

# The Seven Dials 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

We carried out an announced comprehensive inspection at The Seven Dials Medical Centre on 19 May 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing good, well-led, effective, caring and responsive services. It was also good for providing services for the six population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

Importantly the provider should;

- Review the records related to staff appraisals to ensure they include details of how staff are supported to develop and maintain their skills.

# Summary of findings

- Ensure records of significant events capture the actions taken to review changes to practice to ensure improvements are embedded.
- Review and amend complaint response letters to improve information for patients. For example, include the details of what action a complainant can take if they are unhappy with the response from the practice.
- Ensure the systems for obtaining feedback from patients are developed and maintained.

**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. However we did note that the detailed significant event form used by the practice was not always completed fully. Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at the average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals however the appraisal records we saw were not always detailed enough for example they did not contain a personal development plan. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice highly for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. 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 England 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 a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was 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

Good



# Summary of findings

quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However the provider's response letter to complainants did not contain enough information on what to do if they were not happy with the outcome of the investigation.

## 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. 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. The patient participation group (PPG) was not active however the practice was looking at ways to ensure patient feedback was maintained through a virtual group. Staff had received inductions, regular performance reviews and attended staff meetings.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Specific staff had been trained to offer support and advice to patients in areas such as palliative care. Information was provided in the practice leaflet and telephone support was available.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. We spoke with staff who demonstrated how longer appointments and home visits were available when needed. All patients in this practice had a named GP and a structured annual review to check that their health and medicine needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We saw evidence that the practice took part in an annual national diabetes audit carried out by the Health and Social Care Information Centre. The aim of this audit is to gather information nationally to improve the care of patients with diabetes.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

We spoke with patients who told us that their children were treated in an age-appropriate way and were recognised as individuals. Patients told us how both the GPs and nurses provided a flexible and supportive approach when providing services for young children. They felt the practice understood their needs for example

Good



# Summary of findings

they recognised the difficulties when attending the practice with young children for appointments. Appointments were available outside of school hours and the premises were suitable for children and babies.

Information and advice leaflets for young patients and carers were available in the practice and displayed on the waiting room video display screen.

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

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

The practice operated flexibly at lunchtimes providing health care assistant appointments over this period. GP appointments were available over lunchtime every Tuesday. Extended hours were offered on Wednesdays to improve appointment availability for working age people.

Good



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

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability, dementia and any patient identified as having complex needs.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice

Good



# Summary of findings

regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 8 January 2015 showed the practice was performing above or in line with local and national averages. There were 106 responses and a response rate of 25.2%.

- 83.5% find it easy to get through to this surgery by phone compared with a CCG average of 72.9% and a national average of 71.8%.
- 96.7% find the receptionists at this surgery helpful compared with a CCG average of 88.5% and a national average of 86.9%.
- 91.1% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88% and a national average of 85.4%.
- 94.9% say the last appointment they got was convenient compared with a CCG average of 92.6% and a national average of 91.8%.
- 81.5% describe their experience of making an appointment as good compared with a CCG average of 76.8% and a national average of 73.8%.

- 69.6% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65.4% and a national average of 65.2%.
- 48.6% feel they don't normally have to wait too long to be seen compared with a CCG average of 57.4% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients described the care they received was excellent; staff were friendly, caring, helpful and professional. We spoke with five patients during our inspection and their comments supported the feedback from our comment cards. The patients we spoke with and the feedback from comment cards told us that people did not feel they had to wait long to be seen by the GP or nurse.

## Areas for improvement

### Action the service SHOULD take to improve

- Review the records related to staff appraisals to ensure they include details of how staff are supported to develop and maintain their skills.
- Ensure records of significant events capture the actions taken to review changes to practice to ensure improvements are embedded.
- Review and amend complaint response letters to improve information for patients. For example, include the details of what action a complainant can take if they are unhappy with the response from the practice.
- Ensure the systems for obtaining feedback from patients are developed and maintained.

# The Seven Dials Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Seven Dials Medical Centre

The Seven Dials Medical Centre is located in a residential area of Brighton. There were 7,783 patients on the practice list.

The practice is managed by a principal GP partner with three additional GP partners. There are two practice nurses and a healthcare assistant, a practice manager, reception and administration staff. The practice is open 8am to 6.30pm Monday, Tuesday, Thursday and Friday with extended hours on a Wednesday from 8am until 8.30pm. The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider.

Services are provided from a single location:

24 Montpelier Crescent

Brighton

BN1 3JJ

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example; extended hours.

The practice was last inspected on 29 October 2013 and was found to have met all standards inspected at that visit.

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

## How we carried out this inspection

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

# Detailed findings

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

For example:

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 May 2015. During our visit we spoke with a range of staff including GPs, practice nurses, the practice manager, reception and administration staff and spoke with patients who used the service. We observed how people were being cared and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events, concerns and complaints.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a medicine error was discovered and dealt with appropriately and the records we saw indicated that this incident and the actions to ensure a repeat occurrence was avoided had been shared with the relevant team members. We did note that the detailed significant event form used by the practice was not always completed fully. For example, the sections indicating how improvements were to be followed up and what was found at each evaluation remained blank on most of the forms we saw. The provider, whilst able to evidence follow up actions, recognised they needed to ensure the records were completed fully.

Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The lead practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw that furniture that was damaged and could no longer be cleaned was being replaced with new more appropriate items.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice policy was to carry out an annual review of the staff teams DBS status and renew this check.

## Are services safe?

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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment rooms. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit

and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including the National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for QOF were 82% of the total number of points available. This practice was an outlier for some QOF clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 81.6% compared with the national average of 81.61%.
  - Performance for mental health related and hypertension indicators was mixed for example; the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was similar to the CCG and national average at 78%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was low at 36% compared to a national average of 86%.

We spoke with the lead GP and discussed the areas where the practice results were lower than expected. We were told that some of these figures resulted from clinicians not

coding related health issues. The practice demonstrated that they had taken action to improve coding and record management in the practice. The practice used a software programme to assist with identifying issues in this area. We saw that the practice had undertaken monthly audits of all letters and referrals to ensure accuracy of coding. They also undertook a 'drugs to diagnosis' audit to ensure clinicians were accurately recording the underlying health concerns relevant to prescribing medicines.

We also noted that the practice lead met regularly to review care planning for patients with poor mental health. We saw evidence to demonstrate patients with poor mental health were supported through care planning and multi-disciplinary meetings.

Clinical audits were carried out to demonstrate quality improvements and all relevant staff were involved to improve care and treatment and patient's outcomes. There had been four clinical audits completed in the last two years, for example; an audit of minor surgery, cytology and prescribing. Improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. The practice was undertaking a review of prescribing in care homes with the CCG.

### Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- The appraisal records we saw were not always detailed enough for example they did not contain a personal development plan. However it was evident from the

# Are services effective?

## (for example, treatment is effective)

training records and discussions with staff that as a result of these meetings staff had undertaken training and attended conferences. Staff spoke positively about the support they received.

- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were

also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Health promotion information was available within the practice, on the waiting room monitor or in leaflets. This information covered a wide area including healthy eating and smoking cessation. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 77%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the twenty patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We did not speak with active members of the patient participation group (PPG) on the day of our inspection as this had been dissolved earlier in the year. However we did speak with patients who had been involved with the PPG in the past and they told us that the practice had always welcomed feedback and encouraged patients to make their views known. We saw minutes of previous meetings which indicated that patients were satisfied with the care provided by the practice. The practice was working on establishing a virtual patient participation group to ensure patients had a forum to discuss practice related issues without necessarily having to meet. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was had mixed satisfaction scores on consultations with doctors and nurses. For example:

- 83.6% said the GP was good at listening to them compared to the CCG average of 86% and national average of 87.2%.
- 83% said the GP gave them enough time compared to the CCG average of 83.9% and national average of 85.3%.

- 91.2% said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and national average of 92.2%
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80.6% and national average of 82.7%.
- 72.9% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 77.2% and national average of 78%.
- 96.7% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88.5% and national average of 86.9%.
- 86.2% of patients describe their overall experience of this surgery as good compared to the CCG average of 85.1% and national average of 67.9%.

Patients we spoke with and the feedback from our comment cards told us that patients were listened to by the GP and nurse. Patients had no concerns about the way they were treated by the practice.

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

Patients we spoke with 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 available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 79.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80.2% and national average of 82%.
- 69.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73.6% and national average of 74.6%

The feedback from patients through comment cards also told us that the GPs and nurses involved them in their care and treatment.



## Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language, signing service were also available to assist patients who were deaf or hearing impaired. We saw notices in the reception areas informing patients this service was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was working as part of one of the CCG clusters on the development of proactive care. This was to improve services for vulnerable patients and those with complex physical or mental health needs, who were at high risk of hospital admission or re-admission

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example;

- The practice offered a 'Commuter's Clinic' on a Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and for mothers and babies.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice found bespoke ways to ensure patients with communication difficulties could keep in touch with their GP and nurse.
- The lead GP undertook six monthly care planning review meetings for patients with poor mental health with the mental health liaison nurses.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8:30am to 6pm daily. Extended hours surgeries were offered on Wednesday evenings until 8pm. The practice was open all day and lunchtime appointments could also be accommodated. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them on the day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were higher or similar to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 76.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 73.7% and national average of 75.7%.
- 83.5% patients said they could get through easily to the surgery by phone compared to the CCG average of 72.9% and national average of 71.8%.
- 81.5% patients described their experience of making an appointment as good compared to the CCG average of 76.8% and national average of 73.8%.
- 69.6% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65.4% and national average of 65.2%.

On the day of our inspection we observed the interaction and activity in the practice. We found that patients were seen in good time. Patients we spoke with confirmed that they were seen promptly and had not experience delays in seeing the GP or nurse.

### Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system this was included in the practice leaflet and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at seven complaints received in the last 12 months and found they practice had dealt with them in a timely way. We noted that response letters did not contain information that may be useful to the complainant if they are not happy with the investigation and response of the practice. For example the letters did not contain the next stage complaints system and the contact details for the parliamentary health service ombudsman.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, concerns raised by a patient were taken to a

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

staff meeting and discussed to ensure all staff understood the actions to take in future to improve the experience for patients. The records we saw indicated that when the practice got things wrong they apologised and took steps to improve their service.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

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

### Leadership, openness and transparency

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

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and at any time. Staff were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in

discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was no longer active due to changes in members' availability however this had previously met on a regular basis. The practice was in the process of developing a virtual group to ensure consultation and feedback from patients was maintained. The PPG had carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the last survey in 2014 had a response of 183 returned questionnaires. The PPG reported that 95% of the respondents would recommend the practice to others an increase of 2% over the previous year. Actions from the PPG survey included greater promotion of the practice through newsletters and a new practice information leaflet. The practice was actively reviewing feedback from the friends and family test and had promoted other feedback forums for patients. The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. This is undertaken by NHS England.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us how they had requested training to enhance their knowledge and skills and this had been supported. Staff told us they felt involved and engaged to improve how the practice was run.

### Innovation

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

# Are services well-led?

Good 

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

experienced domestic violence and had liaised with a specialist charity for information and training. The practice was part of the proactive care initiative to enhance patient care and support for those with complex health and social needs in order to prevent hospital admission.