

Rosemary Street Health Centre

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rosemary Street Health Centre on 14 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment on the day although if they requested a particular GP there would be a wait for an appointment of up to three weeks.
- Care home staff said that they found it difficult to get through on the telephone and that staff were sometimes busy to answer their queries.
- Patients were positive about the care and treatment received. The practice was rated in line with national and local averages in almost all the national survey questions.
- The practice facilities were well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice sought feedback from patients and the patient participation group were active.
- Blank prescription forms and pads were securely stored but there were no systems in place to monitor their use, however this was rectified at the inspection and the practice then produced a policy and procedure the day after the inspection.

Summary of findings

- References, qualifications and registration with the appropriate professional body had been completed however the appropriate checks through the Disclosure and Barring Service had not been completed for all administration staff. On the day of the inspection there were no risk assessments in place, however these were produced the following day.
- Risks to patients were assessed however risk assessments were overdue for review at the time of the inspection.

The areas where the provider should make improvements are:

- Make sure that the recruitment process includes risk assessments in relation to DBS checks.
- Ensure that risk assessments at the practice are reviewed regularly.

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, truthful 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.
- Not all the appropriate recruitment checks had been undertaken, DBS checks had not taken place for administrative staff. Risk assessments were completed the day after the inspection for those staff that did not have one due to their role.

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 mainly at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with 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 rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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.
- Patients said they found it easy to make an appointment on the day if urgent however they did not always see the GP they preferred.
- Patients said that if they wanted an appointment with their GP of choice that there was a wait of sometimes up to three weeks. However they were offered appointments with another GP or a nurse practitioner.
- 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 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 meetings.
- 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.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care, however the risk assessments that were completed by the practice had not been reviewed for 2016 although they were due in February 2016.

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.
- Influenza, pneumococcal and shingles vaccinations were offered (where necessary) in accordance with national guidance.
- Monthly multi-disciplinary care meetings were held to avoid hospital admission and ensure integrated care for older people with complex health care needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 95% which was better than the CCG average of 82% and the national average of 90%.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

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

Good



Summary of findings

- 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.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 85% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with midwives and health visitors who were invited to the weekly clinical meetings.

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.
- The practice had appointments to up to 7.30pm midweek and opened on alternate Saturday mornings from 9am til 2pm.

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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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 various support groups and voluntary organisations.
- The practice worked with other agencies in looking at ways to support those patients that suffered from domestic abuse.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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).

- 84 % of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is in line with the national average of 84%.
- 69% of patients with mental or physical health conditions had a comprehensive care plan documented in the record, in the preceding 12 months, compared to the national average of 88%. The practice had identified all mental health patients registered so that they could organise reviews and correct any coding errors if applicable.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Patients experiencing poor mental health could access a range of information on support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published January 2016. The results showed the practice was performing above local and national averages. 277 survey forms were distributed and 101 were returned. This represented 0.7% of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% 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%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 14 comment cards which were all positive about the standard of care received. There was one negative comment that said the GP seemed disinterested, however the other comments said how they were listened to.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were helpful, polite and caring. Although two patients said that they felt they should have been referred sooner than they had been they were still happy with the care provided as a whole.

We spoke with staff at care homes in the area that have residents that are patients at the practice. Staff said that the care was in line with other practices in the area although they found it difficult to get through on the telephone and although they had been given an emergency phone number to use they did not like to use this as it said it was an emergency number.

Areas for improvement

Action the service SHOULD take to improve

- Make sure that the recruitment process includes risk assessments in relation to DBS checks.
- Ensure that risk assessments at the practice are reviewed regularly.

Rosemary Street Health 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 second CQC inspector, a GP specialist adviser and a practice nurse specialist adviser.

Background to Rosemary Street Health Centre

Rosemary Street Health Centre is situated on one of the main roads on the outskirts of Mansfield Town Centre close to many comprehensive and Junior schools and a large supermarket. The practice has a branch site at Oak Tree Lane Surgery which is situated to the southeast of Mansfield town centre. Full Services are provided at both sites and all patients, staff and partners attend both sites.

Rosemary Street Health Centre is one of the practices within Mansfield and Ashfield Clinical Commissioning Group and provides general medical services to approximately 14200 registered patients.

The practice is equipped for patients that are disabled or have limited mobility and has good public transport links.

All services are provided from:

Rosemary Street Health Centre, Rosemary Street,
Mansfield, Nottinghamshire, NG19 6AB and

Oak Tree Lane Surgery, Jubilee Way South, Mansfield, NG18 3SF.

The branch was not visited on the day of the inspection.

- The practice comprises of three GP Partners (male) and two salaried GPs.
- The nursing team consists of two advanced nurse practitioners (ANP's), three nurse practitioners (NP's), two practice nurses and four health care assistants (HCA's).
- This practice provides training for doctors who wish to become GPs and at the time of the inspection had two doctors undertaking training at the practice. (Teaching practices take medical students and training practices have GP trainees and F2 doctors).
- A practice manager and a team of 18 reception and administrative staff undertake the day to day management and running of the practice.
- The practice is in the third most deprived decile meaning that it has a higher proportion of people living there who are classed as deprived than most areas
- The practice has core opening hours from 8am every weekday and closes at 7.15pm other than Tuesday 7.30pm and Friday 7pm. The practice also offer extended hours alternate Saturdays 9am til 2pm for bookable appointments.
- There are appointments that can be booked on the day or in advance with GPs or a member of the nursing team.
- The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on the practice door and over the telephone when the surgery is closed.

Detailed findings

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

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 14 July 2016. During our visit we:

- Spoke with a range of staff (GP's, practice management, administration staff, nursing staff and HCA's).
- Observed how patients were being cared for.
- 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.'
- Spoke with staff from care homes that the practice worked with.

- Spoke with a member of the Patient Participation Group (PPG).

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would complete the incident form and inform the practice manager.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were reported to the CCG.
- The practice were aware 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).
- The practice carried out a thorough analysis of the significant events and had an annual meeting to discuss, review and monitor these.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, training courses booked and changes to processes for staff to follow.

Overview of safety systems and processes

The practice had some 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 GP for safeguarding and the staff were aware of who this was. 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. Staff had received relevant training on safeguarding children and vulnerable adults as well as domestic violence training with GP's trained to level three children safeguarding.

- Notices in the treatment rooms advised patients that chaperones were available if required. However reception staff who had been trained to act as chaperones had not received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The cleaning was completed by cleaners employed by the practice and we saw completed check sheets completed. The infection control audit had been completed by the CCG. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored but there were no systems in place to monitor their use. We spoke to the practice and the staff had implemented procedures to track and monitor prescriptions by the end of the inspection. 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.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found that appropriate recruitment checks had not been undertaken prior to employment. References, qualifications and registration with the appropriate professional body had been completed. However the appropriate checks through the Disclosure and Barring Service had only been completed for the clinical staff.

Are services safe?

Reception and administrative staff had not had a DBS check completed. There were no risk assessments in place in relation to this. These were completed and forwarded the day after the inspection.

Monitoring risks to patients

Risks to patients were assessed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had various risk assessments, including fire and health and safety however these were due for review in February 2016. We spoke with the practice manager who said this would be rectified the week after the inspection and also added these to a planner in their office to ensure this was actioned each year. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However we saw a nebuliser that had not been part of the checks, this was booked on the day to be completed the following day. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available on the resuscitation trolley.
- The emergency equipment had large labels on the wall behind where they were stored, this meant that should one item be removed it was clear to everyone that it was missing.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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 this contained staff and other agencies contact details. The practice had in May 2016 tested their arrangements by using two scenarios and had documented what had gone well and what had not. This identified that whilst the practice had dealt with the situations and acted accordingly; the business continuity plan had not been accessed or mentioned throughout the scenario.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. Exception reporting for the practice was in line with national and CCG average however there were areas that it was higher, for example mental health. The GP could not explain the reason for this however on the day of the inspection the practice identified all mental health patients registered so that they could organise reviews and correct any coding errors if applicable. (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 2014/15 showed:

- Performance for diabetes related indicators was 95% which was better than the CCG average of 82% and the national average of 90%.
- Performance for mental health related indicators was 74% which was worse than the CCG average of 91% and the national average of 93%.

- Performance for chronic kidney disease indicators was 100% which was better than the CCG average of 94% and the national average of 95%.
- The practice had a low level of anti biotic and hypnotic prescribing compared to national and CCG averages. For example the average daily quantity of hypnotics prescribed was 0.08% for the practice which was low compared with the CCG average 0.28% and national average of 0.26%.

There was evidence of quality improvement including clinical audit.

- During the inspection we looked at seven clinical audits completed in the last two years, two of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Audits were documented with criteria, standards and collection of data, actions taken and discussion of results.
- Audits had been completed following MHRA alerts such as the use of Fentanyl patches and patients had been given correct guidance and advice.

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 had induction programmes specific to role, administrative, trainee GPs and Locum GP's.
- 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, 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, infection control, basic life support and information governance. Staff had access to and made use 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.

- 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.

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 such as health visitors, district nurses and palliative nurses monthly 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.
- Written consent forms were available in other languages, such as Polish and Slovak.

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.
- The practice had recently identified a staff member who had undertaken training to be a carers champion. This would enable patients identified as a carer to have a staff member they could go to for advice, signposting and support.
- The practice had bi-annual information days at the practice. This was so that patients could come in on an informal basis and discuss extra support. The practice was supported by attendance from agencies such as Macmillan cancer care, Stroke association and smoking cessation.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 85% 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe 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.

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 92% to 98% and five year olds from 87% to 99%.

Are services effective? (for example, treatment is effective)

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. 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 very helpful to patients and treated them with dignity and respect.

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

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Although one comment whilst been positive about the service mentioned that the GP had seemed disinterested. We spoke with seven patients on the day who were generally happy with the service however some mentioned that they did not always get an appointment with the GP they preferred.

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 in line with or above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% 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 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and the national average of 95%
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and were able to ask questions and had 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 mainly positive and aligned with these views. We also saw that care plans were personalised.

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Are services caring?

- Information leaflets were available in easy read format.
- The practice were translating leaflets and forms into other languages, we saw that the patient registration form was available in Slovak, Polish, Latvian and Romanian.

Patient and carer support to cope emotionally with care and treatment

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 234 patients as

carers (1.67% of the practice list). The practice had a member of staff that was identified as a carers champion. This staff member had attended specific training in May 2016 and was in the process of gathering information on services in the area so that patients that were carers could be directed to the right place. Carers would be offered flu vaccinations and staff would be aware of the carers responsibilities when making a suitable appointment for them. Carers were identified from new patient checks and also opportunistically. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support or the nursing team would visit if they had been looking after the patient.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments 8am to 7pm Monday, Wednesday and Thursday, Tuesday 7.30pm and Friday 7.15pm
- The practice provided further extended hours alternate Saturdays from 9am to 2pm at Rosemary Street.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for patients with medical problems that require same day consultation.
- The practice offered on-line services for patients which included ordering repeat prescriptions and booking appointments.
- There were disabled facilities, a hearing loop and translation services available.
- There were telephone consultations available for those patients who required them.
- The practice offered smoking cessation.
- The practice held multi-disciplinary meetings to discuss and review the needs of its patients.
- Family planning services were offered including contraception such as intrauterine devices.
- The practice had business cases in development to offer and improve services provided in the practice for their patients.
- Care home staff we spoke with said that they were given an emergency telephone number to enable more efficient contact however some said that they did not like to use this number as it was an emergency line.

Access to the service

The practice was open from 8am every weekday and closed at 7.15pm other than Tuesday 7.30pm and Friday

7pm. The practice also offered extended hours on alternate Saturdays 9am til 2pm for bookable appointments. 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.

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 74% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed one, although it may not be with the GP they preferred.

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 looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. We saw evidence that all complaints were investigated and responded to in writing, apologies were given where necessary. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. Actions and lessons learned from complaints were discussed in practice meetings and included changes to processes and templates to prevent reoccurrence.

The practice had templates to use for complaint investigations which covered lessons learned and actions taken and also a template to send following a complaint been resolved. These were not always used in practice.

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 staff knew and understood the values.
- The practice were looking to the future and were in the process of accessing funding to create a training centre and looking to renovate the branch surgery.
- As the practice was a training practice they had successfully recruited salaried GPs.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- 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.
- Arrangements for identifying, recording and managing risks could have been more robust. Risk assessments had not been reviewed annually although they were following the inspection and the practice had identified issues and implemented 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 and manager were approachable and always took the time to listen to all members of staff.

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). 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::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings.
- The practice had weekly clinical meetings.
- Training GPs were supported by the partners and were briefed and debriefed each day.
- 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. All staff were involved in discussions about how to run and develop the practice, and the partners and practice manager 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 NHS friends and family test.
- The patient participation group (PPG) was active and worked to improve the services with the practice. They PPG were involved with fundraising and had purchased equipment for the practice such as, chairs in the upstairs corridor for patients.
- The PPG looked at incidents and complaints at the PPG meeting to see if they could offer suggestions for improvement.

Are services well-led?

Good 

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

- The PPG put together newsletters for the patients and previous issues had included a day in the life of a GP and a day in the life of receptionist to raise awareness of why patients may not always see the GP they prefer and also why the reception staff may ask questions when you telephone for an appointment.
- The practice and PPG held patient information days at the practice and had held two so far. These were for patients to attend to get support from various groups that were there, such as Macmillan cancer care, the Stroke association and smoking cessation.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

management. Staff told us that the air conditioning in the upstairs waiting area was following a suggestion by staff. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice had business cases for various improvements to the services that they provided, such as extension to the practice to provide a training room, improvement to the branch surgery, a pilot scheme for sharing of information with local care homes.