told us they felt respected, supported and valued by management team within the practice.

When there were unexpected or unintended safety incidents:

- The practice offered affected people support, provided explanations and verbal or written apologies where appropriate. In addition the practice invited patients affected by significant events which were raised as complaints or concerns to review the outcomes and sought their consent for anonymised information to be used as a learning tool for staff.

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

We saw that the practice was open to feedback and encouraged feedback from patients, the public and its staff. The practice ensured it proactively sought the engagement of patients in how services were delivered:

- The practice gathered feedback from patients through the patient participation group (PPG), as well as conducting satisfaction surveys annually. There was an active PPG which met every two months. The PPG had advertised their group in the local paper to attract additional members and some members were also part of the Patients Reference Group (PRG) which acts as the local voice of the CCG. They assisted in patient surveys and discussed proposals for improvements to the practice. For example, the PPG had led on the installation of an information screen in the practice reception.
- The practice produced a newsletter to communicate changes and improvements effecting patients.
- All feedback from satisfaction surveys was analysed and areas for improvement sought. For example; improved online access to appointments were improved to allow more choice in when and with which clinician the appointment would be with.
- The practice gathered feedback from staff through meetings, appraisals and on-going discussions. 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.