

# Greenwood and Sneinton Family 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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## 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	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Greenwood and Sneinton Family Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	20

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Greenwood and Sneinton Family Medical Centre on 10 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. However learning from incidents and significant events was not always shared with all appropriate members of staff in the practice.
- Risks to patients were assessed and well managed
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment on the same day. However, some patients commented that it was not always easy to get an appointment with their named GP.
- 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. However the practice acknowledged that their patient participation group was too small and were trying to rectify this situation.
- The practice demonstrated good medicines management with regards to the storage and handling of vaccinations and emergency medicines. However

# Summary of findings

we found one children's medicine out of date and one other medicine which had not been stored in its original packaging. We also found several single use medical consumables which were out of date.

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

Importantly the provider must

- Ensure that all single use medical consumables and medicines in cupboards are checked regularly to ensure they are in date

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it must make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, lessons learned were not communicated widely enough to support improvement.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example several single use medical consumables were out of date.

Whilst the practice demonstrated good medicine management in relation to their storage and handling of vaccines, we found one medicine for children was out of date and another medicine, which whilst in date was out of its original packaging.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. NICE guidelines were disseminated to clinical staff by email, discussed at clinical meetings and then used routinely in patient care to ensure evidenced based practice.

The practice participated in the national screening programme for bowel cancer. The performance for bowel cancer screening during 2013/14 was recorded at 49% which was below the CCG average of 55%. Staff at the practice undertook a project to improve the numbers of individuals who had bowel screening. This work was presented at a national conference in order to share good practice. The latest data for bowel screening showed that since the research the uptake of bowel cancer screening had increased to 60%

Staff had received training appropriate to their roles. All staff had appraisals and clinical supervision where further training needs were identified.

Good



### Are services caring?

The practice is rated as good for providing caring services. 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. Information was provided in the five different languages widely spoken in the patient population. We also saw that staff treated patients with kindness and respect and

Good



# Summary of findings

maintained confidentiality. The healthcare assistant was very proactive in identifying those who were carers and those patients who were lonely and signposting them to appropriate services where they could find support.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population which had resulted in the implementation of a "drop in clinic" where patients would be guaranteed to see a GP on the same day. We saw evidence through meeting minutes that the practice engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice openly identified their strengths and weakness during these meetings and provided suggestions as to how they may go forward to improve their care. However some patients told us they had difficulty in obtaining an appointment with their named GP. The practice acknowledged this was an issue and we saw evidence that it was trying to make improvements in this area.

Information about how to complain was clearly visible to patients and easy to understand. The practice had a robust system to process complaints in accordance with legislation and local policy. Learning from these complaints was shared with staff throughout the practice.

Good



## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy and all staff in the practice were aware of this and were working towards fulfilling the vision to provide excellence in care and treatment. The practice was merging with another practice a short distance away in order to enhance the quality of services offered to patients within the locality.

There was a clear leadership structure in the practice and staff told us they felt valued and supported.

Staff had access to a number of comprehensive policies and procedures which governed clinical activity. These policies were updated regularly and were evidenced based. The practice also held regular clinical governance meetings in their own practice, with the neighbouring practice with which it was emerging and with the local CCG.

The practice manager had set up a network of other practices in the locality in order to share and promote good practice.

Good



# Summary of findings

Staff proactively sought feedback from patients and had an active patient participation group (PPG) albeit very small. The practice did acknowledge that the PPG was too small and were making an attempt to improve the numbers.

# 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. There was a lead GP responsible for coordinating the care of the elderly who worked with local district nurses, the community matron and social workers to identify those individuals who were most frail and vulnerable and were at risk of hospital admission. As a result of the meetings care plans for this population were produced and tailored to suit individual needs. These care plans were then updated on a monthly basis or sooner should the need arise.

Good



### People with long term conditions

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

The practice had a diverse population and a significantly higher rate of patients with a diagnosis of diabetes. The practice had a proactive nurse prescriber who was responsible for creating personalised care plans for individuals who may need to manage their diabetes during the season of Ramadan when fasting is important for religious beliefs. Patients with long term conditions were offered longer appointments to ensure that their complex needs were managed safely. Other members of the GP and nursing team took the lead for caring for patients with COPD ( chronic diseases of the lungs) asthma, hypertension and heart disease. We saw evidence that these patients were provided with care plans tailored to suit individual circumstances.

Some patients with long term conditions required a medicine to keep their blood thin to prevent clotting. We saw evidence on the computer system that, there was an icon alerting the clinician to ensure regular blood tests were undertaken to ensure that they were monitored closely.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice had a high proportion of families and young people on their patient list. As a result of informal patient feedback the practice had introduced a “drop in clinic” to enable flexibility of appointments. Appointments were also available out of school hours. The premises were suitable for children and young babies.

We saw evidence of meeting minutes from monthly child safeguarding meetings. During these meetings vulnerable families

Good



# Summary of findings

were reviewed frequently to ensure that their needs were anticipated and to enable the practice to provide safe effective care. The computer system had an icon which alerted the clinician and reception team if a child or family had safeguarding issues.

## **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 practice had a high number of patients of working age. The practice had introduced extended hours on one evening a week and had a “drop in clinic” on a daily basis to allow flexibility of appointments for the patients’ convenience.

The practice was proactive in promoting screening, especially for bowel cancer where staff had undertaken a project to successfully increase the uptake of bowel cancer screening from 44% to 60%. This work had been presented at a national conference in order to share good practice. The practice also offered online bookings for appointments and repeat prescriptions. There were plans for the practice to start electronic prescribing. Patients aged between 40-75 were offered NHS health checks and a patient we spoke to on the day told us that staff in the practice were proactive in calling patients in for these health checks.

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 and those with a learning disability. It had carried out annual health checks for people with a learning disability and the practice had achieved 100% in their Quality and Outcome Framework (QOF) in this area. QOF is the annual reward and incentive programme detailing GP practice achievement results. We saw evidence on the practice computer system that individuals who had a learning disability were offered longer appointments. Staff were aware of their roles and responsibilities in recognising signs of abuse in children and vulnerable adults and what action they would take to ensure patient safety. There was documentation in the clinical rooms which also provided clinicians with relevant contact details for agencies and staff who worked both in 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). There was a GP in the practice who was a specialist in mental health. The

Good





# Summary of findings

practice had a proactive health care assistant who took every opportunity to encourage people experiencing poor mental health to attend for their physical health check. Their current QOF data indicated that 80% of patients experiencing poor mental health had received a blood pressure check in the last year.

An icon on the practice computer system identified patients at risk of dementia. Where patients were diagnosed with dementia we saw that they had a care plan in place.

The practice told patients experiencing poor mental health about how to access various support groups and organisations. Staff had been trained as “dementia friends”.

# Summary of findings

## What people who use the service say

We looked at the national GP patient survey results which were published in July 2015. Questionnaires were sent to 400 patients and 100 responses were received. This was a response rate of 25%

The practice was performing broadly in line with local and national averages in the following areas:

- 75 % of patients found it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%
- 84 % of patients found the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%
- 90 % of patients said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%

Areas where the practice did not perform as well were as follows:

- 28 % of patients with a preferred GP usually got to see or speak to that GP compared with a CCG average of 59% and a national average of 60%. The practice was aware of this and was taking steps to improve this situation.

- 74 % of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 92%
- 62 % described their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.
- 42 % of patients felt they didn't normally have to wait too long to be seen compared with a CCG average of 53% and a national average of 58%
- As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were mainly positive about the standard of care received. Patients were very happy with the way they were treated, which was with care, dignity and respect. Most patients were happy with the appointment system however some patients commented that it was a long wait to see their own named GP.

# Greenwood and Sneinton Family Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor a second CQC inspector, a practice manager specialist advisor and an Expert by Experience.

## Background to Greenwood and Sneinton Family Medical Centre

The Greenwood & Sneinton Family Medical Centre has approximately 6600 patients. The practice is located in Sneinton in the city of Nottingham. The area has a diverse patient population.

The practice has six part time GP partners with one new partner due to start in November 2015. There is a nurse practitioner who is a non-medical prescriber and a specialist in diabetes care. There are two practice nurses, two healthcare assistants and three phlebotomists. There are eight reception staff, two secretaries, a practice manager and a deputy practice manager. The practice holds a GMS contract.

The Greenwood & Sneinton Family Medical Centre is a teaching practice, so there are regularly GP Registrars (Qualified doctors who are doing extra training to become GP's) & F2 doctors (2nd year Hospital Doctors) working at the practice

The practice offers appointments from 8.30am to 6.30pm from Monday to Friday. It offers extended hours on a Tuesday evening up to 8.30pm. There is also a drop in clinic where patients can sit and wait to be seen on a daily basis. When the practice is closed the out of hours service is provided by Nottingham Emergency Medical Services.

There is a separate surgery, Sneinton Dale surgery 450m away which holds a PMS contract. The Dale surgery is also a training practice and the two practices have worked together on an informal basis for many years. The two practices currently share a practice manager, practice nurse and reception staff and they are in the process of merging.

## Why we carried out this inspection

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

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

## How we carried out this inspection

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

# Detailed findings

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 October 2015. During our visit we spoke with a range of staff including; practice nurses, a health care assistant, receptionists, administrators, GPs, the practice manager and deputy practice manager. We spoke with 10 patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed 29 comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

The staff we spoke with were aware of their responsibilities to raise concerns. Staff talked us through the reporting process and showed us the recording templates which were used to record significant events. Staff we spoke with told us that prior to September 2015, practice meetings usually took place across different staffing areas, within small groups at the practice. We found that historically, learning from key areas such as complaints and significant events was not shared across all staffing areas at the practice. Two GPs and the practice manager informed us that this was identified as an area for improvement at the practice. The practice had started to make improvements by scheduling a practice meeting in for September 2015. We saw minutes of this meeting where learning was shared with all staff members and an agenda created for a meeting to be scheduled in November 2015.

Safety alerts were received by the practice manager and disseminated to the relevant clinical staff. These alerts were discussed during the practice meetings. We also saw evidence from practice meeting notes that the system to ensure that blood results were being processed in a timely manner had been improved following an incident

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Comprehensive safeguarding policies for adults and children which reflected relevant legislation and local requirements. These policies were available to all staff. Staff were familiar with these policies, they understood their responsibilities and had received training relevant to their role. There was a lead GP for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Notices were displayed in clinical rooms and in the reception area advising patients that a chaperone would be available if required. We saw evidence that some members of the administration team had received chaperone training but they were rarely required to do so as nurses would be more likely to fulfil this role. All staff who acted as chaperones had received a disclosure

and barring check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or vulnerable adults.

- The practice had a comprehensive fire risk assessment and we saw evidence that regular fire drills were carried out. The fire alarm was tested on the day we carried out our inspection. The practice had a health and safety policy and all electrical equipment was tested to ensure it was safe to use. Clinical equipment was calibrated, with the exception of one pair of scales used by the nurses and a blood pressure machine in one of the clinical rooms.
- We saw evidence of a policy relating to the control of substances hazardous to health and legionella. Legionella is the term for a bacterium which is present in water and other systems in the building.
- There was not any system in place for checking that single use medical consumables were in date and fit for purpose. We saw several single use medical consumables including specialist needles used to perform skin biopsies which had expiry dates in 2010, 2011 and 2012. We also saw an instrument used to perform cervical smears with an expiry date in 2014 and one injection needle which was also had a 2013 expiry date. There was a risk that all of these items were available for clinical use. We raised this issue with the nurses at the practice and they assured us that all equipment that was out of date would be removed.
- The practice was visibly tidy. However there was some dust noted on the picture frames in the doctor's clinical room. The practice nurse took the lead for infection control and we saw that she had received appropriate training for her role. There had been an infection control audit carried out. The infection control audit had an action plan attached and we saw evidence that action had been taken where issues were identified. For example, all toilets contained domestic bins with lids and there was liquid soap now available in the disabled toilet. All clinical waste was collected on a fortnightly basis. However, the waste contractors failed to provide adequate waste bags for the practice and this meant that the practice often ran out of space for disposal of waste. The practice manager said they would take action to address this.

## Are services safe?

- The arrangements for the management and storage of vaccinations were safe. We saw evidence that the vaccine fridges were clean, vaccines were stored in their original packaging and were stored appropriately allowing air to circulate around them. Stock was rotated and in date with expiry dates being checked on a regular basis. We observed that the fridge contained two thermometers and both the minimum and maximum temperatures were recorded on a daily basis. The fridges were kept locked at all times.
- Some emergency drugs kept in the treatment room were in date and the expiry dates were checked on a regular basis. However, we found one medicine for children at the back of a locked medicines cupboard which had been dated as being opened in 2014. Having been open for this length of time, the medicine may not be effective and could therefore place children at risk if it was consumed. We also found a packet of painkillers which was still in date but out of its original packing which had been destroyed. This places individuals at the potential risk of harm from being given inappropriate medicines by mistake.
- We saw evidence of several medicine audits to ensure that prescribing was in line with best evidenced based practice. Prescription pads were stored securely.
- The practice had a comprehensive recruitment policy in place. We looked at three staff files and observed that all the relevant documentation including Disclosure and Barring Service checks, references and contracts were in

place. We also saw evidence that both GPs and practice nurses had their registrations checked to ensure that they were appropriately qualified to work in their given roles.

- We saw evidence from staff rotas that there were enough staff on duty to ensure safe day to day running of the practice. The practice was merging with Dale Practice and we saw how the rotas reflected cross working across the two practices to ensure safe day to day running.

### Arrangements to deal with emergencies and major incidents

All staff had received annual basic life support training. The practice had a defibrillator on the premises and this was fit for use with both adult and child pads available which were in date. The practice had oxygen available and the cylinders were full. There was an airway intended to be used for a child in an emergency situation which was dated 1995. Another airway for children was dated 2014. The practice was not able to provide evidence that the emergency equipment was checked on a regular basis although it was checked in an ad hoc manner. All staff we spoke with knew where to access the emergency equipment and reception staff we spoke to knew how to recognise and take appropriate action when a patient was seriously unwell.

The practice had a business continuity plan in place in case of major incidents such as fire, or power failure. There was a copy of this plan on the office computer system and we also saw evidence of a hard copy which included up to date emergency contact numbers for all staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) guidelines. Staff accessed and monitored guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. We also saw practice meeting minutes where changes to NICE guidelines were discussed.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed that the practice had achieved 95% of the total number of points available, with an exception reporting rate of 5.5% (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). This practice was not an outlier for any QOF (or other national) clinical targets.

. Data from 2015/15 showed;

- Performance for indicators for patients with diabetes showed that the practice had achieved 74.4% of all their points which was 4.7 percentage points below the CCG average and 14.8 percentage points below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was 2.6 % above the CCG average and 2.2% above the National average.
- Performance related indicators for patients with learning disabilities showed that the practice had achieved 100% of all its points which was the same as the CCG average and 0.2% above the national average.

The lead GP for diabetes told us they were looking to improve their performance by working closely with diabetes specialist nurses to encourage their patients with a diagnosis of diabetes to attend for their reviews.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes.

We looked at two audits and found that these were completed audit cycles that demonstrated where improvements were implemented and monitored. For example, we saw an audit in relation to blood thinning medication. The aim of the audit was to assess patients receiving a specific type of medication and to ensure that prescribing was safe and in line with national guidance. The repeated audit highlighted improvements were made due to appropriate prescribing adjustments and patient medication reviews.

### Effective staffing

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

- We saw that the practice had an induction programme for clinical staff including locum GPs and for non-clinical members of staff. This included topics such as infection control, safeguarding and confidentiality.
- Conversations with staff and observations of the practice training matrix confirmed that all staff were receiving training which was appropriate for their learning needs. The Nurse Practitioner told us how they she kept up to date with regular attendance at CCG prescribing forums and how this information was used to ensure that they were practicing safely. All staff had received an appraisal within the last 12 months where their learning and development needs had been identified. All the GPs and nurses were receiving the support they required in order for their revalidation process.

### Coordinating patient care and information sharing

The practice had a safe system in place for ensuring that notes received from out of hours services, blood results and results from investigations were dealt with immediately on receipt and a task was sent to the appropriate clinicians by the practice computer system.

### Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were

# Are services effective?

(for example, treatment is effective)

also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

The nurse practitioner was able to provide an example of how she would use the Mental Capacity Act 2005 to assess a patient in her care with dementia who required a physical examination.

## Health promotion and prevention

We observed that NHS patient information leaflets were available in the reception area in five different languages which reflected the demographics of the local area.

We saw evidence that individuals could self refer to the last orders service which gave assistance to patients who wished to reduce or stop their alcohol consumption.. The practice also offered an in house advice service to help patients who wished to stop smoking.

The practice's uptake for the cervical screening programme was 68.6% which was below with the CCG average of 74.6% and the national average of 74.3%. We observed that there was a policy to offer telephone reminders for patients who did not attend for their cervical screening test which was followed through by invitation by letter.

The practice identified that its bowel cancer screening programme had a poor uptake. This was recorded as 49% in the year 2013/2014 which was below the CCG average of 55%. We saw evidence that the practice had taken a pro-active approach to contact each patient eligible for screening to explore the reasons for non-attendance. This resulted in an increased uptake of screening to 60%. We saw evidence that a poster demonstrating how this work had been carried out in the form of a research study was presented at a National Conference to encourage the sharing of good practice.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 94% and five year olds from 95% to 97%. Flu vaccination rates for the over 65s were 65%. This was slightly below the CCG average of 73.24%. The practice held a flu clinic on a Saturday to encourage people to attend.

New patients were able to register online or at the practice. These new patients were then invited to a new patient health check which was undertaken by the healthcare assistant. The practice also carried out NHS health checks for patients aged 40-75 years of age.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We saw that all staff were courteous and helpful to patients over the phone and in person. We saw that both the GPs and nurses always called their patients into the consulting rooms in a friendly and professional way. We observed that doors were closed during consultations and curtains were provided in consulting rooms to maintain patients' dignity, privacy and respect. The reception team were able to recognise when a patient was distressed or had a sensitive issue to discuss. We were advised that the receptionist would then offer the patient the use of a separate room to facilitate confidential discussion.

We reviewed 29 comment cards and 23 of those were wholly positive. Six people told us how difficult it was for them to make an appointment to see their own named GP. Patients told us that they felt cared for and listened to. Patients also commented that all staff, but especially the reception team, were very supportive, friendly and caring.

Results from the national GP patient survey published in July 2015 showed:-

- 93% of patients had confidence or trust in the last GP they saw or spoke to compared to 93% CCG average and 95% national average.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%

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

The ten patients we spoke to on the day told us that overall they felt involved in decisions regarding the care and treatment they received. Feedback from the comment cards also gave the same positive feedback.

The results from the national GP patient survey published in July 2015 showed

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 85%

- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%
- 91% of patients said that the last nurse they saw or spoke to was good at explaining test results and treatments compared to CCG average of 91% and national average of 90%

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. These included, services for an alcohol support group, smoking cessation, bowel and breast screening.

The practice had an icon system on the computer system to alert clinicians that the patient they were consulting with was a carer. We also saw evidence of a carers' register on the shared drive in the practice.

Staff told us that if a patient experienced a bereavement they were contacted by the practice in order to provide the support and care tailored to suit individual family needs.

The national patient survey results showed the practice performed slightly below CCG and national averages in the following areas;

- 79 % of patients said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%
- 80% of patients said the GP gave them enough time compared to the CCG average of 85% and national average of 87%
- 81 % of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice offered flexibility in regard to access which was reflective of their patient population:

- The practice offered extended opening hours on a Tuesday evening up until 8.30pm.
- There were longer appointments available for people with a learning disability and for those with complex long term conditions. We saw evidence of this on the practice computer system.
- Home visits were available for patients registered with the practice who were too ill to attend the practice in person.
- The practice was designed to facilitate access for disabled patients.

We spoke with one member of the patient participation group (PPG) during our inspection. They told us that they had been a patient with the practice for 18 years and were very satisfied with the care provided. They told us that they could always guarantee to be seen on the day if it was an emergency which was appreciated.

This practice had a diverse patient population and a large percentage of their patients did not have English as their first language. Staff told us that translation services were available if required. We also saw that patients who did not have English as their first language were flagged on the practice computer system. The appointment sign in system had five different language options which was representative of the patient population.

The practice had a hearing loop system installed. We saw that this was working effectively and it was portable which enabled the service to be used in consultation rooms.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 6.30pm daily. Extended hours surgeries were offered at the surgery on Tuesday evenings up until 8.30pm. Appointments could be booked both by telephone and in

person up to four weeks in advance. There was also an online booking service where patients could book 3-4 days in advance. Urgent appointments were also available at the drop in clinic for any patient who needed to be seen on the same day. Results from the national GP patient survey showed the practice was performing below local and national averages in respect of access to the service. For example:

- 62% of patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%
- 44% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 73%.

The practice was performing in line with local and national averages in some areas:

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%
- 75% of patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%

The practice had sought patient feedback about access and acknowledged it needed to improve access to patients' named GP.

### Listening and learning from concerns and complaints

The practice had a robust complaints policy and patients were made aware of this in the practice leaflet, online and in the reception area. We reviewed twelve complaints received at the practice within the last twelve months. All complaints were dealt with immediately and followed the practice policy. For example, a patient had made multiple complaints with regards to accessing the service for medicines. We saw that the complaint had been fully investigated and the patient had been invited to discuss their concerns with one of the GP partners in a timely manner. After this consultation we saw that reception staff had been made aware that they should be mindful of patients' individual circumstances.

# 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 patient care and promote good outcomes for patients. The practice was in the process of merging with Dale Practice which was a short distance away. We saw the floor plans for the planned expansion of the current premises in order to meet patient demands as reflected in the NHS five year forward plan. We also saw that the patients had received a newsletter about the merger, outlining the reasons behind it and patient benefits. The practice had a mission statement and all staff we spoke to were aware of this and told us they felt involved in the day to day running of their service. We also saw evidence of meeting minutes from where the practice met with the local CCG as part of a practice review programme in August 2015. The meeting minutes clearly identified where the practice had identified its strengths and weakness and ways in which things could be improved.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- The GPs were all supported to address their professional development needs for revalidation. Staff were supported through appraisals and continued professional development. The GPs had learnt from incidents and complaints.
- There were policies and procedures for every aspect of practice business. These included both clinical and administrative areas. Staff we spoke with had a clear working knowledge of them.
- The management team had a comprehensive understanding of the performance of the practice.
- The practice had regular governance meetings and also met on a regular basis with the one GP partner from the neighbouring practice who was merging with the team.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- The practice had completed reviews of incidents, compliments and complaints. Records showed that regular clinical and non-clinical meetings were carried out as part of their quality improvement process to improve the service and patient care. There was a programme of regular internal audits, including health and safety, fire risk assessments and building risk assessments.
- There was evidence of a continuous audit cycle and internal audit which was being used to monitor the quality and make improvements

### Leadership, openness and transparency

We spoke with six staff members. Staff told us that the partners were always visible, approachable and always took time to listen to all members of staff. Staff also told us that they felt they were valued and supported and that they could raise any concerns or issues at team meetings.

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

The practice had actively encouraged and valued feedback from their patients on an informal basis. This was evident in the changes to the appointment system where the drop in clinic had been introduced. The practice had a patient participation group (PPG) however this only had five members and there had been issues with patients engaging with the practice. The practice manager told us that they organised regular PPG meetings but on the day of the meeting often only one member of the PPG would attend. The GP and the practice manager also explained that it had been hard to recruit PPG members as the practice had a very multicultural patient group with a large number for whom English was not their first language. Both the practice manager and the GPs acknowledged that the current PPG was too small and they were actively trying to recruit new members. We saw evidence of a leaflet in the reception area and a poster which had been put there to encourage patients to join the PPG

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <b>12(2)(e) f and g</b> ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and used in a safe way  The practice was in breach of this regulation as some medicines and single use medical consumables were not in date.