

# The Poplars Medical Centre

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

This is the report of findings from our inspection of The Poplars Medical Centre. The Poplars Medical Centre is registered with the Care Quality Commission to provide the following regulated activities: Diagnostic and Screening, Family Planning, Maternity and Midwifery Services, Surgical Procedures and Treatment of Disease, Disorder or Injury.

We undertook a planned, comprehensive inspection on 6 October 2014. We spoke with patients, staff and the practice management team.

The practice was rated as Good. An effective, responsive and well-led service was provided that met the needs of the population it served.

Our key findings were as follows:

There were systems in place to protect patients from avoidable harm, such as from the risks associated with medicines and cross infection.

Patients' care needs were assessed and care and treatment was considered in line with best practice national guidelines. Staff were proactive in promoting good health and referrals were made to other agencies to ensure patients received the treatments they needed.

Feedback from patients showed they were overall happy with the care given by all staff. They felt listened to, treated with dignity and respect and had confidence in the GPs and nurses.

The practice planned its services to meet the differing needs of patients. The appointment system in place allowed good access to the service.

The practice had a clear vision and set of values which were understood by staff and publicised for patients. There was a clear leadership structure in place. Quality and performance were monitored, risks were identified and managed.

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

# Summary of findings

The provider should:

- Improve the way medicine alerts were managed as some patients' medicines had not been reviewed as the alert had advised.

**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?

There were effective systems in place to protect patients from avoidable harm and abuse. Staff were aware of policies and procedures for reporting significant events and safeguarding patients from risk of abuse. There were clear policies and processes in place to investigate and act upon any incident and to share learning with staff to minimise future risk. There were appropriate systems in place to protect patients from the risks associated with cross infection. Arrangements were in place to deal with emergencies and incidents that may occur.

Good



### Are services effective?

Care and treatment was in line with best practice national guidelines. There were systems in place to evaluate the operation of the service and the care and treatment given. Staff were appropriately qualified and competent to carry out their roles safely and effectively. The practice worked with other health care providers and commissioners in the local area to ensure patients' needs were met. Health promotion and prevention was well promoted through health check assessments and the provision of information on how to maintain a healthy lifestyle.

Good



### Are services caring?

Patients we spoke with told us they were treated with respect and felt involved in decisions made about their care. We observed staff being helpful and sensitive to patients' needs. Information was provided to patients who needed emotional support and referrals were made to community support services when necessary.

Good



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

Services were planned and delivered to meet patients' needs. Patients' views about the service were obtained and improvements to the service were made in response to any shortfalls identified. Patient demand for the service was monitored as were waiting times to ensure that the service continued to be able to safely respond to people's needs. The appointments system offered patients a choice of when they could book an appointment. However, most of the patients we spoke with said they found it difficult to get an appointment at a time that suited them. The practice had taken steps to address inequity and promote health equality for all patients. Patients concerns and complaints were listened to and responded to in a timely fashion.

Good



# Summary of findings

## **Are services well-led?**

Staff knew their roles and responsibilities and they were clear about the lines of accountability. There was a clear value base and ethos that staff were able to articulate. There were good systems in place to monitor the effectiveness and safety of the service and to improve quality. The service supported staff learning and development and promoted an open and fair culture.

**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 was knowledgeable about health needs of older patients. They had information on patients' health conditions and whether patients needed home visits. They used this information to provide services in the most appropriate way and in a timely manner. The practice worked well with other agencies and health providers to provide support and access specialist help when needed. Treatment and care was delivered in line with the patients' needs and circumstances. There was active engagement in a pilot scheme for integrated care for older people. Older people were directed to the Salford health improvement team which acted as a hub of the provision of support and information.

Good



### People with long term conditions

The practice was knowledgeable about the health needs of patients with long term conditions. They worked with other health services and agencies to provide appropriate support. Staff were skilled in specialist areas which helped them ensure best practice guidance was always being followed. The practice team ensured that patients with long term conditions were regularly reviewed and their care was coordinated with other healthcare professionals when needed. There were designated clinics for chronic heart disease, Stroke and diabetes etc.

Good



### Families, children and young people

The practice provided services to meet the needs of this population group. There were screening and vaccination programmes which were managed effectively to support patients. A variety of services and clinics were in place to ensure that the diverse and specialist needs of this population group were being met. Staff were knowledgeable about child protection and one of the GPs took responsibility for managing safeguarding referrals. The health visitors were no longer based at the surgery. Staff at the practice met regularly with this team to maintain good channels of communication and provide a forum to discuss patients who presented with a risk to their health or the health of their child.

Good



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

The practice provided a range of services for patients of working age. Patients were also able to book a consultation with a GP through the extended hour's service or use telephone consultations. The appointments system was regularly reviewed to try to maximise

Good



# Summary of findings

timely access to services for this population group. NHS Health Checks monitor health issues and the practice has been recognised locally and received an award for performing the most NHS health checks for patients between 40-74 years of age.

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

Staff were knowledgeable about safeguarding vulnerable adults. They had access to the practice's policy and procedures and had received training in the last 12 months. The practice had links with community support groups for patients with drug and alcohol related health issues. A counsellor was also located at the practice to support patients with these issues. A small number of patients from the travelling community were registered with the practice and they were encouraged to access services in the same way as other patients. Homeless patients were directed to the Salford Homeless GP Project, which offered a full range of medical services and on going medical care, including routine checks and blood tests, Hepatitis C vaccination and full health care advice.

**Good**



## **People experiencing poor mental health (including people with dementia)**

A dementia enhanced service was offered at the practice and one of the GPs took responsibility for co coordinating care in this area. A register was kept of patients with a learning disability and / or mental health issues. These patients were seen regularly for general health checks to ensure they maintained good health. There were systems in place to ensure timely and appropriate referrals were made to mental health services for patients if needed.

**Good**



# Summary of findings

## What people who use the service say

We spoke with four patients who used the service during the inspection and eight patients by telephone after the inspection. We also received four Care Quality Commission (CQC) comment cards from the people who used the service.

The patients we spoke said they were happy with the service they received. They confirmed they felt safe when they used the service. They said the clinical staff were very good and they always had enough time during their consultation to talk about their health issue. They said GPs explained things to them in a way they could understand. Patients told us they were offered a chaperone when necessary and they were always treated with respect by clinical and non-clinical staff. All of the patients we spoke with commented on the high standards of cleanliness throughout the practice.

Ten patients said they found it difficult to get an appointment and some told us it was difficult to get an appointment with a GP of their choice. A concern was raised that one patient had requested an urgent appointment in the morning for his relative and had to wait until early evening before they saw a doctor.

The comment cards we received from people who used the service told us they were happy with the service they received. They commented that the service was flexible, although getting an appointment was difficult, particularly with a doctor of their choice. They said that most of the doctors were very good and that they felt listened to during consultations.

There was an active Patient Reference Group (PRG) at the surgery. A PRG is a way for patients and GP surgeries to work together to improve services, promote health and improve the quality of care. The PRG group had been in existence for two years. The group met with the practice manager and one of the GPs four times a year to discuss issues relating to the running of the practice and patient care. We spoke with the secretary of the PRG group. They reported the meetings were very positive and they felt the issues raised were listened to and actioned where appropriate. None of the patients we spoke with during the inspection knew about the PRG, although we were informed an information notice was displayed in the patient waiting area.

## Areas for improvement

### Action the service SHOULD take to improve

- Improvements needed to be made to the way medicine alerts were being managed as some patients' medicines had not been reviewed as the alert had advised.

# The Poplars Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP and a specialist with experience working as a practice manager.

### Background to The Poplars Medical Centre

The Poplars Medical Centre is located in Swinton, Greater Manchester. It provides a primary care service to 12,000 patients which include access to GPs, minor surgery, family planning, ante and post natal care. All services are provided from The Poplars Medical Centre.

The Practice has eight GPs and a team of health care professionals that includes two practice nurses and two assistant practitioners. There was also a team of administration staff that includes a practice manager, nine medical receptionists, a medical secretary and an information officer. Two domestic staff were also employed at the practice.

The practice is open Monday to Friday 7am to 6.30pm. Patients can book appointments in person, via the phone and online. The GPs also provide daily telephone consultations. The practice does not provide out-of-hours services to their own patients. When the practice is closed, patients can access the Primary Care Trust deputising service.

The surgery is registered to provide the following regulated activities: Diagnostic and Screening, Family Planning, Maternity and Midwifery Services, Surgical Procedures, and Treatment of Disease, Disorder or Injury.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

### 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?

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 visit, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew about the service. We reviewed policies, procedures and other information the practice

## Detailed findings

provided before the inspection. We carried out an announced visit on 6 October 2014. During our visit we spoke with two GPs, the practice manger, a nurse, an

assistant practitioner and three administrative staff. We spoke with patients who used the service and reviewed four 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

The Salford Clinical Commissioning Group reported no concerns to us about the safety of the service. The practice had systems in place to monitor all aspects of patient safety. Information from the quality and outcomes framework (QOF), which is a national performance measurement tool, showed that the practice was appropriately identifying and reporting incidents. As an example QOF data for 2012 / 2013 indicated that 90.6 % of 12 month old babies had received their meningitis injections. This is above the average for Salford Clinical Commissioning Group.

There were comprehensive policies and protocols for safeguarding vulnerable adults and children. Any concerns regarding the safeguarding of patients were passed on to the relevant authorities by staff as quickly as possible.

From our discussions we found that the GPs were aware of the latest best practice guidelines and incorporated this into the day-to-day practices. The practice had a robust complaints policy in place and we found that complaints were well managed with complainants being kept informed of outcomes.

The building was accessible for patients with limited mobility. All patient, staff and public areas were clean and well maintained.

The practice had systems in place to check and monitor equipment. We observed this to be well maintained which ensured staff and patient welfare.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. The practice had a positive approach to recognising and learning from significant events which were audited regularly for the purpose of learning and improving patient safety. Investigations took place when a significant event had occurred. When a significant event occurred it was discussed with all staff at a practice meeting, an action plan was agreed, implemented and reviewed. We saw that all recorded events had been brought to a satisfactory conclusion.

### Reliable safety systems and processes including safeguarding

A proactive approach was taken to safeguarding with a focus on early identification so that people were protected from harm and children and adults at risk of abuse did not experience abuse. Effective safeguarding policies and procedures were in place and were fully understood and consistently implemented by staff. Safeguarding procedures were co-ordinated with other agencies so that patients' protection plans were implemented effectively. The IT system highlighted patients who may be vulnerable to the risk of harm so staff could be extra vigilant in their observations.

All staff were trained in children and adult safeguarding to the appropriate level which included GPs to level 3. A policy was in place which provided staff with information and guidance on how to manage safeguarding referrals correctly. We also saw flowcharts detailing what staff should do in the event of suspected abuse. The staff we spoke with demonstrated an understanding of the different types of abuse that could occur and what they would do if they suspected a patient was at risk of harm. Staff were trained to be vigilant about safeguarding particularly for children. Staff knew to report concerns to the GP who took responsibility for managing safeguarding referrals or the practice manager in their absence.

A whistle blowing policy was in place which further ensured patients' safety and welfare.

One of the GPs took a lead in managing safeguarding alerts. They attended a number of meetings throughout the year to enhance their knowledge base in this area. This established link meant that advice and guidance could be easily sought as needed. The GP was recently unavailable for a period of time and their duties were undertaken by another GP. Documentation was in place to demonstrate this transition had taken place smoothly.

The GP who took a lead in managing safeguarding alerts was also involved in supporting patients who experience domestic violence. Information was shared with the local police to facilitate appropriate solutions to domestic violence situations.

The safeguarding lead GP discussed with us how they supported patients who lacked the capacity to make their own decisions. They demonstrated how they had acted in

## Are services safe?

the best interest of one patient whose current living circumstances had broken down and intervention had resulted in them moving into more suitable accommodation.

### Medicines Management

Medicines were well managed in the practice which ensured patients' safety and welfare. All repeat medicine prescribing reviews were undertaken by clinicians and never delegated to non-clinicians or practice nurses. We reviewed the medicines stored in the anaphylactic shock box. Clinical staff were responsible for checking this equipment monthly. Records looked at indicated these checks were up to date.

Medicine safety alerts were received by the practice manager then distributed to all clinical staff so they kept up to date with any changes. We looked at two safety alerts and found that improvements needed to be made to the way these alerts were being managed as some patients' medicines had not been reviewed as the alert had advised.

Medicines were stored securely.

We looked at the uncollected prescriptions. Most prescriptions were dated within the three month recommended time limit, although a few were outdated in that they were over three months old. The practice had a protocol for reviewing uncollected prescriptions in order to identify potential patient problems which were not otherwise recognised.

### Cleanliness & Infection Control

We looked around the premises and found them to be clean and tidy. Cleaning schedules were in place including a record that the tasks carried out. The treatment rooms, waiting areas and toilets were in a good condition and supported good infection control practices. All surfaces were easy to clean and staff had access to gloves and aprons to minimise the spread of infection. There were hand washing technique posters displayed around the building. There was hand wash and alcohol hand decontamination in all the treatment rooms seen.

There was a current infection control policy in place. Staff were trained in infection control to ensure they knew how to work safely. The service had domestic support throughout the day to ensure good standards of cleanliness were maintained throughout the practice. They had completed additional training to minimise the risk of infection.

Procedures for the safe storage and disposal of needles and clinical waste products were evident in order to protect the staff and patients from harm.

An infection control audit had recently been carried out at the practice. We were informed that no issues or concerns were raised.

### Equipment

We looked at a sample of checks and tests that were carried out on equipment in accordance with health and safety guidelines and regulations. Contracts were in place for annual checks on portable electrical equipment, gas safety and the building security alarm etc.

The practice had a defibrillator and oxygen cylinders for use in a medical emergency. Checks were made to ensure they were working and ready to use. The oxygen cylinder was in date and the defibrillator was fully charged and ready for use. We noted that the defibrillator pads which were only for adults were out of date. There were no defibrillator pads available for children.

The premises were maintained to a high standard. The design and layout of the premises were suitable for their purpose and promoted patients' wellbeing.

### Staffing & Recruitment

There was a clear recruitment and selection policy in place which ensured that all staff employed by the service were appropriately qualified and skilled for their role. Appropriate checks had been undertaken to ensure that clinical staff were registered with their professional body and they were suitable to work at the practice. Disclosure and Barring Service checks had also been completed to ensure staff suitability. Records indicated that staff were provided with induction training when they were first employed which meant they were aware of their responsibilities and knew what was expected of them. A staff handbook was available to all staff so they were kept informed of their general terms of employment and information and procedures relating to their work.

The right staffing levels were provided at all times to support safe and effective service. Staff absences such as holidays and sickness were covered by team members. Locum GPs were used to cover for GP absences.

### Monitoring Safety & Responding to Risk

The practice had systems to identify, assess and manage risks related to the service. We saw the practice's health

## Are services safe?

and safety policy which included clear guidance for staff. Monthly meetings were held with each team in the practice. This gave staff an opportunity to discuss and address any issues of concern that may have arisen. Minutes of meeting were kept so all staff were kept informed of information.

Procedures were in place to record incidents, accidents and significant events and to identify risks to patient and staff safety. The results were discussed at practice meetings and if necessary changes were made to the practice's procedures and staff training. All of the systems we reviewed showed that the practice was effectively monitored by the practice manager and senior staff. For example checks of the environment, equipment, medicines management, staffing and dealing with emergencies.

The practice carried out audits and checks to monitor the quality of services provided. For example the GPs used prescribing information provided by the CCG pharmacist and national alerts to review the medication they prescribed. This helped to ensure patients were receiving the most appropriate medication in line with best practice.

Emergency equipment and medicines were stored securely yet were accessible to staff.

Locum GPs received induction training before they began working at the practice so they are aware of their responsibilities and knew how to work safely. All secondary service referrals were peer reviewed which ensured they were appropriate and safe. Records kept in relation to these referrals were comprehensive and well written.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health

and well-being or medical emergencies. For example there was active engagement in a pilot scheme for integrated care for older people. Older people were directed to the Salford health improvement team which acted as a hub of the provision of support and information.

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

There was a proactive approach to anticipating potential safety risks. We reviewed the practice business continuity plan. This outlined clearly what would happen in the event of an emergency occurring on the premises. The plan included information about loss of access to the surgery, loss of computer / telephone systems and loss of facilities such as water, gas and electricity. It also detailed what to do in the event of fire or flood, and the appropriate response to an epidemic/pandemic and major incident. Clear lines of communication were identified. The contact details of staff and utility providers were available to support staff in managing an emergency.

Staff were trained in basic life support skills so they knew what to do in the event of an emergency. Administrative staff described the process for dealing with medical emergencies and knew to stay with the patient and contact a member of the clinical staff immediately. The practice had an appropriate policy in place to support staff with this process.

Security arrangements were in place to protect staff and patients from potentially aggressive or violent patients. Staff were trained in how to deal with these situations and an alarm button was fitted to desks so that additional staff could be alerted in the case of an emergency.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Patients' health needs were assessed and their care planned and delivered in line with best practice. All clinicians followed the National Institute for Health and Care Excellence (NICE) guidelines and best practice guidelines which were readily available on the internet. Clinical staff carried out comprehensive assessments which covered all health care needs and care was planned to meet patients' identified needs. The staff took time to reflect on their clinical practice which ensured the treatments patients received accurately reflected their current health needs.

We found GP's were familiar with patients' needs; the impact of the socio-economic environment and had particular interest areas. For example one of the GP's had developed additional competencies around working with patients who had mental health needs or a learning disability. Another GP took responsibility for dementia care. This meant health care services were focussed on specific conditions and provided patients with regular support based on up to date information.

### Management, monitoring and improving outcomes for people

The practice recognised the value of clinical audit in improving patient care. There have been a number of clinical audits throughout the year. Some had been undertaken to support clinical revalidation and others for the need to improve service provision.

Information available to the CQC indicated that audits of clinical practice were regularly undertaken and that these were based on best practice national guidelines. For example we looked at audits for musculoskeletal referrals and delayed prescribing of antibiotics. The QOF data for 2012 / 2013 showed the practice was performing well in all areas and particularly well in relation to managing the health of patients with diabetes and reviewing the care of patients who needed palliative care.

The practice had systems in place which supported GPs and other clinical staff to improve clinical outcomes for patients. The practice kept up to date registers for patients with long term conditions such as asthma and chronic heart disease which were used to arrange annual health

reviews. They also provided annual reviews to check the health of patients with learning disabilities and patients on long term medication for example for mental health conditions.

### Effective staffing

Staff learning needs were identified during meetings with senior staff and they were encouraged and given opportunities to develop in their role. Staff disciplinary procedures were also in place to encourage improvement in an employee whose conduct or performance was below acceptable standards.

Staff were trained when they are first employed so they had the right qualifications, skills, knowledge and experience to do their job. Newly appointed staff had a mentor to support them in their role. This meant the staff member was appropriately supported to deliver consistent service.

### Working with colleagues and other services

There were clear and effective arrangements for referrals to other services. Patients we spoke with said referrals to another services happened quickly. The practice worked with other agencies and professionals to support continuity of care for patients. Information was scanned onto electronic patient records in a timely manner. Staff worked together to assess and plan on going care and treatments to patients which ensured their health care needs were continually met.

Regular multi-disciplinary team meetings for patients on the palliative care register took place. This ensured patients had sufficient levels of support and equipment and medicines were in place in a timely manner. The practice staff worked closely with the local community nursing team which ensured good communication about patients.

### Information Sharing

Information needed to plan and deliver care and treatment to patients was shared with relevant staff in a timely and accessible way to ensure patients received the care they needed and clinicians were supported to deliver the best service. Sometimes this information was shared with agencies outside the practice. Information about patients was shared appropriately with the police which ensured the patient's safety.

We discussed problems with patients who continued to refer themselves to A&E for treatment when there were available appointments within the practice. A&E now had

# Are services effective?

(for example, treatment is effective)

specialist nurses who deflected all referrals back to the practice during in-hours appointment times which the practice always accepted. Sharing this information supported the practice to focus its services and finances in the most effective way.

Although information was shared amongst relevant professionals, patient confidentiality was always maintained. During discussion staff demonstrated they were aware of the need to respect patient confidentiality at all times. Information about patient confidentiality and the data protection act was provided on the practice website so patients were reassured their privacy was always respected.

## Consent to care and treatment

Patients told us their GP always obtained their consent before treatments were given and they understood they could change any decisions made about any treatments that had been agreed to.

Policy guidance was available to staff so they understood the importance of gaining patients' agreement to treatments and the need to respect patients' rights.

Patients confirmed that the risks to treatments were discussed with them, so they were fully informed of all the necessary information prior to giving consent.

## Health Promotion & Prevention

All new patients were offered a health check with a member of the nursing team. This provided the practice with important information about their medical history, current health concerns, lifestyle choices, and any risk of

developing long term conditions. The health check assessed, amongst other things, a patient's clinical history, blood pressure, weight and details about their smoking and alcohol routines. Patients were given advice or referred to other services to support them with any identified health issues. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

The practice held regular clinics for a variety of services including family planning, cervical smears, child health surveillance, minor surgery, travel immunisations and joint injections.

The practice website provided a lot of information about how to maintain a healthy lifestyle, how to manage long term conditions and how to get the right treatment for minor illnesses. It also provided patients with information about health issues currently in the media.

The patient waiting area displayed a range of information and health promotion literature to keep patients informed about the services provided at the practice and in the community. There was also a carer's notice board which provided information to carers about support groups and community services. No information was provided in different languages.

QOF information showed the practice performed well regarding health promotion and ill health prevention initiatives. For example providing cervical screening to women aged between 25 and 64.

# Are services caring?

## Our findings

### **Respect, Dignity, Compassion & Empathy**

Care provided was dignified and took into account the patients' physical support needs and their individual preferences. A chaperone service was available to patients. The patients we spoke with confirmed they were offered a chaperone when necessary. Staff were not trained as chaperones so may not be aware of their role and responsibilities. The practice manager was aware of this and had planned for all staff to be trained in the near future. Patients told us they felt safe when they used the service.

Patient confidentiality was respected at all times and a policy was available to staff. Although the reception area was open-plan, we observed that the reception staff had good communication and interpersonal skills with patients. A small room was available to patients so they could talk in confidence with reception staff. In response to patient and staff suggestions, a system had been introduced to allow only one patient at a time to approach the reception desk. 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 was effective in maintaining confidentiality. We observed staff interacted with patients in a polite and professional manner.

QOF data for 2012 / 2013 indicated that 97% of patients who took part in a GP patient survey responded that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern.

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

Staff take all practicable steps to enable people to make decisions about their care and treatment wherever possible. Patients we spoke with told us that health issues were discussed with them and they felt involved in making decisions 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. Interpreters were used for people whose first language was not English. Patient feedback on the comment cards we received was also positive and reflected these views.

Staff had effective communication skills. Patients told us their GP and other clinical staff always explained things in a way they could understand and were respectful in the way they were dealt with.

A confidentiality policy is available to staff so they are aware of their responsibilities and recognise the importance of respecting patients' privacy.

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

Bereaved relatives known to the practice were appropriately supported. Referrals were made to community support services and information about support groups was available in the patient waiting area. A counselling service was also available at the practice to support people with emotional care needs.

One of the patients we spoke with told us that they had received good support from staff when a member of their family had passed away, and they had been referred to a community support group for further support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice was adequately and appropriately equipped for delivering its services. The practice addressed potential barriers to care, for example by using an interpreter service for patients whose first language was not English.

The practice had a mix of male and female GPs so that patients were able to choose to see a GP of the gender of their choice.

The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions. Contraceptive advice was available to families and young people and extended opening hours for people at work.

There was a comfortable waiting area for patients attending an appointment and car parking was available nearby. There were adapted toilet facilities and a passenger lift to support people with a disability.

### Tackling inequity and promoting equality

The practice has taken steps to address inequity and promote health equality to ensure patients can access services in a way that does not discriminate against them. The practice had recognised the needs of different groups in the planning of its services. Patients with long term conditions were regularly reviewed and one of the GPs took a particular interest in providing services to patients with mental health problems and a learning disability. The practice website was clear and could be converted into different languages to support people whose first language was not English. The practice leaflet contained information about services provided, although this was not provided in different languages. Plans had been made to provide staff with training on equality and diversity to ensure they were aware of patients different care needs and knew how to address these care needs in a way that promoted good health for all patient groups.

### Access to the service

There was a 24 hour on line appointment booking system available through the surgery website. The surgery offered appointments from 7am to 6.30pm. Home visits were available to patients who were housebound or terminally ill. Urgent appointments and telephone consultations

were available daily. While patients we spoke with said they were familiar with the appointment system, many commented that they found it difficult to get an appointment, particularly with a GP of their choice. The practice had tried to address this point by offering extended appointments with both GPs and nursing staff. For example early morning appointments were available to people who go to work.

Repeat prescription could be ordered directly from the practice or by using the online prescription request system. Patients' spoken with reported this system worked well.

Staff told us that translation services were also 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.

The practice was accessible to patients with mobility difficulties. There was ramped access at the front of the building along with hand rails and automatic doors. A passenger lift was also available to people who were unable to use the stairs.

The practice's website provided a wide range of information for patients including links to other websites and agencies for further information.

### Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. A copy of the complaints procedure was displayed in the patient waiting area although this was only in English. Administrative staff dealt with verbal complaints from patients and they were trained in conflict resolution should a patient become verbally abusive or aggressive.

We looked at the complaints log. All of the complaints were responded to promptly and fairly and the complaints procedure was satisfactory and fair to the patient's making the complaint. Some of the complaints were directed to NHS England rather than going through the practice complaints procedure. One of the themes identified in the complaints related to the difficulty patients experienced in getting an appointment. This was reflected in the satisfaction feedback questionnaires returned from patients and from the patients we spoke with during the inspection. Two patients had also raised this issue as a

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

concern on the practice website. The staff at the practice had tried to address this issue by providing extended opening hours and this issue was continually monitored and reviewed by staff to see how it could be improved.

Most of the patients we spoke with said they were aware of the complaint procedure. Those that were not, said they

could easily find out. One person told us they had made a complaint earlier in the year and this had been responded to very quickly. However another patient told us they had not received a response to their complaint.

# 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

There was a clear vision and a set of values within the practice. Quality was integral to the practice strategy and there is an awareness of potential risks to quality. This was noted in the practice Statement of Purpose which stated it aimed to 'provide high quality primary care services in a clean, safe and suitably equipped environment'. Staff spoke of good clear leadership which motivated them to provide an effective service. Staff described the culture of the practice as supportive. They spoke positively about the induction training, opportunities for continuing professional development and performance management of staff. The practice had responded to the new initiatives from both the Clinical Commissioning Group. Two new locally enhanced services have been accommodated this year as challenges. This included looking at avoidable admissions into hospital for some patients. The practice is piloting a multidisciplinary team meeting in dealing with this particular issue and individual patient care plans have been developed to support this initiative. Long term condition management was also being looked at. This initiative will review patients care needs either at their home or in the surgery to adequately document the long-term condition and treatment plans.

### Governance Arrangements

Governance arrangements were effective and ensured responsibilities were clear, quality and performance was considered and problems were detected, understood and addressed. Staff were clear about their roles and understood what they are accountable for. The complaints policy was clear and complaints were well managed with complainants being kept fully informed of developments and outcomes. There was a systematic programme of clinical and internal audit, which was used to monitor quality and systems to identify where action should be taken before they adversely impacted on the quality of care. There was a wide range of quality assurance processes in place to continually monitor and assess the quality of service provision which included a range of audits to help identify and instigate actions to address any shortfalls. The provider supported both clinical and non-clinical staff by providing a range of training opportunities all aimed at delivering high quality, safe care and treatment to patients.

The practice used the QOF to measure their performance. The 2012/2013 QOF data for this practice showed it was performing well in terms of clinical efficiency with maximum scores being obtained in the last two years and good progress made towards completing this year's QOF targets.

### Leadership, openness and transparency

The management model encouraged cooperative, open and supportive relationships among staff teams within the practice. Staff spoken with told us they enjoyed their work and felt well supported, valued and motivated. They reported they were always treated fairly. Staff were clear on their roles and responsibilities which meant patients received a safe level of care and treatment. Staff met with their line manager regularly to discuss their work, training needs and development in their role. All staff received an annual appraisal of their work to assess and document their development needs and achievements. Regular team meetings took place which ensured staff were informed about matters relating to patient care and the running of the service. Staff reported they found the meeting useful and felt comfortable contributing to these meetings. A record was kept of all meetings for the purpose recording matters discussed and following up on any identified actions. There was a clear line of communication for the sharing of information so that all staff were kept informed of matters relating to the management of the practice.

### Practice seeks and acts on feedback from users, public and staff

A proactive approach was taken to seek feedback from patients, for example through an active Patient Reference Group (PRG). A PRG is a way for patients and GP surgeries to work together to improve services, promote health and improve the quality of care. The PRG group had been in existence for two years. The group met with the practice manager and one of the GPs three or four times a year to discuss issues relating to the running of the practice and patient care. We spoke with the secretary of the PRG group. They reported the meetings were very positive and they felt the issues raised were listened to and taken on board if possible.

Patients' views and experiences of using the practice were also gathered through quality assurance questionnaires. The practice website provided information on the findings of these questionnaires. The questionnaires for 2013/2014 indicated that patients were mostly very satisfied with the

# Are services well-led?

Good 

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

service they received, although raised concerns about getting an appointment. Patients had also been sent questionnaires relating to two of the GPs. The records we looked at indicated that patients were very happy with their GP and the service they provided.

Staff we spoke with told us that they regularly attended staff meetings and these provided them with the opportunity to discuss the service being delivered. We saw that the GP and the practice manager used the meetings to share information about any changes or action they were taking to improve the service and actively encouraged staff to discuss these points. Staff reported they felt valued and confident they could raise any issues they may have with either the GP or the practice manager and it would be dealt with in an appropriate manner. We were told the staff worked well as a team and supported each other where needed.

## **Management lead through learning & improvement**

There were management systems in place which enabled learning to improve performance. All staff were trained when they were first employed and staff received regular on going training which enabled them to acquire further skills and qualifications relevant to the work they undertook. This training was provided in-house by senior staff, on-line and by external trainers. The staff we spoke with said they felt well supported with their training needs. One member of staff told us she had been supported to attend training to further their career in the practice and another told us they had never been refused any training requests.

Staff told us they met regularly with a senior member of staff to talk about issues relative to their role which gave them opportunity to review their practice and thereby improve the quality of services.