

# Silverdale Medical Centre

## 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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9
Outstanding practice	9

### Detailed findings from this inspection

Our inspection team	10
Background to Silverdale Medical Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	21

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Silverdale Medical Centre on 13 July 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 appreciated being able to make appointments on the same day or pre-booking appointments with a preferred GP
- Urgent appointments were made available for vulnerable patients and unwell children even where the sessions were fully booked.
- The practice had adequate facilities and equipment. It was planning to extend the premises to improve the facilities available.
- 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.

# Summary of findings

**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 things went wrong patients received reasonable support, information, and a 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 (QOF) showed patient outcomes were comparable to local and national averages.
- 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, mentoring and personal development plans for all staff.
- Staff worked with other health care professionals 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 views were comparable to local and national figures.
- 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.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and had been consulted about the planned extension.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- 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 practice had identified those older patients at risk of hospital admission and had developed care plans and special notes on their records for out of hours services to avoid unnecessary or inappropriate hospital admissions.
- GPs visited housebound patients at home to provide immunisations and vaccinations such as for flu and shingles.
- Patients aged over 75 had a named GP.

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.
- The practice's performance for diabetes management was similar to or slightly higher than national averages, for example 96% of diabetic patients had had a recent foot examination compared to the national average of 90%.
- 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.
- The practice had devised a long-term conditions leaflet that it gave to patients to help advise them on what they might be able to do to help with their conditions.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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.
- Data showed 84% of eligible women had received a cervical screening test compared with the national average of 83%.
- 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 GP who was the practice's safeguarding lead met on a regular basis with health visitors to discuss any concerns.

## **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 reflected the needs for this age group.
- On four mornings a week pre-bookable appointments were available from 7.30am to 8.00am specifically for working patients.
- Pre-bookable telephone consultations were available.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers, people with a learning disability and those with alcohol or substance misuse problems.
- The practice offered longer appointments for patients with a learning disability and staff were often aware of an individual patient's needs and preferences.

Good



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- People who were homeless were offered immediate access to care as a temporary patient and also given information about services which could help them.
- The practice had identified that 74 or 1.7% of its patients had caring responsibilities and offered health checks and information about local support services. There was also information available in the waiting area.
- 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.

## 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).

- 90% of patients living with dementia had a face-to-face care review in the previous 12 months, compared with the national average of 86%.
- 95% of patients with severe mental health problems had a comprehensive agreed care plan documented in their records compared with the national average of 94%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health, and where appropriate their carers, about how to access support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- The practice had used its analysis of significant events and identified when some patients were likely to experience a mental health crisis and contacted the patient to offer support.
- Staff had a good understanding of how to support patients with mental health needs and dementia. For example, they were routinely offered longer appointments.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local and national averages. 304 survey forms were distributed and 107 were returned, representing a response rate of 35% compared with a response rate in England of 38%

- 96% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 76% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. They told us that appointments were always available, that staff were respectful but also warm and friendly, that the premises were clean and tidy and that the GPs answered questions and explained treatment options.

Patients we spoke with was satisfied with the care they received. The families and friends test results showed that 97% of patients would recommend the practice.

## Areas for improvement

**Action the service MUST take to improve**

**Action the service SHOULD take to improve**

## Outstanding practice

# Silverdale Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist adviser.

## Background to Silverdale Medical Centre

Silverdale Medical Centre is situated in Thurmaston, a village north west of Leicester. There is a local population of approximately 10,000 which is likely to increase up to 15,000 as new homes are built over the next five years. Thurmaston is an area with moderate levels of social deprivation alongside private housing. The practice has 4,646 patients.

The practice is located in a converted and extended house which has become increasingly unsuitable for modern general practice. The practice is about to undertake extensive building work to improve and expand facilities for patients and staff.

The practice has three GP partners, one female and two male, a practice nurse and a health care assistant who are both female. There is also a practice manager and other support staff.

The practice is open between 8am and 6.30pm Monday to Friday. The latest appointment is at 5.50pm. Extended hours appointments are offered from 7.30am on four days each week. The service closes between 1.00pm and 2.00pm when patients are provided with a number to call for emergencies.

Out of hours services are provided by DHU (Derbyshire Health United).

## 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. 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.

## How we carried out this inspection

For example:

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 13 July 2016. During our visit we:

- Spoke with a range of 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?

# Detailed findings

- 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 the 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events.
- All the staff we spoke with said they felt comfortable about identifying any mistakes they had made and sharing them within the staff team to ensure future learning.
- We reviewed safety records, incident reports, MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed and actions taken. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there was a power cut over a weekend which affected the refrigerator used for storing vaccines. The practice could not tell whether temperatures had affected the safe use of vaccines and they were all replaced. This led the practice to buy a new refrigerator with integral data storage to ensure it had records of temperatures during the times the practice was closed.
- Safety alerts were received by the GP responsible for this who circulated a summary to all clinical staff and which were discussed at clinical meetings. Patients' records were searched to ensure appropriate reviews and safe care.

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. These arrangements reflected relevant legislation and local requirements. 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 who met regularly with the local health visitor to share and discuss any concerns. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- Notices in the waiting area and in treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 and adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse and a GP were the infection control clinical leads and they 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 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines kept patients safe (this included obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of all high risk medicines. The

### Overview of safety systems and processes

## Are services safe?

practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Uncollected prescriptions were reviewed every six weeks and if related to a chronic condition the patient was contacted. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate body and the appropriate checks through the Disclosure and Barring Service.

### 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 a poster was displayed in the administration area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure 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 (COSHH), infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty and staff worked flexibly to cover absences.

### 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 which they responded to.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Copies were kept outside of the surgery and the plan included contact numbers for staff and other services and suppliers.

# 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 which were incorporated into a practice devised template to ensure best practice. This helped ensure that care and treatment that met patients' needs.
- The practice monitored that NICE guidelines were followed through 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 100% of the total number of points available. The practice had low levels of exception reporting with the exception of mental health where they had worked with the community psychiatric nurse to establish which patients would not benefit from reviews, for example a patient living with advanced dementia (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

Performance for diabetes related indicators was better than the national average.

- The practice scored 86% for the QOF indicator relating to blood sugar control management for diabetic patients compared with a national average of 78%.
- The practice scored 79% for the QOF indicator relating to blood pressure management in diabetic patients (national average 78%)

- The percentage of patients with diabetes who had had an influenza immunisation from August 2014 to March 2015 was 97% (national average 94%)
- The percentage of diabetic patients with a record foot examination and was classification within the preceding 12 months was 95% (national average 88%)

Performance for mental health related indicators, for example, related to an agreed care plan documented in the patient record was 95% (national average 88%)

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had audited its patients with simple urinary tract infections to ensure it was following evidence based medicine and reducing the risk of antibiotic resistance.

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, a GP mentored the practice nurse to support her and share knowledge and expertise
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence and an annual audit. Staff who administered vaccines 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

# Are services effective?

## (for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- GPs met on a daily basis and discussed treatment options for patients using their combined knowledge and experience to help ensure best practice.

Staff worked together and with other health and social care professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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 recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant services.
- The practice's uptake for the cervical screening programme was 84% which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 76% of patients had attended for breast cancer screening which was comparable to the CCG average of 78% and the national average of 72%. 56% of patients had attended for bowel cancer screening (CCG 63%, national 58%)
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for vaccinations given to under two year olds ranged from 99% to 100% and five year olds from 96% to 98%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where risk factors or abnormalities were identified.

# 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.

- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 47 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the staff were excellent and caring, and they commented that their questions were answered and explained and that appointments were always available.

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

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

- 82% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87% and the national average of 87%.
- 84 % of patients said the GP was good at giving them enough time compared to the CCG average of 86 % and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.

- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 91% of patients said they found the receptionists at the practice helpful which was comparable with the CCG average of 86% and the national average of 87%

The practice was aware of these results and discussed them as a staff team.

### 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 74 patients as carers (1.7% of the practice list). Once identified and placed on the register, carers were invited for a regular health

check, offered flu vaccinations and given information about how to access support and advice. There was also information available in the waiting area about local support available.

Staff told us that when patients passed away particularly where the practice had provided end of life care, their family was sent a condolence letter on behalf of the practice team when the patient passed away. This would be followed by advice about bereavement support services.

# 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, for example, working with other GP services to enable weekend access to GP services for vulnerable patients.

- The practice offered pre-bookable appointments from 7.30am on four mornings a week to help working patients who could not attend during normal opening hours.
- Pre-bookable telephone consultations were also available.
- There were longer appointments available for patients who needed them including those with a learning disability and dementia. Some patients had alerts on their record to ensure they were given longer appointments.
- Home visits were available for patients who were housebound or were too ill to attend the surgery.
- Same day appointments were available for children and those patients with medical problems who required same day consultation.
- Patients were able to receive travel vaccinations.
- There were disabled facilities, a hearing loop and interpretation services available.
- The practice made extra urgent appointments available in order to see children, patients receiving end of life care, patients with cancer and those identified as having a high risk of hospital admission.

### Access to the service

The practice was open between 8am to 1pm and 2pm to 6.30pm. Appointments were from 8am to 5.50pm daily. Extended hours pre-bookable appointments were offered from 7.30am Monday-Thursday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, same day and urgent appointments were also available for people that needed them.

When the surgery closed at lunchtime patients telephoning the practice were given a number for emergencies which was answered by practice staff on a rota basis.

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

- 79% of patients were satisfied with the practice's opening hours compared to the local average of 78% and national average of 79%.
- 96% of patients said they could get through easily to the practice by phone compared to the local average of 71% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

A GP telephoned the patient or carer to obtain more information to assess whether a visit was appropriate or whether other services such as the paramedic led Acute Visiting Service (AVS) or an ambulance might be more appropriate. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### 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.
- We saw that information was available to help patients understand the complaints system in the practice e leaflet and on the web-site.

We looked at 2 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, and handled with openness and transparency. Explanations and apologies were offered and lessons were learnt from individual concerns and complaints and also from analysis of trends and action was

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

taken to as a result to improve the quality of care. For example, patients with a number of conditions requiring several appointments were give a print-out of their appointments to help avoid confusion.

# 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 vision for the future based on the practice values of providing safe, effective and compassionate care which staff knew and understood.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly updated.

### Governance arrangements

The practice had a 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. Staff were supported in their roles.
- Appropriate policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit 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

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and supportive and interested in hearing staff views..

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about any notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment it gave patients information and an apology if appropriate.

- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so
- 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.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, had carried out patient surveys and discussed with the practice how improvements could be made. They had been consulted about the plans to develop and extend the building.
- 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.

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.

This section is primarily information for the provider

## Enforcement actions

### 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.