

# The Royton and Crompton Family 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?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Royton and Crompton Family Practice on 23 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

- There was a strong focus on teamwork. GPs had away days twice a year and there were annual

# Summary of findings

nursing team away days. Staff told us they had regular social get-togethers and said they valued these, helping them work together as a stronger team.

- The practice carried out regular staff surveys and we saw examples of them making changes following analysing the survey results. For example, an incentive scheme was put in place following areas of staff discontent being identified.

**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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed 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 for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

- Counselling services were available, including an armed forces veterans' counselling service.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. These included having a travel health service and an in-house phlebotomy service.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Patients could access appointments and services in a way and at a time that suits them. Telephone appointments were available. Appointments started at 7.30am Monday to Friday, and the last appointment was 6.45pm Monday to Thursday and 6pm on Fridays.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients and staff. It had a very active patient participation group which felt listened to and able to make suggestions.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



# Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The prescribing clinical pharmacist regular visited nursing and residential homes.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had an in-house ante-natal clinic.

Good



# Summary of findings

## **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.
- Early morning and late night appointments were available.
- 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 had a range of counselling services available for patients. Counselling services that visited the practice included the mental health charity MIND, Healthy Minds counselling service and a service for armed forces veterans.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in 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.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people 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 carried out advance care planning for patients with dementia.

Good





# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 269 survey forms were distributed and 129 were returned. This was a 48% completion rate representing less than 1% of the practice's patient list.

- 76% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).

- 87% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 82% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. They said GPs were caring and put them at ease, and that appointments were available when needed.

## Outstanding practice

- There was a strong focus on teamwork. GPs had away days twice a year and there were annual nursing team away days. Staff told us they had regular social get-togethers and said they valued these, helping them work together as a stronger team.
- The practice carried out regular staff surveys and we saw examples of them making changes following analysing the survey results. For example, an incentive scheme was put in place following areas of staff discontent being identified.

# The Royton and Crompton Family Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser.

## Background to The Royton and Crompton Family Practice

The Royton and Crompton Family Practice is located in purpose built premises in the centre of Royton, in Oldham. This is a three storey building, and the practice uses the ground and first floors. Consulting rooms are all on the ground floor, and there is disabled access and parking. There is a passenger lift and a car park available. There is another GP practice located in the building and other community services are also located there.

At the time of our inspection there were 16845 patients registered with the practice. The practice is overseen by NHS Oldham Clinical Commissioning Group (CCG). The practice delivers commissioned services under the General Medical Services (GMS) contract.

The practice has a greater than average number of patients in the 60-69 age group. The proportion of patients registered who have a long standing health condition is above the CCG and national average.

There are eight GP partners (five male, three female) and four salaried GPs (two male and two female).

There are also three practice nurses, three healthcare assistants a phlebotomist and a clinical pharmacist. There is a practice manager who has two other managers to support them. There are also secretaries, administration and reception staff.

The practice is a training practice with up to five trainee GPs a year.

Opening hours are 7.30am until 7pm Monday to Thursday and 7.30am until 6.30pm on Fridays. The first appointment is 7.30am each day. The last appointment is at 6.45pm Monday to Thursday and 6pm on Fridays. The practice is closed from 1pm on the second Tuesday of each month. This is used for staff training.

There is an out of hours service available provided by NHS 111.

## Why we carried out this inspection

We inspected this service as part of our 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 23 March 2016. As part of our visit we:

- Spoke with a range of staff including GPs, the practice manager, a practice nurse, a healthcare assistant and administrative and reception staff.
- We spoke with one member of the patient participation group.
- We spoke with patients.
- Observed how patients were spoken to at the reception desk.
- 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 any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice had started to carry out an analysis of the significant events, and these were discussed at practice meetings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

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

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for and understood the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether

a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The healthcare assistant was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The practice manager monitored the few improvements that were required, although these were not fully recorded.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, staff had a full work history, evidence of identity, references, interview notes and evidence of professional registration where appropriate. All staff except the secretaries, who had no patient contact and never performed chaperone duties, had a DBS check in place.

### 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

## Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. GPs worked set hours, and a practice nurse who retired last year but had up to date registration provided nursing cover for periods of sickness or annual leave.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support.
- The practice had two defibrillators available on the premises. Oxygen was available with adults and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.4% of the total number of points available, with 6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014-15 showed:

- Performance for diabetes related indicators was 94%. This was better than the CCG average of 81.8% and the national average of 89.2%.
- Performance for hypertension related indicators was 94.1%. This was slightly below the CCG average of 96.7% and the national average of 97.8%.
- Performance for mental health related indicators was 94%. This was better than the CCG average of 91.7% and the national average of 92.8%.

Clinical audits demonstrated quality improvement.

- The practice regularly carried out clinical audits that were repeated so that improvements made were implemented and monitored. We looked at three audit

cycles and found the results were well-monitored. The practice told us the audits were usually carried out by trainee GPs and they had to undertake a two phase audit each year.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All staff induction was documented. There was a detailed locum pack and the office manager ensured each locum GP had a full induction so they were aware of practice protocols.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had a meeting with their line manager every three months to monitor their progress when they started work. Staff had an annual appraisal meeting and the nurses, healthcare assistants and practice manager had more than one appraiser.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house

# Are services effective?

## (for example, treatment is effective)

training. There was a training template for each staff member and this detailed the frequency training needed to be repeated. This was monitored by the practice manager.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated.

The practice employed a clinical pharmacist that ran minor ailment clinics. They were able to prescribe medicines.

### 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. Training in the Mental Capacity Act had been carried out. 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, recorded the outcome of the assessment. Staff had a good understanding of capacity issues and gave examples of how they had acted in various situations, such as when gaining consent from patients with dementia.

### Supporting patients to live healthier lives

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. Patients were then signposted to the relevant service.
- The practice had an in-house ante-natal clinic and had recently re-introduced their in-house phlebotomy service. A drug counsellor and drink aware counsellor attended the practice each week, sometimes more than once. Physiotherapy and smoking cessation was available within the building, and there was a local weight management service.
- The practice had a travel health clinic and was also able to give yellow fever vaccinations.

The practice's uptake for the cervical screening programme was 84.4%, which was comparable to the CCG and national average of 81.1%. The practice gave telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74.3% to 75.4% and five year olds from 68.1% to 69.4%.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Over 75 health checks were also available.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They also commented that staff were very approachable.

We spoke with a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The patients we spoke with also reflected these views.

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

- 93% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 85%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 87% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

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

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

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 in line with local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%)
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. However, this service was not required often.

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

Due to the contract with the building management company the practice was limited as to what it could display in the reception area. However, they were able to have some information leaflets on the reception desk and staff were knowledgeable about support groups and services in the area so they could direct people.

## Are services caring?

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

The practice had access to a counsellor who was able to give bereavement counselling. The mental health charity MIND and Healthy Minds (a service from an NHS

Foundation Trust providing support and treatment for issues such as phobias, eating difficulties, post-natal depression and obsessive compulsive disorder) attended the practice weekly. The practice also had access to an armed forces veterans' counselling service.

# 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.

- The practice had appointments from 7.30am Monday to Friday. Appointments were available until 6.45pm Monday to Thursday and until 6pm on Fridays.
- From May 2016 the practice was going to be part of a seven day pilot. Patients would be able to also access appointments until 8pm Monday to Friday and 10am until 2pm during the weekend.
- There were longer appointments available when necessary for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- The clinical pharmacist regularly visited nursing and residential homes.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as yellow fever vaccinations. They were in discussions with other practices within their cluster about running a combined travel clinic for the cluster.
- There were disabled facilities, a hearing loop and translation services available.
- Patients were able to access several other services at the practice. Counselling services were available for armed forces veterans, and a drug and alcohol worker attended regularly.
- The practice held joint memory clinics for dementia patients with the memory liaison practitioner from an NHS Foundation Trust as they had identified both services were reviewing the same patients.
- Due to patient feedback about difficulties accessing the phlebotomy service at the hospital the practice had secured funding for an in-house phlebotomist for 18 hours a week.
- The practice had two dedicated 'accident and emergency' appointments each day. If a patient presented at the A&E department inappropriately they were instead referred to the GP the same day.

### Access to the service

The practice was open between 7.30am and 7pm Monday to Thursday and from 7.30am until 6.30pm on Fridays. Appointments were from 7.30am until 6.45pm Monday to Thursday and from 7.30am until 6pm on Fridays. Appointments could be pre-booked up to three months in advance. Urgent on the day appointments were also available. Most of these were accessed via a triage system. When a patient requested an urgent appointment a GP contacted them by telephone, usually within 30 minutes. An appointment was then made if it was required.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 76% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 47% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them, and the patient participation group (PPG) member we spoke with also said this. We checked the appointment schedule at 10.55am during the inspection. There was an emergency appointment available at 11.50am with some available in the afternoon. Pre-bookable appointments were available the following day.

The PPG had asked the practice to look at the telephone system as it could take a long time for the telephone to be answered, particularly first thing each morning. It had been discussed with the PPG and explained that it would be difficult to put more than the current four telephone lines in, and this would have staffing implications for the practice. The practice scored above average for how easily patients could get through to the practice by telephone in the most recent GP patient survey.

The practice was considering offering video appointments for patients. It had carried out the research and was in the process at looking at the equipment that would be required.

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

## Listening and learning from concerns and complaints

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

- Its 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. One of the reception staff was the complaints manager and this worked well. They spoke with the relevant staff members and approached the practice manager or a partner if their input was required. There was a lead GP for complaints to oversee the process.

- We saw that information was available to help patients understand the complaints system. The practice had an information leaflet and a form for patients to complete.

We looked at 32 complaints received since 1 April 2015 and found they were investigated and responded to within appropriate timescales and all relevant information was provided in the response. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. All the staff we spoke with knew how to access the policies.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour, and there was a

policy in place to bring this to the awareness of staff. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

There was a clear leadership structure in place and staff felt inspired and motivated by management team. This was reflected when we spoke with staff who all were proud and spoke highly of the practice:

- Staff told us the practice held regular team meetings. They also said the GPs and manager had an open door policy. When they were not engaged they kept their doors open so staff knew they could go and talk to them.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The GP partners and practice manager had an away day twice a year. This was from Friday lunchtime until Saturday evening. Salaried GPs joined them for a meal on the Friday and were also invited to the Saturday meetings when relevant issues were being discussed.
- The nursing team had an away day once a year.
- All staff had social get-togethers during the year, and staff told us they valued these.
- Staff were empowered to develop their roles. For example, healthcare assistants were given greater responsibilities and one was the infection control lead. A receptionist was the complaints' lead.

# Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group. The practice had had an active PPG for several years and it had progressed considerably in the past 12 months. The PPG had a remit that was published on the practice's website, and there was a PPG email address so patients could contact the group directly. Quite a few PPG members had areas of expertise. For example, one member was a diabetic champion, one Healthwatch champion (PPG), one an Age UK volunteer and the Chair gave breast cancer talks on behalf of Breast Cancer Now (formerly Breakthrough Breast Cancer). The PPG member we spoke with told us the practice gave them a lot of support and the practice manager attended the meetings. They said they felt a part of the practice and also felt listened to when they made suggestions.

- The practice carried out regular staff surveys. A recent survey had identified that some staff felt there was an issue with staff having days off sick, often on a Monday or Friday. An attendance bonus was introduced so staff benefitted each month if they did not take sick leave. There was also an annual incentive for staff who were not off sick. Staff told us they thought this was fair and made them feel valued.
- The practice had carried out an in-house patient survey, and they intended to repeat it during 2016.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was an accredited training practice and trained medical students and GP trainees. GP trainees usually started by holding joint surgeries with the GP accredited training supervisor. The practice had received positive feedback from the University and Deanery.