

# Manor Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Manor Practice on 6 January 2015. Overall the practice is rated as good. Specifically, we found the practice to be good for providing safe, effective, caring and responsive and well-led services. It was also good for providing services for the care of older people, people with long term conditions, families, children and young people, the working-age people, of people whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia).

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents.
- Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

- Staff had received training appropriate to their roles and any further training needs had been identified.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients.

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

Importantly the provider must:

# Summary of findings

- Ensure that records of identification checks are included in staff personnel files.

In addition the provider should:

- Ensure that risk assessments are in place to assess the need for criminal record checks for non-clinical staff.

- Improve the quality of record keeping to ensure that outstanding actions from infection control audits are undertaken.
- Ensure there is a robust policy review system in place.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, identification documents of staff had not been included in personnel files and risk assessments had not been undertaken for non-clinical staff with regards to criminal record checks. It was also unclear as to the actions that had taken place as a result of infection control audits.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from National Institute for Health and Care Excellence (NICE). Patient's needs were assessed and care was planned and delivered in line with current legislation. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



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

The practice is rated as good for providing responsive services. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Good



# Summary of findings

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients. The patient participation group (PPG) was active. Staff had received inductions, regular appraisals and attended staff meetings.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and named GPs for those with enhanced needs.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management. A multi-morbidity clinic had been designed to streamline annual reviews of patients with several co-morbidities. Patients received annual review letters to visit the practice for one extended appointment rather than numerous times throughout the year.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with health visitors, counsellors and safeguarding teams.

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. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



### People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff

Good



# Summary of findings

knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations including the Sussex mental health helpline and Corner House low mood group. The practice had regular contact with a Community Psychiatric Nurse (CPN) in order to support patients experiencing poor mental health.

**Good**



# Summary of findings

## What people who use the service say

During the inspection we spoke with four patients and we received 47 comments cards from patients who had visited the practice in the previous two weeks. We also spoke to one representative from the Patient Participation Group (PPG) and reviewed patient feedback from surveys that had been carried out at the practice.

The patients we spoke with on the day of our visit were very positive about the care and support they received at the practice. They told us it was easy to make an appointment and they were seen close to the time of their appointment. Comments cards were mainly positive and described the service as excellent with staff being helpful and polite. Negative comments described a lack of communication between the practice and the hospital and difficulties in making an appointment at short notice.

We viewed the results for the National GP Survey from January 2015. 120 patients had responded to this survey. We saw that 85% of patients said the last GP they saw or spoke to was good at listening to them. 96% of patients said they had confidence and trust in the last GP they saw or spoke to. 91% of patients saw their overall experience of the practice as good.

We viewed the results of a Patient Experience Survey from November 2013. 274 patients had responded and we saw that 86% of all patient ratings about the practice were good, very good or excellent. The survey showed that 80% of patients were satisfied with their visit to the practice and 83% of patients felt that they were treated with respect.

## Areas for improvement

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

- Ensure that records of identification checks are included in staff personnel files.

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

- Ensure that risk assessments are in place to assess the need for criminal record checks for non-clinical staff.

- Improve the quality of record keeping to ensure that outstanding actions from infection control audits are undertaken.
- Ensure that non-clinical staff have a training matrix in place to identify when training is due to be updated
- Ensure there is a robust policy review system in place.



# Manor Practice

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector. The team included a Practice Manager and a GP Specialist Advisor.

### Background to Manor Practice

Manor Practice is a GP practice which provides a range of primary medical services to around 10,400 patients from a surgery in Southwick, a suburb of Brighton. The practice's services are commissioned by NHS Coastal West Sussex Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services. The service is provided by 7 GP partners, one GP registrar, three practice nurses and two healthcare assistants. They are supported by practice managers, reception, secretarial and administration staff.

Local community health teams support the GP's in provision of community nursing and health visitor services.

The practice has one location registered with the Care Quality Commission (CQC) which we inspected at Southwick Street, Southwick, West Sussex, BN42 4TA.

The practice is in a two storey building with adjacent paid parking. There is free parking in nearby streets. Car parking spaces are designated for use by people with a disability in a nearby street. The practice has a lift which is accessible for people with a disability or people with a pushchair.

We reviewed information from the CCG which showed that the practice population had lower deprivation levels compared other practices within the CCG and lower than average for practices in England.

The practice offers extended hours appointments on Tuesday evenings. The pre-booked appointments run from 6.30pm. The practice had opted out of the requirement to provide GP consultations to its own patients and uses the services of an out of hours service. The practice website and practice leaflet offers information for patients regarding the out of hours service, along with a contact telephone number.

### Why we carried out this inspection

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

### How we carried out this inspection

Before visiting Manor Practice, we reviewed a range of information we hold about the service. We also reviewed information we had requested from the practice prior to our visit, as well as information from the public domain, including the practice website and NHS choices.

We carried out an announced inspection on 6 January 2015. During and subsequent to our visit we spoke with a

# Detailed findings

range of staff including GP's, practice nurses, receptionists and administration staff. We also spoke with patients who used the service. We reviewed 47 comments cards where patients shared their views and experiences of the service. We spoke to a representative from the Patient Participation Group (PPG) to gain their views on the quality of the service provided at the practice. We reviewed a patient survey which had been carried out recently at the practice.

As part of the inspection we observed how staff cared for patients. We examined practice policies and other relevant documents.

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

- Is it safe?
- Is it effective?

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

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

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

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Staff told us there was an ethos at the practice where anyone could report concerns. There was a system in place for reviewing patient complaints. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Significant events was a standing item on the practice meeting agenda. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken. For example, a patient had asked for an urgent referral which had not been sent urgently. The practice had contacted the patient and offered an apology to the patient's satisfaction.

National patient safety alerts were disseminated by the practice manager to practice staff.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities

and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had an appointed dedicated GP as a lead in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including health care assistants, had been trained to be a chaperone. Staff understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates.

Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely.

### Cleanliness and infection control

We observed the premises to be clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

We saw evidence that the practice had carried out a recent infection control audit which identified improvements to be made, for example, the audit identified that there was

## Are services safe?

no sanitary facility in the toilet by the treatment rooms. However, it was unclear as to whether action plans had been put into place to ensure that the improvements had been completed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. New staff attended hand washing training as part of their induction. Staff the practice met once weekly to discuss infection control issues. Infection control issues were recorded in a communication book.

Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had undertaken testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We saw records that confirmed the practice was carrying out checks to reduce the risk of infection to staff and patients.

### Equipment

Staff told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of medical equipment used at the practice.

### Staffing and recruitment

We looked at five personnel records of staff at the practice and found that they contained evidence of appropriate recruitment checks prior to their employment. For example, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). However, we saw that proof of identification for all five members of staff had not been included in their personnel records. In

the case of non-clinical staff who may not have required a DBS check, there was no evidence of the practice undertaking risk assessments for the particular staff members.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the areas of the building used, the environment, medical equipment, dealing with emergencies and legionella testing. Where a risk assessment had been undertaken for the premises, there was evidence that hazards had been clearly identified and further actions had been taken. There was evidence that equipment used on the premises had been regularly serviced to ensure it was fit for purpose.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that staff had received training in resuscitation. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency).

Emergency medicines were available in a secure area of the practice. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice, however this was found to be past the required review date.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff attended fire training.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE).

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and stroke and the practice nurses supported this work, which allowed the practice to focus on specific conditions. The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes. A multi-morbidity clinic had been designed to streamline annual reviews of patients with several co-morbidities. Patients received annual review letters to visit the practice for one extended appointment rather than numerous times throughout the year.

There was a range of clinics available to patients. This included chronic disease management, such as diabetes, hypertension and asthma. Other clinics available to patients included family planning, smoking cessation and menopause. Diabetic clinics were nurse led and staff were able to advise patients about their condition, along with healthy lifestyle choices and medications. The practice nurse running the clinic could also refer patients to the dietician, eye clinic or the diabetic centre at a local hospital if required. Patients with diabetes were reviewed twice a year by the practice nurses.

Practice nurses told us that they attended practice nurse forums and had a regular subscription to specialist journals. They told us that they attended role specific training, for example diabetes and child immunisations.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts.

The practice had completed an annual audit on new antiplatelet therapy (medications which help to prevent or break up clots in the blood vessels or heart), based on

National Institute for Health and Care Excellence (NICE) guidelines. Other examples of audits which had taken place confirmed that the GPs were practising in line with their registration and NICE guidance.

The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area.

### Effective staffing

Practice staff included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff were up to date with attending mandatory courses such as fire safety.

All staff undertook annual appraisals that identified learning needs. Our interviews with staff confirmed that the practice was proactive in providing training for relevant courses. As the practice was a training practice, doctors who were training to be qualified as GPs were offered extended appointments and had access to a senior GP throughout the day for support. We received positive feedback from the trainee we spoke with during our visit.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. Those with extended roles, such as wound care, smears and cytology were able to demonstrate that they had appropriate training to fulfil these roles.

### Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results and letters from the local hospital including discharge summaries, out of hours GP services and the 111 service both electronically and by post.

The practice held multidisciplinary team meetings on a monthly basis to discuss the needs of complex patients, for example those with end of life care needs. These meetings were attended by district nurses, health visitors, community matrons and palliative care nurses. Staff felt this system worked well and remarked on the usefulness of the meetings as a means of sharing important information.

# Are services effective?

(for example, treatment is effective)

## Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals through the Choose and Book system (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record (emis web) to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

## Consent to care and treatment

There was a practice policy in place for documenting consent for specific interventions. We reviewed consent forms for the insertion of coils, implants and minor surgery. The forms were signed by patients and scanned onto their electronic record. Consent forms included information regarding relevant risks, benefits and complications of the procedure, which demonstrated informed consent had been obtained.

## Health promotion and prevention

There was a range of leaflets and information available to inform patients on health care issues. These included smoking cessation, dementia and sexual health. The practice had a carer's noticeboard along with a contact number for the carers support line. There was pictorial information available for patients with a learning disability. The practice website had a number of useful links and was easy to navigate. There was a page on pregnancy care, prostate cancer awareness and a forum for self-care.

The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations including the Sussex mental health helpline and Corner House low mood group. The practice had regular contact with a Community Psychiatric Nurse (CPN) in order to support patients experiencing poor mental health.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey (January 2015) and a survey of 274 patients undertaken by the practice. The evidence from these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national GP patient survey showed that 85% of patients found it easy to get through to the practice by phone, compared to the CCG average of 74%. 96% of patients said that the nurse that they saw at the practice was good at listening to them and gave them enough time

Patients completed CQC comment cards to tell us what they thought about the practice. We received 47 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Five of the comments were less positive but there were no common themes to these. We also spoke with four patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We saw notices informing patients that they could ask for a chaperone if they wished.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private.

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

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national GP patient survey showed 76% of practice respondents said the GP involved them in care decisions and 86% felt the GP was good at explaining treatment and results.

Patients we spoke with 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.

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

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, 79% of patients who took part in a patient survey at the practice said that they were able to express their concerns or fears. The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room and practice website also told patients how to access a number of support groups and organisations. We saw appropriate written information available for carers to ensure they understood the various avenues of support available to them.

The practice had a named member of staff to liaise with palliative care patients and to act as a point of contact for nurses at the hospice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). The PPG actively encouraged new members to become involved and had identified areas for improvement for the future. The PPG were advertising a dementia friends and mental health awareness day. This new project would involve working alongside other PPG groups in the area. The PPG were also promoting a new self-check in screen which was due to be installed at the practice. The user friendly system could capture information about patients, such as height, weight and smoking status to ensure that patient's records were kept up to date.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services, such as carers, vulnerable people and asylum seekers. The practice website contained fact sheets for asylum seekers in different languages. The fact sheets had been written to explain the role of UK health services, the National Health Service (NHS), to newly-arrived individuals seeking asylum. They covered issues such as the role of GPs, their function as gatekeepers to the health services, how to register and how to access emergency services. The practice had an equality policy and a summary of this was included in the practice leaflet.

The premises and services had been adapted to meet the needs of patient with disabilities, such as providing a toilet for patients with a disability and a space at the end of the reception counter for disabled access. The practice was situated on the first and second floors of the building with services for patients on both floors. There was lift access to the first floor.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and

allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

### Access to the service

Appointments were available from 08:30am to 6.00pm on weekdays. The practice offered late appointments on Tuesday evenings from 6.30pm. These appointments were covered by GPs on a rota basis. The practice offered appointments up to four weeks in advance and on the day. An on-call GP was available for telephone consultations during practice hours.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments, home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out of hours service was provided to patients.

Longer appointments were also available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to local care homes by a named GP and to those patients who needed one.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system in the form of leaflets. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.



## Are services responsive to people's needs? (for example, to feedback?)

We looked at 12 complaints received in the last 12 months and found that they were satisfactorily handled and dealt with in a timely way. We were told that complaints were

formally discussed amongst staff so that lessons could be learned and shared. We saw a complaints review from 2014, which detailed the complaints received and actions taken.

# Are services well-led?

Good 

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

## Our findings

### **Vision and strategy**

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a clear mission statement along with aims and objectives of the practice. These were included in the practice leaflet. The practice vision and values included offering good quality family healthcare in a friendly professional manner, in partnership with the local community. The aims and objectives of the practice were to offer the most caring, efficient and up to date service to all patients. The staff we spoke with knew and understood the vision and values and knew what their responsibilities were in relation to these.

### **Governance arrangements**

The practice had a number of policies and procedures in place to govern activity and these were available to staff within the practice. We looked at a number of policies and procedures, most of which had been reviewed or updated, however we found that the business continuity plan was past the review date. The practice did not have a clear system of reviewing policies and procedures.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards.

The practice had arrangements for identifying, recording and managing risks. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented.

### **Leadership, openness and transparency**

We were shown a clear leadership structure of the practice along with lead roles of staff members. For example, one of the GPs was the lead for safeguarding. The staff we spoke with were clear about their responsibilities and roles.

Staff told us that team meetings were held regularly, at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. Staff told us they felt valued, well supported and knew who to go to with any concerns.

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

The practice had gathered feedback from patients through patient surveys and complaints received. The practice had an active patient participation group (PPG). The PPG included representatives from various population groups. The PPG advertised dates for meetings on the practice website. The results of the most recent patient survey were available on the practice website.

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 in the practice to improve outcomes for both staff and patients. The practice had a whistleblowing policy which was available to all staff.

### **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 saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of their training needs. The practice completed reviews of significant events and other incidents which were shared with staff at meetings to ensure the practice improved outcomes for patients.

The practice was a GP training practice. The GP registrar had access to a local network of GP trainers who met every two months. There was a formal GP registrar induction program and weekly tutorial time to discuss specific cases.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>We found that the registered person had not ensured that information regarding proof of identification was present in recruitment files.</p> <p>This was in breach of regulation 21 (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	