

# Bradford Street Surgery

## Quality Report

65 Bradford Street  
Haulgh  
Bolton  
Lancashire  
BL2 1HT  
Tel: 01204 521061  
Website: [www.thesurgerybradfordstreet.nhs.uk](http://www.thesurgerybradfordstreet.nhs.uk)

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

## Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
What people who use the service say	5

### Detailed findings from this inspection

Our inspection team	6
Background to Bradford Street Surgery	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Bradford Street Surgery on 18 December 2014. We found that the practice was performing at a level which led to a ratings judgement of Good.

Our key findings were as follows:

- Staff reported incidents and learning took place. The practice had enough staff to deliver the service. The premises were clean and equipment was available for staff to undertake their duties.
- Services were delivered using evidence based practice. There were systems in place to ensure best practice was followed and that people's care, treatment and support achieved good outcomes.
- Patients were treated with kindness and respect by staff. Communication with them and their families, and access to the service and to the GP was reported as good.

- The practice took into account any comments, concerns or complaints to improve the practice. The practice reviewed the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these were identified.
- The practice had an accessible and visible management team. Quality was high on the practice agenda. Staff felt supported and all reported that patients were at the heart of the practice. This included the promotion of good health. Staff had received training appropriate to their roles. The practice had an effective appraisal system in place for all staff. Multidisciplinary working was evidenced.

### 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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs have been identified and planned. The practice could identify all appraisals and the personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with the GP and that there was continuity of care, with urgent appointments available the same day.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. Staff had regular performance reviews and attended staff meetings and events.

Good



# Summary of findings

## What people who use the service say

We spoke with six patients who used the service on the day of our inspection and reviewed 47 completed CQC comment cards. The patients we spoke with were complimentary about the service. Patients told us that they found the staff to be extremely person-centred and felt they were treated with respect. The comments on the cards provided by CQC were also very complimentary about the staff and the service provided.

National GP survey results published in July 2014 indicated that the practice was best in the following areas:

- 88% of respondents find it easy to get through to this surgery by phone CCG, (regional) average: 77%
- 86% of respondents describe their experience of making an appointment as good, CCG (regional) average: 76%

- 99% of respondents say the last appointment they got was convenient, CCG (regional) average: 93%

The national GP survey results published in July 2014 indicated that the practice could improve in the following areas:

- 65% of respondents would recommend this surgery to someone new to the area, CCG (regional) average: 80%
- 73% of respondents say the last GP they saw or spoke to was good at treating them with care and concern , CCG (regional) average: 85%
- 72% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments , CCG (regional) average: 84%

There were 428 surveys sent out, 99 returned giving a completion rate of 28%.

# Bradford Street Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection was led by a CQC Inspector accompanied by a specialist adviser, a GP, and an expert by experience who is a member of the public trained by the CQC.

## Background to Bradford Street Surgery

Bradford Street Surgery has over 1,880 patients registered and is part of Bolton Clinical Commissioning Group (CCG). There is one GP, a practice manager who is also the practice nurse, and supporting clerical and administration staff. One of the administrative staff is trained as a phlebotomist.

The practice delivers commissioned services under the General Medical Services (GMS) contract.

The practice offers a range of services for its patient population. Bradford Street Surgery is registered with the CQC as a provider of primary medical services. The GP is legally responsible for making sure the practice meets CQC requirements as the registered manager.

The Surgery is open as follows:

- Monday 08:20 – 18:30
- Tuesday 08:20 – 19:45
- Wednesday 08:20 – 13:00
- Thursday 08:20 – 18:30
- Friday 08:20 – 18:30

Patients can book appointments in person or via the phone and online. There is also the facility to speak to the GP or practice nurse over the phone. Emergency appointments are available each day.

The Shanti Medical Centre provides a GP Extended Hours Service and is open Monday to Friday from 18:30 - 22:00 and Saturday to Sunday & bank holidays from 09:00 - 13:00.

Bury and Rochdale Doctors on Call (BARDOC) provide urgent out of hours medical care when the practice is closed.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

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:

# Detailed findings

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

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

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

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We also reviewed further information on the day of the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas. We carried out an announced inspection on 18 December 2014.

During our visit we spoke with a range of staff, including the GP, practice manager/nurse and administrative staff, and spoke with six patients who used the service. We also reviewed information from the 47 completed CQC comment cards.

# Are services safe?

## Our findings

### Safe track record

The practice had systems in place to monitor all aspects of patient safety. Information from the Clinical Commissioning Group (CCG) and Healthwatch indicated the practice had a good track record for maintaining patient safety. Staff we spoke with were clear and understood their responsibilities to raise significant events. This included the process to report them internally and externally where appropriate.

Information from the Quality and Outcomes Framework, which is a national performance measurement tool, showed that in 2012-2013 the practice was appropriately identifying and reporting incidents.

We reviewed safety records, incident and accident reports and saw evidence that these were reviewed and that action was taken when necessary. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred and we were able to review these.

Investigations took place when a significant event had occurred. The staff we spoke with told us they were involved in investigations of significant events when necessary. When a significant event occurred they were discussed with all staff and an action plan was agreed, implemented and reviewed. We saw that all events had been brought to a satisfactory conclusion, and actions were implemented as a consequence to prevent recurrence. All learning points were documented on a significant event review summary however not all of these were dated.

National patient safety alerts were reviewed by the practice manager. These were then circulated via email to the GP and practice staff if appropriate. These are alerts issued to healthcare staff on patient safety issues that require urgent attention and/or action.

### Reliable safety systems and processes including safeguarding

The practice was able to identify the things that were most important to protect patients from abuse and to promote safety. A proactive approach was taken to safeguarding. The GP took the lead role for safeguarding in the practice and had been trained to level 3 safeguarding vulnerable adults and children. There was a practice policy for safeguarding patients in place and these were understood and consistently implemented by staff. This included safeguarding information for children, young people and vulnerable adults. We saw that relevant safeguarding information and contacts from the local authority were available for staff throughout the practice. The staff we spoke with were aware of these.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments, for example if a child was subject to a child protection plan. During our inspection the practice manager was discussing a child protection and safeguarding matter with a health professional demonstrating the practice commitment to the safety of their patients using a multi-disciplinary approach.

There was a chaperone policy and a number of signs around the practice informing patients of this service. Staff had been trained to be a chaperone. If nursing staff were not available to act as a chaperone, receptionists undertook this role and had also undertaken training. The staff we spoke with understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. We saw evidence that the practice was in the process of undertaking Disclosure and Barring Service (DBS) checks for all staff.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for maintenance of the cold chain and action to take in the event of a potential failure. We also saw that the temperature of the fridges, used specifically for the storage of medicines and vaccines, were regularly checked and recorded. Cold chain protocols were strictly followed. We saw written records of these and this was confirmed by staff. The "cold chain" is the process of keeping medicines at a temperature range.

# Are services safe?

The practice nurse had put processes in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. The practice nurse demonstrated the disposal of expired medicines to us in line with best practice guidelines.

Vaccines were administered by the practice nurse using protocols that had been produced in line with legal requirements and national guidance.

All prescriptions were reviewed and signed by the GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The doctor's bag was securely stored when not in use. We checked the contents of the bag and all the drugs were in date. These were regularly checked and we saw evidence of these checks. The GP considered medical conditions they were likely to face, extent of ambulance paramedic cover, proximity of the nearest hospital and the availability of a 24 hour pharmacy when stocking the doctor's bag.

Any medicines alerts that were received were reviewed by the practice manager and then circulated as appropriate.

The practice had a medicines optimisation work plan for 2014-15 which had been developed in co-operation with Bolton Clinical Commissioning Group. We saw evidence that this work was in progress. Medicines optimisation is the safe and effective use of medicines to enable the best possible outcomes for patients.

## Cleanliness and infection control

We observed the premises to be clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. We saw that the cleaner attended the practice daily and that all cleaning items and equipment were stored appropriately however there was no documented cleaning schedule.

The practice nurse was the lead for infection control. We saw evidence that the lead had carried out audits and that any improvements identified for action were completed on time. Infection prevention and control was discussed at practice meetings when the need arose. There was also an infection control policy that included information on

venepuncture procedure, vaccinations, immunisations, obtaining specimens and accidents. These were available for staff to refer to and staff we spoke with were aware of these.

We also saw that equipment such as disposable gloves and aprons was available. This was to protect them from exposure to potential infections whilst examining or providing treatment for patients. These items were readily available to staff in the consulting and treatment rooms.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

Appropriate arrangements were in place to dispose of used medical equipment and clinical waste safely. Sharps boxes were provided for use and were positioned out of the reach of small children. Clinical waste and used medical equipment was stored safely and securely before being removed by a registered company for safe disposal.

## Equipment

The GP and practice nurse told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration and servicing of relevant equipment that included blood pressure monitors, spirometer, weighing scales and the vaccines fridges.

We also saw that fire alarm was regularly tested, checked and serviced. There were also checks of fire extinguishers.

## Staffing and recruitment

All practice staff had worked in the practice for a number of years, the last staff member to be recruited was over six years ago. The practice had a recruitment and selection policy that set out the standards it followed when recruiting clinical and non-clinical staff. This included plans for induction if they recruited new staff.

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records that demonstrated actual

# Are services safe?

staffing levels and skill mix were in line with planned staffing requirements. The practice had signed up to the Bolton medical holiday and sickness scheme. This enabled patients to see another GP from a neighbouring practice in the absence of their practice GP. Patients could ring the practice and the receptionists would try to locate the nearest GP to a patient's home.

## **Monitoring safety and responding to risk**

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and the practice manager was the lead for health and safety.

The practice proactively identified risks. Risks were assessed and mitigating actions recorded to reduce and manage the risk. We saw that any risks were discussed at team meetings when necessary. For example, the team discussed the measures they needed to introduce to combat the potential threat from a virus outbreak.

The practice had applied to NHS England for funding from the improving access project. A plan had been submitted to support the requirements of the Disability Discrimination Act (DDA) 1995 by having a ramp to the rear of the building, disabled toilet and an improved fire alert system.

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

There was a proactive approach to anticipating potential safety risks, including changes in demand, disruption to staffing or facilities, or periodic incidents such as bad weather or illness. Discussions with staff and the evidence we reviewed confirmed this. This included contingencies in what to do in the event of loss of the surgery building, loss of computer system, loss of access to paper medical records, loss of equipment and utilities. It also had information on what to do if the GP or other member of staff became incapacitated. It also detailed what to do in the event of fire or flood and response to an epidemic/pandemic and response to a major incident.

We also spoke with staff who knew what to do in case of an emergency. Staff spoken with and records seen confirmed that all staff had received training in medical emergencies including resuscitation techniques. All staff were trained to a minimum of basic life support.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GP and practice nurse we spoke with could clearly describe their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We found from our discussions that clinical staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

We saw that the GP took the lead in all specialist clinical areas. The practice nurse supported this work. Services were provided for patients who had health conditions from which they are expected to recover, chronic disease management and the general management of terminally ill patients. The practice core services included GP consultations, asthma management, vaccinations and immunisations and general health advice.

According to the Quality Outcomes Framework (QOF) data the practice was better than average for the dementia diagnosis rate adjusted by the number of patients in residential care homes, and for the percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months. The practice was also better than average for establishing and maintaining a register of all patients in need of palliative care/support irrespective of age and for regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.

Quality Outcomes Framework (QOF) data also demonstrated that the practice was better than average for maintaining a register of patients aged 18 or over with learning disabilities. Also the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was better than average.

The percentage of patients with diabetes on the register with a record of foot examination and risk classification 1-4 within the preceding 12 months and the ratio of expected to reported prevalence of coronary heart disease (CHD) was worse than average. However we saw evidence that the practice had been working with the primary care development team to improve this.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with the GP and practice nurse showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF rewards practices for providing quality care and helps to fund further improvements. We saw that there was a system in place to frequently review QOF data.

The practice participated in a benchmarking process with other practices in the Bolton Clinical Commissioning Group (CCG) area. This allowed practices to compare their performance against other practices within the CCG in areas such as attendances at A&E and prescribing of antibiotics.

There was a system in place for completing clinical audit cycles. The practice showed us clinical audits that had been completed recently. Following each clinical audit, changes to treatment or care were made where needed.

The staff we spoke with discussed how they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GP had reviewed the use of the medicine in question and, where they continued to prescribe it, outlined the reason why they decided this was necessary.

The practice had achieved and implemented the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory

# Are services effective?

(for example, treatment is effective)

courses such as annual basic life support. The GP was up to date with their yearly continuing professional development requirements, had been appraised and had undergone the process of revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).

We reviewed four staff files. All staff undertook annual appraisals. This included a self-review, objective setting, constraints that were identified and a personal development plan. Our interviews with staff confirmed that the practice was proactive in providing training for relevant courses. The practice was also involved in the education and training of medical students.

The practice nurse was expected to perform defined duties such as undertaking health checks and administering vaccines and was able to demonstrate that they were trained to fulfil these duties. For example we saw that the practice nurse was experienced and competent to provide of child immunisations, phlebotomy and cervical smears. We also saw that the practice nurse had attended GP education events in the last year that included ophthalmology, gastroenterology, frail elderly and mental health including depression. There was also a member of the administrative staff who was trained as a phlebotomist and provided this service to the patient population.

The practice had an attached NHS Health Trainer who had been specifically trained to motivate, support and advise people on how to get healthy, stay healthy and get the most out of life. This role was to encourage people to change lifestyle behaviours which are known to cause ill health, and to prevent people getting conditions such as diabetes and heart disease

## **Working with colleagues and other services**

There was proactive engagement with other health and social care providers and other bodies to co-ordinate care and meet patient's needs. This included regular work with community midwives, community nurses and health visitors. Joint working arrangements which allow services to work together were in place and were regularly reviewed. There was effective communication and information sharing and decision making about a patient's care across all of the services involved both internal and external to the organisation, in particular when a patient had complex

health needs. Care was delivered in a co-ordinated and integrated manner with appropriate sharing of patient sensitive data such as safeguarding information being shared with the local safeguarding authority.

According to QOF data the practice was rated better than average in having regular (at least three monthly) multidisciplinary meetings where all patients on the palliative register were discussed. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the meetings as a means of sharing important information.

## **Information sharing**

There was effective communication, information sharing and decision making about a patient's care across all of the services involved both internal and external to the organisation, in particular when a patient had complex health needs. Care was delivered in a co-ordinated and integrated manner with appropriate sharing of patient sensitive data such as safeguarding information being shared with the local safeguarding authority.

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hour's provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use.

## **Consent to care and treatment**

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice.

# Are services effective?

## (for example, treatment is effective)

The 2014 national GP patient survey indicated 72% of people at the practice said the last GP they saw or spoke to was good at explaining tests and treatments, 71% said the last GP they saw or spoke to was good at involving them in decision making and 89% had confidence and trust in the last GP they saw or spoke to.

Patients we spoke with told us that they were spoken to appropriately by staff and were involved in making decisions about their care and treatment. They also said that they were provided with enough information to make a choice and gave informed consent to treatment. The practice computer system identified those patients who were registered as carers and any other information relating to consent was scanned onto the system and alerts set up to notify clinicians.

All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

There was a practice policy for documenting consent for specific interventions, for example written consent was obtained for those patients having a joint injection.

### **Health promotion and prevention**

There was a range of information available for patients displayed in the waiting area and on notice boards in the

reception areas. This included information on diabetes and foot screening, depression self-help group, safeguarding for domestic abuse and dementia. They also provided information to patients via their website and in leaflets in the waiting area about the services available.

The practice asked all new patients registering with the practice to complete a health questionnaire and all were asked to make an appointment with the practice nurse for a new patient health check.

The practice identified patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with learning disabilities and we saw that these patients were offered an annual physical health check. The practice also identified at risk groups such as those who were obese, those who smoked and those receiving end of life care. These groups were offered further support in line with their needs.

We also saw that a variety of health checks were offered to a range of patient groups including those aged 40 to 75, those with diagnosed mental ill health and those patients with a learning disability.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

According to the patient satisfaction survey on consultations with doctors and nurses, 82% of practice respondents said the GP was good at listening to them and 83% said the GP gave them enough time.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 47 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Fabric curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. We noted that the waiting area was located away from the reception desk which helped keep patient information private. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

The practice complies with data protection and access to medical records legislation. Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us they would investigate these and any learning identified would be shared with staff.

We looked at the results of the 2014 GP patient survey. This is an independent survey run on behalf of NHS England. The survey results reflected that 73% of respondents said

the last GP they saw or spoke to at the practice was good at treating them with care and concern. 83% of respondents said the last nurse they saw or spoke to was good at listening to them.

The practice statement of purpose supported a zero tolerance ethos to all forms of abuse in order to provide patients and staff with an environment which is safe and friendly. Staff and patients we spoke with were aware of this.

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

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 71% of practice respondents said the GP involved them in care decisions and 72% felt the GP was good at explaining treatment and results.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the CQC comment cards we received was also positive and aligned with these views.

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

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

Notices in the patient waiting room and patient website told people how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer.

We saw that there was a system for notifying staff about recent patient deaths. Staff told us that this was helpful when speaking to relatives and others who knew the person who had died. We were told that families who had suffered bereavement were called by the GP to offer support and condolences.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

Each patient contact with a clinician was recorded in the patient's record, including consultations, visits and telephone advice. The practice had a system for transferring and acting on information about patients seen by the extended hours and out of hours service. There was a reliable system to ensure that messages and requests for visits were recorded and that the GP received and acted upon them. The practice had a system in place for dealing with any hospital report or investigation results and ensured that any necessary action was taken. There was a system to ensure the relevant team members were informed about patients nearing the end of their life. There was also a system to alert the out of hour's service if somebody was nearing the end of their life at home.

The GP also provided services for a local nursing home. This was a home where all patients were diagnosed with dementia. The GP provided regular visits to the home to meet the needs of this population group.

If a patient did not attend for an appointment or health check then the practice would follow this up with a phone call and letter.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

The practice had access to online and telephone translation services for patients whose first language was not English. The practice provided equality and diversity training. Staff we spoke with confirmed that they had completed equality and diversity training.

The premises and services had been adapted to meet the needs of people with disabilities. The surgery building had a ramp to allow easy access for people in wheelchairs. We

saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms.

The practice kept a register of people living in vulnerable circumstances, and had a computerised system which alerted staff to vulnerability in individual patient records.

### Access to the service

Comprehensive information was available to patients about appointments in the surgery and on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the extended hours and out of hours service was provided to patients.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to. Comments received from patients showed that those in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

The national GP survey results published in July 2014 showed that 88% of patients said it was easy to get through to the practice to make an appointment. 88% of patients said they found the receptionist helpful once they were able to speak with them. Patients we spoke with told us that they did not have difficulties in contacting the practice to book a routine appointment.

### Listening and learning from concerns and complaints

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and 47 patients chose to comment. All of the comment cards completed were very complimentary about the service provided.

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person, the practice manager, who handled all complaints in the practice.

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

Patients we spoke with knew how to raise concerns or make a complaint. Information on how to complain was available in the waiting area, on the practice website and in the practice information leaflet. We looked at complaints received and found they had been satisfactorily handled

and dealt with in a timely manner. Patients were informed about the right to complain further and how to do so, including providing information about relevant external complaints procedures.

# Are services well-led?

(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 statement of purpose which was to provide high quality, safe, professional primary health care general practice services to their patients. Also to focus on prevention of disease by promoting health and wellbeing and offering care and advice to patients. The GP we spoke with demonstrated an understanding of their area of responsibility and they took an active role in ensuring that a high level of service was provided on a daily basis. All the staff we spoke with said they felt they were valued and their views about how to develop the service were acted upon.

The practice leaflet, website and patient forum demonstrated that the practice was interested in the views of their patients and carers and these views were used to consider how the service could be improved. The staff were dedicated to providing a service with patient's needs at the heart of everything they did.

The GP and the practice manager attended locality and Clinical Commissioning Group (CCG) meetings to identify needs within the community and tailored their services accordingly.

### Governance arrangements

Governance arrangements were effective. Practice staff were clear about what decisions they were required to make, knew what they were responsible for as well as being clear about the limits of their authority. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

It was clear who was responsible for making specific decisions, especially decisions about the provision, safety and adequacy of the care provided at practice level and this was aligned to risk. The practice ensured that any risks to the delivery of high quality treatment were identified and mitigated before they became issues which adversely impact on the quality of care.

The practice had a number of policies and procedures in place to govern activity and these were available to all staff. These included confidentiality and medical records, freedom of information, access to records and complaints.

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through

the systematic review of patient care and the implementation of change. Clinical audits were instigated from within the practice or from safety alerts. We looked at several clinical audits and found they were well documented however not all demonstrated a full audit cycle.

### Leadership, openness and transparency

We saw from minutes that team meetings were held regularly but would be convened at any time if circumstances demanded. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at any time.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff. We were shown the information that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

We saw evidence that showed the practice worked with the Clinical Commissioning Group (CCG) to share information, monitor performance and implement new methods of working to meet the needs of local people.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through the patient survey and comments and complaints received. We saw that the practice had reviewed the results of the patient survey and agreed an action plan. We saw that the practice had sent out 50 surveys and 33 returned. One area the practice acknowledged as needing improvement was waiting times during clinics. It was agreed that patients must be informed on arrival at the practice if the GP was running late, and must be updated regularly. They also allowed patients to book longer appointments if needed. This demonstrated that the practice listened and acted upon the views of patients. There was also a suggestions box in the waiting area for patients to put their comments or suggestions anonymously. This was checked regularly.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

# Are services well-led?

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

The practice had a whistle blowing policy which was available to all staff.

## **Management lead through learning and improvement**

Staff told us that the practice supported them to maintain to develop through training and mentoring. We saw that regular appraisals took place. Staff told us that the practice was very supportive of training.

The GP was supported to obtain the evidence and information required for their professional revalidation. This is where doctors demonstrate to their regulatory body, The General Medical Council, that they are up to date and fit to practice.

The practice had completed reviews of significant events and other incidents. These were shared with staff via practice meetings to ensure the practice improved outcomes for patients.