

# Selborne Road 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Selborne Road Medical Centre on 17 February 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients told us 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 told us 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 good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management. The practice proactively sought feedback from staff and patients, which it acted upon.
- The registered provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Annual infection control audits should be completed.
- Regular fire alarm servicing should be undertaken.
- All relevant staff and in particular those undertaking chaperoning duties should have current DBS checks in place.

# Summary of findings

- The cleaning schedule should include further detail in order to clearly monitor completed tasks.
- A risk assessment should be in place for Legionella testing.
- A risk assessment should be in place as there is no defibrillator on the premises.

**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.

Requires improvement



- Although risks to patients who used services were generally well managed, some of the systems and processes to address these risks were not implemented to ensure patients were kept safe. For example, the fire alarm service was overdue ; administrative staff were carrying out chaperoning duties without current DBS checks; a clinical member of staff did not have a current DBS check; the cleaning schedule should include further detail in order to clearly monitor completed tasks; there was no risk assessment in place for Legionella; there was no defibrillator on the premises and no risk assessment for this; the infection control audit was overdue.
- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- When there was unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We observed staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## 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 Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice is visited each week by the community pharmacist team to regulate and monitor its prescribing.
- Patients told us 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 good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed 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 vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular clinical meetings.
- There was an overarching 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

Good



# Summary of findings

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

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement.

# 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 provides care to a local nursing home and carries out a ward round each week.

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.
- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification within the preceding 12 months was 85% (national average 88%).
- Longer appointments and home visits were available when required.
- All the patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident & Emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- The percentage of patients on the asthma register, who had an asthma review in the the preceding 12 months that includes an assessment of asthma control was 86% and higher than the national average of 75%.
- It was reported to us that children and young people were treated in an age-appropriate way and were recognised as individuals; we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was 96% and higher than the national average of 81%.
- 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.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- 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 living with dementia).

- 95% of patients diagnosed as living with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their records in the preceding 12 months was 100% and higher than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had discussions with patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing above local and national averages. 259 survey forms were distributed and 116 were returned. This represented 44% of patients that provided a response and 4% of the practice population. T

- 90% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 92% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 84%).

- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards which were all positive about the standard of care received.

We spoke with two patients during the inspection who said they were happy with the care they received and thought staff were approachable, committed and caring. 83% of patients would recommend this surgery.

## Areas for improvement

## Outstanding practice

# Selborne Road 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 adviser and a practice manager specialist adviser.

## Background to Selborne Road Medical Centre

Selborne Road Medical Centre is situated within a converted house in Sheffield which is an area of low deprivation. The practice provides a range of primary medical services including minor surgery and is responsible for a local care home. There is no car parking facilities but easy parking is available on the roadside. There are good transport links to the city centre. The practice has a list size of 2,900 patients.

The practice has one GP principal partner (male); one GP partner (female) and a salaried GP (female). The practice offers 30 GP sessions each day apart from Thursdays as the surgery is closed during the afternoon. There is a practice manager (female); one practice nurse (female); a health care assistant (female) and six administrative/reception staff.

The practice is open between 8.30am and 6pm on Monday, Tuesday, Wednesday and Fridays and 8.30 until 1pm on Thursdays. Appointments are from 8.30am to 11am every morning and 3pm to 6pm each day apart from Thursdays.

Extended surgery hours were offered in the evenings but this service is no longer in place due to low patient demand. NHS 111 Out of Hours services are in place when the practice is closed.

## 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

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 17 February 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurse, health care assistant, practice manager, administrative and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for.

# Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of any significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared at the weekly clinical meeting and then disseminated to all staff to make sure action was taken to improve safety in the practice.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- A notice in the waiting room and in each consulting room advised patients that chaperones were available if required. All staff who acted as chaperones had received on line training for the role but had not received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or

adults who may be vulnerable). We also found that one member of clinical staff did not have a current DBS check. We pointed this out on the day of inspection and the practice said they would address this issue.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy however the the cleaning schedule should include further detail in order to clearly monitor completed tasks.
- The practice nurse was the infection control clinical lead and had liaised with the local infection prevention teams. There was an infection control protocol in place. An infection control audit had been undertaken in 2014 and we saw evidence action had been taken to address any improvements identified as a result. The next infection control audit was overdue for completion.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable the Health Care Assistant to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed two personnel files and found that some recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. However, appropriate checks had not been carried out through the Disclosure and Barring Service. This related to all the reception staff (who acted as chaperones) and one member of clinical staff.
- 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.

### Monitoring risks to patients

Most risks to patients were assessed and well managed.

## Are services safe?

- There were procedures in place for monitoring and managing most risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills however the fire alarm was due to be serviced in July 2015 and was now overdue.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- There was no risk assessment for Legionella but we did see evidence of regular flushing of the taps (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 mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any in house emergency.
- All staff received annual basic life support training and there was emergency medicines available in the treatment room.
- The practice did not have a defibrillator and no risk assessment had been put in place to address this. There was medical emergency oxygen with adult and children's masks, a first aid kit and accident book were also available.
- Emergency medicines were easily accessible to staff and stored in a secure area of the practice. All staff knew of their location and all the medicines we checked were in date and fit for use.

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

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

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

# 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 with evidence based practice. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92% of the total number of points available, with 17% exception reporting. We noted that the exception reporting rate was high and this was discussed with a GP partner and an action plan to address this issue will be provided. (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 2015 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 85% (national average 88%).
- The percentage of patients with hypertension having regular blood pressure tests was 87% and similar to the national average of 83%.
- Performance for mental health related indicators was better than the national average. For example the

percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have an agreed care plan documented in the record in the preceding 12 months was 100% (national average 88%).

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements raised were implemented and monitored.
- Audit findings were used by the practice to improve services. For example, a review of anti-hypertensive prescribing for diabetic patients was undertaken to improve outcomes for patients with diabetes.
- Information about patients' outcomes was used to make improvements. For example, the standard of care for minor surgery was reviewed to consider: written consent, complication rate, whether the lesion was sent for histology and the nature of lesion to improve the service for patients.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed current with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

# Are services effective?

## (for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, online training, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and 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.

- These included patients in the last 12 months of their lives, travelling families, those at risk of developing a long-term condition and those requiring advice on smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A counsellor was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 96%, which is higher than the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 95% and five year olds from 91% to 100%.

Flu vaccination rates for at over 65 years and risk groups is 96% which is comparable to CCG and national averages.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could take them a private area to discuss their needs.

All of the 49 Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They 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 in line or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 89% and national average of 88%.
- 90% said the GP gave them enough time (CCG average 87%, national average 86%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).

- 98% said they found the receptionists at the practice helpful (CCG average 85%, national average 86%).

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

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

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

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 82% , national average 81%).
- 77% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84% , national average 84%).

Staff told us translation services were available for patients who did not have English as a first language.

### 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team to develop and secure improvements to services where these were identified. For example the principal partner works with NHS England in the development of 'Out of Hours' pathways across the locality.

- The practice had offered extended hours for working patients who could not attend during normal opening hours, however this had been discontinued due to lack of patient demand.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients unable to access the services and would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

### Access to the service

The practice is open between 8.30am and 6pm on Monday, Tuesday, Wednesday and Fridays and 8.30 until 1pm on Thursdays. Appointments are from 8.30am to 11am every morning and 3pm to 6pm each day apart from Thursdays when the surgery closes at 1pm. Extended surgery hours were offered in the evenings but this service is no longer in place due to low patient demand. 111 Out of Hours services are in place if the practice is closed. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 74%.
- 90% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 89% patients said they always or almost always see or speak to the GP they prefer (national average 76%).

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

### 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw information was available to help patients understand the complaints system in the waiting room, on the practice website and on the practice leaflet.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way using openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the telephone system was adjusted due to a patient complaint regarding telephone access.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

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

### Leadership and culture

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

The registered 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 reporting of notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings which included a weekly clinical meeting.
- Staff told us there was an open culture within the practice.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to 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. There was an active PPG which met regularly either face to face or through email correspondence. The PPG had carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improved on line services had been developed and evening surgeries had been introduced.

- The practice had gathered feedback from staff through appraisals and discussion. We were told more general staff meetings would be held in the future to improve communication. However, staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the principal partner is a member of the local Clinical Commissioning Group.

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

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

- Appropriate checks had not been carried out through the Disclosure and Barring Service. This related to all the reception staff who acted as chaperones and one member of clinical staff.

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

- There was no risk assessment in place for Legionella testing.