

Old Station Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	10
Background to Old Station Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	21

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Old Station Surgery on 6 October 2015. GP services are provided from the main surgery and two branch surgeries at Kirk Hallam and Cotmanhay. Overall the practice is rated as good.

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

- The practice had arrangements in place to deal with information about safety. Staff were aware of their responsibilities to report incidents and concerns and knew how to do this. Information about safety was documented and monitored. The practice had systems in place to share learning from significant events and incidents.
- Risks to patients and staff were generally well managed through ongoing checks but comprehensive risk assessments had not been completed in all areas.

- Data showed patient outcomes were in line with other practices in the locality. The practice had an ongoing programme of clinical audit which was used to drive improvement in performance and improve patient outcomes.
- Feedback from patients was positive about the practice. Patients told us they were treated with dignity and respect and supported to make decisions about their care and treatment.
- Information about how to complain was accessible and easy to understand. Information on changes made as a result of patient feedback to the patient participation group (PPG) was shared with patients on a noticeboard in the waiting area.
- Urgent appointments were usually available on the day they were requested and patients could access appointments at the main surgery or either of the two branch surgeries.
- The practice had a range of policies and procedures to govern activity and held regular meetings

The areas where the provider must make improvements are:

Summary of findings

- Ensure all risks to patients and staff are robustly assessed and monitored including legionella.

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.

Staff were aware of, and fulfilled, their responsibilities to raise concerns and to report incidents and near misses. The practice ensured that learning was documented and shared widely. The practice had a comprehensive business continuity plan in place and staff were aware of arrangements to deal with emergencies.

The practice needed to make improvements to its systems for managing risks to patients and staff. The practice had identified areas of risk and had completed risk assessments in relation to these areas. However, the practice had not completed a robust risk assessment in respect of legionella.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Information we reviewed showed that outcomes for patients were in line with the locality. Staff had access to local and national guidelines and used these routinely to plan and deliver patient care.

Staff had received relevant role specific training and further training was planned as required. Staff received annual appraisals.

We saw evidence of effective multidisciplinary working with external organisations. For example, practice meetings had a different focus each week including gold standards and pharmacy. Feedback from the attached pharmacist was positive regarding the practice and their level of engagement.

We saw evidence that the practice was using clinical audit to drive improvements. For example the practice had undertaken an audit which demonstrated improvements they had made to monitoring patients with epilepsy.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. For example:

- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.

Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

The practice provided a wide range of information about services which was easy to understand and accessible. We observed that staff treated patients with kindness and respect.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. We saw that the practice had reviewed the needs of its population and delivered services to meet these needs.

The practice had recognised the need to improve premises at one of its branch surgeries and had embarked on a rebuild close to the current site.

A contract was held with the local hospital to provide medical care for beds on a rehabilitation ward. Visits were undertaken by two GPs twice per week.

The practice acted on suggestions for improvements in response to feedback gathered by the patient participation group (PPG). For example the PPG has suggested improvements to the chairs in the waiting area which the practice had acted upon.

Patients told us it was generally easy to get an appointment with a GP of choice; there was continuity of care and urgent appointments available on the same day. Patients could access appointments at any of the three branches of the practice.

Good



Are services well-led?

The practice is rated as good for being well-led. It has recently developed a new vision in conjunction with their staff having invited them to enter a competition to share their future vision for the practice.

There was a clear leadership structure with clinical staff and management having lead roles in specific area. Staff felt supported by management and partners.

The practice had policies and procedures in place to govern activity and these were easily accessible.

Staff had received inductions, regular performance reviews and attended staff meetings and events. Staff were encouraged to make suggestions for improvements within the practice, including how the practice could deliver improved patient care.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. All patients over 75 had a named GP who had responsibility for their health care. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

The practice ensured that it offered flexible care to meet the needs of older people. For example each GP session had an extended slot of 20 minutes set aside for people over 75 or for those with a care plan. In addition patients with a care plan had access to a dedicated telephone number on which to contact the surgery.

Weekly routine visits were undertaken to local care homes to assess non urgent issues. Home visits were undertaken for elderly patient where required.

Influenza vaccination rates for patients over 65 were above the national average. The practice had achieved 82.4% compared with the national average of 73.2%.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. There were dedicated medical and nursing staff who had lead roles in each chronic disease. Data showed that 92.8% of patients with diabetes had received a foot examination in the last 12 months which was above the CCG average of 84.1% and the national average of 81.5%.

Patients with long term conditions who were housebound or resident in care settings were seen at home for care reviews and longer appointments were available when needed.

Appropriate patients had care plans in place and for those with the most complex needs, GPs worked with relevant health and care professionals to deliver multidisciplinary 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 at risk, for example, children and young people who had a high number of A&E attendances. The practice held regular meetings to review safeguarding issues and children identified as being at risk.

Appointments were available outside of school hour, both before and after school and on Saturday mornings. We saw that premises were suitable for children and babies.

Good



Summary of findings

Immunisation rates were relatively high for all standard childhood immunisations and in line with rates across the CCG. The practice had mechanisms in place to follow up on children who did not attend for immunisations.

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 this population group had been identified and services were planned to meet these needs. For example, the practice offered pre-bookable appointments on Saturday mornings to meet the needs of working patients.

The practice offered a range of services including prescriptions and appointment booking. In addition to this the practice website offered a wide range of health promotion information.

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 regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice worked with district nurses and community matrons to ensure that the needs of vulnerable patients were well managed in the community and to prevent hospital admissions. Regular meetings were held with the attached care coordinator to identify patients at high risk of admission to hospital.

The practice had a designated carers' lead who kept an up to date register of carers and the patients they cared for. All carers were invited for an annual influenza vaccination and signposted to local support services as required.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). For example 83.8% of people experiencing poor mental health had a comprehensive care plan documented in their records in the past 12 months.

The practice regularly worked with multi-disciplinary teams to manage the care of people experiencing poor mental health. All of these patients had a named GP and the GPs worked with the community mental health and crisis teams as required.

Good



Summary of findings

Information was available for patients experiencing poor mental health about how to access support groups and voluntary organisations.

Summary of findings

What people who use the service say

We looked at the results of the national patient survey published in July 2015. Questionnaires were sent to 281 patients and 108 people responded. This was a 38% response rate. The practice performed well when compared with others in the CCG respect of the following areas;

- 88% of respondents said they would recommend the surgery to someone new to the area compared with a CCG average of 76% and a national average of 78%;
- 94% of respondents said they found the receptionists at the surgery helpful compared with a CCG average of 86% and a national average of 87%;
- 83% of respondents found it easy to get through to the practice by telephone compared with a CCG average of 75% and a national average of 73%.

The survey identified areas where the practice could improve performance. However, performance in these areas was still in line with local and national averages;

- 92% of respondents said they had confidence and trust in the last nurse they saw or spoke to compared with a CCG average of 96% and a national average of 97%;

- 94% of respondents said they had confidence and trust in the last GP they saw or spoke to compared with a CCG average of 95% and a national average of 95%;
- 86% of respondents said the last GP they saw or spoke to was good at giving them enough time compared with a CCG average of 87% and a national average of 87%

We reviewed comments from NHS Choices. The rating for the practice was 3.5 stars out of a possible five.

As part of the inspection, we spoke with four patients and a member of the patient participation group (PPG). Patients we spoke with were generally positive about the practice. All of the patients told us they found the premises clean and tidy and that they usually found it easy to get an appointment.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which contained positive feedback about the about the practice. Patients said that staff were caring and efficient and supported them through periods of ill health and difficult personal circumstances. Two comment cards contained references to difficulties in accessing appointments at convenient times.

Areas for improvement

Action the service MUST take to improve

- Ensure all risks to patients and staff are robustly assessed and monitored including legionella.

Old Station Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Old Station Surgery

Old Station Surgery provides primary medical services to approximately 14428 patients through a general medical services contract (GMS). Services are provided to patients from three sites. The practice operates from a main surgery and has two branch surgeries at Kirk Hallam and Cotmanhay.

The level of deprivation within the practice population is above the national average. Income deprivation affecting older people is below the national average and income deprivation affecting children is above the national average.

The medical team comprises seven GP partners and three salaried GPs. The practice had male and female GPs. In addition to GPs, the practice employs five nurses and three healthcare assistants.

The clinical team is supported by a full time practice manager, a senior administrator and reception and administration staff.

The main practice site opens from 8am to 6.30pm on a Monday, Tuesday, Wednesday, and Friday. Extended hours are offered from 7am on Thursdays and from 8.30am to 11.30am on Saturdays. Patients can access appointments at any branch of the practice.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU).

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

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.

How we carried out this inspection

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

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

Detailed findings

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

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

Before our inspection, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 6 October 2015. During the inspection we spoke with a range of staff (including GPs, nursing staff, practice management and administrative staff) and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place to deal with information about safety. There were effective processes in place to identify, report and record significant events. Staff were aware of the process for reporting and documenting significant events. Where patients had been affected by a significant event, the practice demonstrated an open and transparent approach and offered apologies where these were necessary. The practice undertook regular analysis of significant events and complaints.

Records demonstrated that significant events were discussed, and learning shared, widely within the practice. For example, we saw that the practice had implemented a daily checking system for sharps containers following incidences of these being overfilled.

Information from a range of sources was used to monitor safety. For example, the practice printed off information received about medicines healthcare regulatory agency alerts (MHRA). These were stored in a central file and clinical staff signed to confirm they had read these. Information within the file was discussed at clinical meetings or sooner if required urgently. Staff told us about a recent alert which had been received in respect of patients who had been using glucose testing strips (to monitor blood sugar levels). A search was undertaken to identify affected patients who were then contacted by nursing staff to advise them that their strips would need to be replaced.

Overview of safety systems and processes

The practice had a range of systems and processes in place to help keep patients and staff safe. These included:

- Staff were aware of arrangements to safeguard children and vulnerable adults and demonstrated knowledge of their responsibilities. Practice policies were based on local guidance and information about local safeguarding arrangements was easily accessible for all staff. A GP partner was the lead for safeguarding within the practice and staff were aware of this. A noticeboard in the staff room contained a range of useful reference

information for staff in relation to safeguarding. Most staff had received training in safeguarding at a level appropriate to their role however some gaps in staff safeguarding training were identified.

- The premises were visibly clean and tidy and appropriate standards of cleanliness and hygiene were observed. The practice had appointed a nurse as the infection control clinical lead and they liaised with the local infection prevention teams to ensure they were up to date with best practice. The practice had an infection control policy in place and we saw evidence that issues related to infection control were discussed at clinical and nurse meetings. Infection control audits were undertaken regularly and actions were taken to ensure improvements were made where required. Staff had received training relevant to their role.
- The practice had arrangements in place to manage medicines, including emergency drugs and vaccinations which kept patients safe. Feedback from the CCG pharmacist about the practice was positive and we saw that regular medication audits were undertaken to ensure the practice was providing in line with best practice. The practice stored prescription pads securely and had systems in place to monitor their use.
- Recruitment checks were carried out and the staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service (DBS) for most staff. (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).
- Patients could request a chaperone if required. Notices were displayed in the reception area and in consulting rooms to make patients aware of this. Reception staff and nursing staff acted as chaperones within the practice. We saw that the practice had requested disclosure and barring checks (DBS) for all members of staff acting as a chaperone. (DBS checks identify whether a person has a criminal record or is on an

Are services safe?

official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff had received training to act as chaperones.

- The practice had arrangements in place to plan 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. The doctors worked across all practice sites and had robust systems in place to ensure annual leave was discussed and planned in advance.
- The practice had up to date fire risk assessments and regular fire drills were carried out. 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, there were some areas where the practice needed to strengthen systems and processes to ensure that patients and staff were kept safe:

- The practice had a detailed health and safety policy which was available to staff. In addition to this, there were procedures in place for monitoring and managing risks to patient and staff safety. The practice manager and the senior administrator undertook regular health and safety checks of the premises and environment, which considered risks such as lone working, slips and trips and manual handling. However, the practice used one document to review all risks for the three sites

rather than making these site specific. This did not ensure that premises specific risks were identified. In addition to the regular checks undertaken, the practice used an online risk assessment tool to monitor the safety of the premises. Risk assessments included, manual handling, the use of ladders and legionella.

- The practice had conducted a risk assessment in respect of legionella. However, the practice needed to ensure that this risk assessment was strengthened to consider all aspects of risk related to this and to ensure that adequate control measures were implemented.

Arrangements to deal with emergencies and major incidents

In the event of an emergency staff could use an alert function on their computers to summon assistance. Staff had received basic life support training and there were emergency medicines available in the treatment room. Staff knew where these medicines were located and we saw that these were stored securely. All medicines we checked were in date and fit for use. The practice had a defibrillator and oxygen on the premises with adult and child masks. Regular checks of this equipment were undertaken and documented.

The practice had a comprehensive plan in place to ensure that business would continue in the event of a major incidence such as power failure or the loss of water supply. Copies of the plan were held off site and contained contact details of suppliers and key stakeholders.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice used evidence based guidance and standards to assess their patients and deliver treatment. Guidance included local commissioning guidelines in addition to National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff told us they were proactive about keeping up to date with guidance as changes occurred and we saw that this was reinforced through a rolling programme of nursing and clinical meetings where changes could be discussed. The practice monitored that guidelines were being implemented through a comprehensive programme of audits and checks of records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures).

Data showed that the practice had achieved 98.8% of the total number of points available in 2014/2015 which was slightly above the CCG average of 95.4% and the national average of 93.5%. Examples included:

- The practice performance for diabetes related indicators was 94.2% which was better than the CCG average of 90.2% and the national average of 89.2%.
- The practice performance for hypertension related indicators was 100% which was in line with the CCG average of 99.4% and the national average of 97.8%.
- Performance for mental health related indicators was 100% which was above the CCG average of 93.9% and the national average of 92.8%.

The practice's exception reporting rate of was 8.7% was similar to the CCG and national rates. (The QOF includes the concept of exception reporting to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be

prescribed due to a contraindication or side-effect. The exception reporting rate is based on the number of patients which are excluded by the practice when calculating their QOF achievement).

The practice undertook clinical audits to drive quality and improve patients' care, treatment and outcomes. Audits involved all relevant members of clinical staff. The practice provided us with evidence of eight clinical audits which had been undertaken in the last two years, three of these were completed audits where the improvements identified had been implemented and monitored. We saw that the practice had undertaken an audit in respect of treatment and monitoring for patients with epilepsy. Re-audit demonstrated that the practice had made improvements following the introduction of an alert system. The number of patients with epilepsy who had levels of calcium and vitamin D monitored had increased from 25% to 57.5%.

The lead GP prepared quarterly reports on new diagnoses of cancer within the practice population. These reports reviewed the number of new diagnoses and highlighted specific cases for a more detailed case review. Patients were tracked to review if anything could have been done differently and any learning points highlighted to improve people's outcomes.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice offered new members of staff a comprehensive induction which covered range of topics such as safeguarding, health and safety and confidentiality.

Training and learning needs were identified through annual appraisals, meetings and regular reviews of the practice development needs. Staff told us they had access to a wide range of training, both internally and across the locality, which supported them to cover the scope of their work. In addition to formal training and annual appraisals, staff received support through mentoring, clinical supervision and support.

Staff had access to training on an ongoing basis. This included training delivered in-house, e-learning training modules and monthly training sessions organised by the clinical commissioning group (CCG). Training topics included safeguarding, mental capacity and basic life support.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

Staff had access to the information they required to deliver care and treatment through the practice's patient records system and via the internal computer system. This included care and risk assessments, care plans, medical records and test results. Staff also had access to information such as NHS patient information leaflets. The practice worked closely with other services to share relevant information when this was required. For example, when patients were referred to other services such as district nursing.

We saw that the practice staff worked closely with other health and social care professionals to meet the needs of patients. The practice aimed to utilise the expertise of the whole multidisciplinary team to ensure that patients with complex needs were supported to access effective care and treatment and to facilitate their movement between services. For example, the practice held fortnightly community delivery team meetings with a multidisciplinary team including GPs, district nurses, social workers and a care coordinator. The purpose of the meetings was to review individuals at high risk of hospital admission and to expedite the discharge of vulnerable patients by providing them with care closer to or at home.

Consent to care and treatment

Staff demonstrated knowledge of the consent and decision-making requirements as required for their roles; this included an understanding of the relevant legislation and guidance such as the Mental Capacity Act 2005. Mental capacity assessments were undertaken where these were required and outcomes recorded. In respect of the care and treatment provided to children, staff undertook assessments of capacity to consent to treatment in line with guidance and legislation. The practice monitored their process for seeking consent through audits to ensure that responsibilities were being met.

Health promotion and prevention

The practice had systems in place to identify patients who were in need of additional support. For example, patients in the last 12 months of their lives, carers or those requiring lifestyle advice. Where the practice identified patients who may be in need of social care input, they worked with their attached care coordinator to ensure the needs of these patients were met. The practice had a named carers' lead who maintained a register of patients who were carers and ensured all of these patients were invited for annual influenza vaccinations. Carers were also signposted to local organisations who could provide additional support.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 86.8% which was above the CCG average of 82.5% and the national average of 76.9%. 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.

The practice rates for childhood immunisations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.2% to 98.8% and five year olds from 91.4% to 99.4%.

The practice performed well in respect of flu vaccination rates compared with the national average. For example, rates for the over 65s were 82.4% compared with the national average of 73.2% and for at risk groups were 56.5% compared with the national average of 52.3%.

New patients were offered health checks with the practice healthcare assistant. In addition to this, the practice offered NHS health checks for people aged 40 to 74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During the inspection we observed that members of staff interacted with patients in a polite and friendly manner. Members of staff were courteous and helpful towards patients at the reception desk, on the telephones and around the practice.

Staff told us they would lock the door during sensitive examinations to ensure these were not interrupted. Curtains were provided in the treatment rooms to ensure that patients' privacy and dignity was maintained during examinations, investigations and treatments. Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs and we saw signs in the reception area to notify patients of this.

We received 22 completed comment cards which were positive about the level of service they received. We also spoke with four patients and a member of the patient participation group (PPG) as part of our inspection. Patients said that staff were caring and efficient and had supported them through periods of ill health and difficult personal circumstances. They also told us they were treated with dignity and respect by all members of staff.

Results from the national GP patient survey published in July 2015 showed that satisfaction scores for consultations with doctors and nurses were in line with CCG and national averages. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%

In addition, patients reflected positively on the reception staff within the practice:

- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decisions about their care and treatment. They said issues were properly explained to them and they were afforded the opportunity to ask questions. This aligned with views expressed in the comment cards. Feedback received assured us that patients were listened to and were given sufficient time during consultations to be aware of their options and to make informed decisions.

Results from the national GP patient survey aligned with the feedback that we received from patients and demonstrated that patients responded positively to questions about involvement in care planning and decision making. 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%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%

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

Patient and carer support to cope emotionally with care and treatment

Information was displayed in the patient waiting area and on the practice website which told patients how they could access local and national support groups and organisations.

The practice had a named carers' lead and had worked to improve systems to identify carers. The practice had worked with the PPG to undertake a survey to assist with the identification of carers. A register of carers and those they cared for was held by the practice and all carers were offered an influenza vaccination annually.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them where appropriate. Contact was followed by a consultation or by giving advice on accessing support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice partners had identified a need for new premises at its Cotmanhay site. The partners made the decision to rebuild the surgery in a bespoke building with an attached pharmacy for the convenience of patients.

A contract was held by the practice with a local hospital where they had beds for older patients undergoing rehabilitation. Two of the GPs carried out wards rounds at this location twice a week.

The practice planned and delivered its services to take into account the needs of the different population groups it served. Services were designed to offer flexibility, choice and continuity of care for patients. Examples of this included:

- The practice offered extended hours opening on Thursday mornings from 7am and on Saturday mornings from 8.30am to 11.30am.
- Home visits were available patients who required them
- Each GP session had an extended slot available for patients who were over 75 or for those who had a care plan in place
- Patients who had a care plan in place all had a direct telephone number to contact the practice
- Weekly routine visits were undertaken to care homes by designated GPs
- The practice employed two triage nurses to respond to demand for appointments. Same day appointments were available for children or those who had an urgent need.
- The practice had accessible facilities, a hearing loop and access to translation services as required.

Access to the service

The practice was open between 8am and 6.30pm on Monday to Friday. Appointments at the main site were available from 8am to 11.15am every morning and from 12.30pm to 5.50pm in the afternoons. Extended hours surgeries were offered from 7am on Thursday mornings

and from 8.30am to 11.30am on Saturday mornings. We saw that, in addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 83% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 74% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 65% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling concerns and complaints. The practice's complaints policy and supporting information was in line with contractual obligations for GPs in England. There was a designated person responsible within the practice for handling complaints.

Information was available to help patients understand the complaints system including posters in the reception area and a patient information leaflet. The leaflet detailed how patients could access support to enable them to make the complaint and informed them whom they should contact should they remain unhappy following the practice's response.

We looked at 12 complaints received since January 2015 and found these had been investigated and responded to in a timely way. The practice demonstrated openness in responding to complaints and invited patients to meet with them to resolve their complaints where appropriate.

Evidence showed that lessons were learned from complaints and action was taken to make improvements

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

where these were required. The senior partner prepared quarterly reports outlining the complaints received and identifying learning. These reports were discussed at staff and clinical meetings where appropriate to ensure that learning and action points were widely disseminated. For example, clinical staff were reminded about the

importance of maintaining a good standard of documentation from consultations at patients' homes or in a care setting following a complaint. In addition the practice was considering purchasing a laptop to enable accurate records to be made contemporaneously.

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 documented vision which was focussed on providing a high standard of care, promoting patient participation and wellbeing, practicing high standards of hygiene and protecting patient confidentiality. Staff were aware of the practice's vision and had been given the opportunity to be involved in the development of the vision. Following a team meeting in June, staff were invited to enter a competition to develop a new vision for the practice. Staff were aware of the vision and were engaged with the values of the practice. The practice held regular partners' meetings to discuss business plans and strategies.

Governance arrangements

The practice had governance systems in place to support the delivery of good quality care and to realise their vision. Arrangements in place included:

A clear staffing structure and leadership structure with members of staff having lead roles in all key areas

- Policies and procedures which were accessible to all staff and supported them in their roles
- A rolling programme of meetings involving all staffing groups and including regular reviews of complaints and significant events
- Ongoing reviews of the performance of the practice in addition to a programme of continuous clinical and internal audit were used to make improvements
- Systems to review risks and issues within the practice and implement changes

Leadership, openness and transparency

The partners within the practice demonstrated that they had the experience, capacity and capability to run the practice and ensure they delivered high quality care. Each of the partners had interests in specific areas and took lead roles within the practice. For example one of the partners was also a first responder for the ambulance service.

Staff told us the partners and the management were visible within the practice and always found them to be approachable. Staff felt listened to by the partners and management and felt they could approach them about issues.

The practice held a range of meetings, including partners' meetings, clinical meetings and whole practice meetings. Staff felt confident to raise issues with management and in meetings and were encouraged to do so. Staff felt well supported in their roles and valued by the partners and management. Staff were involved in discussions about how to improve the practice and had been invited to make suggestions about the future vision for the practice.

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

We saw evidence that the practice encouraged feedback from its patients and sought to engage them in how the service was delivered. The patient participation group (PPG) worked with the practice to gather feedback from patients. The practice PPG was active and met on a monthly basis. The PPG undertook surveys and worked with the practice to make improvements to how services were delivered. For example, the PPG had worked with the practice to improve the seating in the waiting area. In addition to this, the PPG had undertaken a survey about caring responsibilities for patients and had made suggestions as to how the practice could improve its systems for the identification of carers.

The practice gathered feedback from staff through meetings, appraisals and regular discussions. Staff said they would feel confident in providing feedback to the partners or management and would not hesitate to discuss concerns. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous Improvement

The practice had a focus on continued improvement and learning. The partners within the practice had recognised the need to rebuild the site at Cotmanhay and this project was nearing completion.

The practice was working towards becoming a training practice for GPs and had been designated as a training practice for nurses with trainee nurses starting in October 2015.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider was not ensuring that all risks to health and safety were being fully assessed and mitigated. Specifically the practice had not ensured risks were assessed and documented on a site specific basis. Additionally the practice had not undertaken a robust assessment of the risk posed by legionella. Regulation 12 (1) (2) (a) (b) (h)