

# Valentine 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 Valentine Medical Centre on 24 November 2015. Overall the practice is rated as good.

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

- The practice had a clinical lead structure in place which supported their patients and staff in areas of: safeguarding, medicines management, learning disabilities, human resources (HR), quality and financial.
- There was a strong and clear leadership structure and staff felt extremely supported by management team.
- Patient services were identified and implemented on site, one example was the practice offered an outreach service for patients with the local citizen's advice.
- The practice had clean and good facilities, which were well equipped to treat patients and meet their needs with patient access to both ground and first levels via lift.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw a couple of areas of outstanding practice:

The medicine management lead and team were very proactive to ensure patient's received the correct medication and checks. We saw evidence of the prescription manager working daily with all GPs, thoroughly checking each prescription from discharge letters to ensure they were actioned immediately. The lead GP had a repeat prescribing system in place and we

# Summary of findings

saw evidence of a recent presentation referring to a recent prescribing review audit. This highlighted clear responsibilities of clinical staff and each process of the review.

The practice had a mission statement which all staff were very positive about, each member we spoke told us they felt involved in making the statement and this was a true

reflection of the practice. This was evidenced by the staff annual away days where the mission statement was made up on a T-Shirt for each staff to wear, this was in 2012.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- When there are unintended or unexpected safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with clinical and non-clinical staff supporting different aspects of the patient's journey.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Practice had defined clinical leads in areas of medicine management, safeguarding, educational, HR and quality.
- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- 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.

Good



# Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## 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 to secure improvements to services where these were identified. For example help many excess services in the practice such as support with debts and housing.
- 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. However a patient told us, to book a routine appointment was difficult.
- The practice had good facilities and was well equipped to treat patients and meet their needs with disabled access and ample parking spaces.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. This was a common theme across the practice and we saw evidence dating back to 2012. All the staff played a part and fully understood their responsibility in the vision.
- There was a clear, strong leadership structure and staff very felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings and daily meetings to ensure there was no isolation of the clinical staff.
- There was a strong focus on continuous learning and improvement at all levels, the practice had an education lead for all staff.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk for example the safeguarding lead regularly updated staff on correct procedures and any information obtained.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents which all staff were aware of.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was newly formed, they already had plans for the future to develop further.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

- The practice has a close relationship with local care homes and offers support, training and signposting to help care staff in caring for their patients.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in meetings with other healthcare professionals and social services to discuss any concerns.
- There was a named GP for the over 75s with longer appointments when required

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.
- The healthcare assistant supported the nurses to help in the education of patients with long term conditions and clinics.
- All patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed.
- Patients had a six monthly or annual review with either the GP and/or the nurse to check that their health and medication.
- The practice had registers in place for several long term conditions including diabetes and asthma.

Good



Patients were allocated specific practice nurses for the patient's management of the condition.

### Families, children and young people

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

Good



# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies, however we did identify the opening times would not suit this population group.
- 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.
- The practice regularly liaised with health visitors who attended on a weekly basis.
- Immunisation rates were high for all standard childhood immunisations.
- We saw good examples of joint working with midwives, health visitors and school nurses.

## **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 practice did not offer extended access to appointment for example they opened at 8.45am, patients did say they found this difficult to plan around their work.
- 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, for example they had services from local mental team and drug and substance misuse.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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 they also had a clinical lead who was responsible.
- It offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people, we saw evidence of meetings attended.
- Practice had disabled access, use of a lift and ample car parking

Good





# Summary of findings

- 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. This was supported by the in-house clinical and non-clinical safeguarding team.

## **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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It had a system in place to follow up patients who had attended accident and emergency where medication had been changed.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Good**



# Summary of findings

## What people who use the service say

We spoke with eight patients on the day of the inspection and reviewed 33 completed Care Quality Commission comments cards. Feedback from patients was positive about the staff and the service.

Patients told us that staff treated them with dignity and respect and were very approachable, caring and understanding. Patients also told us that they found the phone appointment system frustrating; however they could make a appointment. One patient was not happy with the appointment system due to working full time, they told us they could not always get a routine appointment and they felt it was not serious enough to book an emergency appointment. One patient explained one of the GP went above and beyond whilst caring for their sick mother.

The national GP patient survey results published showed the practice was performing in line with local and national averages. 379 surveys were sent out and 123 were completed. This was a 32% completion rate and represented approximately 1% of the practice population :

Performances for clinically related indicators were lower than the national average. For example

- 48% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 81% found the receptionists at this surgery helpful compared to a CCG average of 86% and a national average of 87%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 81% and a national average of 85%.
- 85% said the last appointment they got was convenient compared to a CCG average of 90% and a national average of 92%.
- 60% described their experience of making an appointment as good compared to a CCG average of 71% and a national average of 73%.
- 45% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 57% and a national average of 65%.

## Outstanding practice

We saw a couple of areas of outstanding practice:

The medicine management lead and team were very proactive to ensure patient's received the correct medication and checks. We saw evidence of the prescription manager working daily with all GPs, thoroughly checking each prescription from discharge letters to ensure they were actioned immediately. The lead GP had a repeat prescribing system in place and we

saw evidence of a recent presentation referring to a recent prescribing review audit. This highlighted clear responsibilities of clinical staff and each process of the review.

The practice had a mission statement which all staff were very positive about, each member we spoke told us they felt involved in making the statement and this was a true reflection of the practice. This was evidenced by the staff annual away days where the mission statement was made up on a T-Shirt for each staff to wear, this was in 2012.

# Valentine 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 advisor and practice manager specialist advisor.

## Background to Valentine Medical Centre

Valentine Medical is located close to Manchester City centre. There are 10,400 patients on the practice list at the time of our inspection and the majority of patients were of white British background.

The practice is a large two storeys building, the ground floor held a large reception area and multiple consulting rooms with a spacious waiting area including a separate children's waiting area. The first floor was accessible by lift or stairs which held staff offices, consulting and treatment rooms with waiting areas. There were disabled toilets on both levels with baby changing facilities. All patient areas were disabled friendly, with all staffing areas closed off to the public with a secure door entry system in place.

There is a car park outside the building with over 40 parking spaces for patients only, also ample disabled parking available.

The practice is managed by five GP partner (three female and two male). There are two practice nurses and one healthcare assistant. Members of clinical staff are supported by a practice manager, nine receptionist and five administration staff.

The practice is opens as follows :

- Monday 8:45am– 6pm( Closed for lunch 12:30 – 2:pm)
- Tuesday 8:45am – 6pm( Closed for lunch 12:30 – 2pm)
- Wednesday 08:45 – 13:00
- Thursday 8:45am– 6pm( Closed for lunch 12:30 – 2pm)
- Friday 8:45am– 6pm( Closed for lunch 12:30 – 2:30)

Patients requiring a GP outside of normal working hours are advised to call “ Go-to- Doc” using the usual surgery number and the call will be re-directed to the out-of-hours service. The surgery also runs with local practices, a neighbourhood scheme for Sunday appointments between the hours of 10.00 and 18.00.

The practice has a General Medical Services (GMS) contract and also offers enhanced services for example: avoiding unplanned admissions/care plans, supporting patients with dementia and minor surgery.

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed :

# Detailed findings

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 24th November 2015.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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 whose circumstances may make them vulnerable

People experiencing poor mental health (including people with dementia)

# Are services safe?

## Our findings

### Safe track record and learning

We reviewed safety records, incident reports national patient safety alerts 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 we spoke to staff who all knew how to raise a concern. This was backed up with evidence from the minutes where event or incidents were discussed as a team. We could not find evidence of documented learning outcome, however staff could verbally explain what process had taken place to change practice.

When there are unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and where told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- The practice had a lead GP to oversee the whole safeguarding for the practice. The practice was proactive in managing whole safeguarding process.
- All staff had been trained externally and internally by the GP lead, and we saw evidence of the team working together to ensure safeguarding of children and vulnerable adults from abuse reflected relevant legislation and local requirements and policies which was accessible to all staff.
- The safeguarding policy reflected the practice protocols and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports, training documentation and further guidance to practice staff where necessary for other agencies. Staff demonstrated clearly that they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- The practice had a lead GP responsible for the medicine management of the practice, this was managed by having a dedicated team who managed :
  - All hospital administration medication changes
  - Discussed with individual GPs daily, their prescriptions and highlighted any changes in person
  - Annual medication reviews
  - All acute prescriptions were discussed in person with relevant GP
  - End of life medication, we were told how the team rang all local pharmacies to ensure a certain medication was available to a patient before it was issued.
  - The online repeat prescription system
  - Check all the relevant information is in place for Warfarin patients
- We saw other arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses and healthcare assistant to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. We saw evidence of an infection control statement individual to the practice, with a full infection control audit undertaken, we saw evidence that actions were taken to address any improvements identified, and one example highlighted was a toy cleaning schedule. This was actioned by all soft toys replaced with wooden toys which could be cleaned thoroughly.
- We found the whole building maintained high standards of cleanliness and hygiene, the treatment rooms we observed the clinical waste bins to be correct and saw evidence of daily cleaning check lists in every room in the building.

## Are services safe?

- A notice in the waiting room advised patients that nurses 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 check). (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).
- We reviewed five personnel files and found 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 carried out regular fire drills. 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.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty .

### Arrangements to deal with emergencies and major incidents

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

- There was a personal alarm system in every treatment room and also instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. We were told of an incident where the internal panic button had been used in practice.
- The practice had a defibrillator available on the premises and oxygen with adult mask; we saw evidence of children's masks on order. There was also a first aid kit and accident book available.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location which was in the reception area. 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. All staff we spoke to had a clear understanding of where to access the plan.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 2014-15 where the practice achieved 94 % of the total number of points available, with 9 % exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 74.4% below the CCG average of 84% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 81.2 % which compared as average with local CCG of 84% and below national average of 84%.
- The dementia diagnosis rate indicator was 92.3% which compared as below CCG of 94% and national average of 95%.
- Performance for mental health related indicators was 80.8% below the CCG average of 92% to the CCG and below national average 93%

Clinical audits demonstrated quality improvement.

- We reviewed two clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action was taken as a result included a full audit which reviewed all preventable Ambulatory Care Sensitive (ACS) hospital admissions. ACS are medical problems that are potentially preventable.

Information about patients' outcomes had been used to make improvements such as the surveys taken in 2014 with regards to the appointment system. The practice implemented a triage system for patients to ensure access to a GP; also the practice changed their telephone number from 0800 to 0161 number.

### Effective staffing

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

- The practice has two HR leads to whom staff can go if they do not wish to approach the practice manager. This in-house systems works effectively for all staff. For example, this allows HR decisions to be made speedily; we spoke to staff who liked this approach as they know they have two points of contact for HR issues who they can approach.
- 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 ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- The practice had an induction programme for newly appointed clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw evidence of this with the induction of a new GP who had started work in the practice.

# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. We saw the healthcare assistant having developed into many areas of the role.
- Staff received training that included: safeguarding, fire procedures, 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 investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

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

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- All staff explained that in all safeguarding matters or concerns they would ask and receive support from the safeguarding lead.
- < >taff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity

to consent in line with relevant guidance. For example we spoke to one clinician who explained the way they use the Gillick Competencies Framework (which is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge) and how this was used in the treatment of a patient.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, 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

The practice identified patients who may be in need of extra support.

- The practice offered various access to services for their patients for example :
- A dedicated service was available on the premises from local services such as community alcohol team and citizen advice.
- The practice offered a number of clinics to help dependencies such as substance misuse.
- The practice was an accredited yellow fever centre.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 95%, which was comparable to the CCG average of 92.2 % and the national average of 92.4%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates 2013-14 for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 95.6% and five year olds from 83.9% to 96.6%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and



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

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 that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations 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 33 patient comment cards received, 90 % were positive about the service, treatment and experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some patients felt the phone waiting system was not good and booking an appointment was difficult.

We also spoke with one member of the patient participation group. They also told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. The group was newly formed and had made plans to support the local community in the New Year with a "Health Promotion Day" which will help local patients to stop smoking and offer support with other issues.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.

- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 81% said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

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

Patients told us that 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 one of the comment cards received was positive and aligned with these views.

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

- 69 % usually get to see or speak to their preferred GP compared to the CCG average of and national average of
- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care CCG average of 79% and national average of 81%

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

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

## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. There were a number of information boards which promoted services to support patients and carers.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1 % of the practice list as carers. Written information was available

to direct carers to the various avenues of support available to them. We spoke with one patient who said the support received whilst caring for a relative was unbelievable and went above and beyond.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. However one comment card stated they did not receive any acknowledgement when their husband suddenly died.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice was part of a Neighbourhood Hub service in conjunction with other practices, to offer extended hours opening times for patients.

The practice was involved in the "Choose Well" scheme which offers advice to patients around where to go when ill or injured to ensure they received the right care.

There was a newly active PPG which met on a quarterly basis and had submitted proposals for health promotions and ways to generate a more virtual group to the practice management team.

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

- The GP and two non-clinical staff members were involved in The Macmillan Cancer Improvement Programme (MCIP) which is about working together to find new ways that will give everyone a better cancer care experience and ultimately increase survival rates.
- The practice has a number of excess services to patients for example the offer a weekly debt and housing support ran by the local citizens advice and work with the alcohol and substance misuse teams to run clinics for their patients.
- The practice is an accredited Yellow fever centre.
- There were disabled facilities, lift and access for patients in a wheelchair; also there was a disabled toilet for patients on both levels of the building.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for those with serious medical conditions.
- There was a hearing loop and translation services available on request.

### Access to the service

The practice is open 8.45am to 6pm Monday, Tuesday, Thursday and Friday, and Wednesday opened 8.45am to 1pm. In addition to pre-bookable appointments that could be booked, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. Patients told us on the day that they were able to get appointments when they needed them.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 48% of patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 60% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 45% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example the practice had posters. One patient told me clearly the process of how to complain, they said they had been listened too and treated with patient and kindness.

We looked at a sample of eight complaints and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example we saw a patient had been invited to a meeting to discuss further.

# 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 quality care and promote good outcomes for patients.

- The practice had a mission statement which was framed in reception waiting areas. We saw evidence of the statement being developed and promoted on the away day in 2012, where all staff had a T-Shirt with the statement printed.
- All staff were aware and proud of the mission statement of the practice and felt part of making the vision.
- The practice had a strategy and supporting business plans which reflected the vision and values, we saw evidence of this where the staff attending annual away day.

### 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 were clinical leads in areas of educational, medicine management, CQC and safeguarding. We saw evidence which backed up this as each area having dedicated staff with defined responsibilities to work to policies.
- The practice had strong clinical and non-clinical leads and systems in place to effectively manage medicine management, safeguarding, HR, education, quality and learning disabilities for the entire practice. For example we saw evidence in multiple areas of the taking an active lead to ensure regular audits, training and communication in place. We also saw there was checking and processing system in place and all staff we spoke with knew of each system.
- A comprehensive understanding of the performance of the practice was clear; with the practice being large the clinical team they met each lunch time to ensure an overview of the morning and evening sessions were discussed, highlighting any areas of concern.

- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements for example the medicine management process was solid to ensure patient and staff safety.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff via the shared drive on any computer within the practice. We looked at a sample of these policies and procedures and saw they had been reviewed regularly and were up-to-date.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and would always take the time to listen to all members of staff.

The clinical staff demonstrated an enthusiasm for their work and all shared the same purpose to provide the best care for their patients, this was seen with the enthusiasm of each clinical specialism and the staff who all felt part of the team and making the process work.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gives affected patients reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

# Are services well-led?

Good 

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

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. We saw evidence of this with all staff understanding the values and statements of the practice.

- 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 confident in doing so and felt supported if they did. We also noted that team away days were held annually to plan the future of the practice.
- Staff told us they could take part in a financial incentive scheme to help the practice achieve the yearly targets.
- Staff told us that the practice held daily clinical meetings to discuss the morning events; this was to ensure peer support was shown with the practice being so large.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through surveys and complaints received. One example of listening to feedback from patients was the telephone number had been changed to a 0800. The patients complained and the practice reverted back to a 0161 number which immediately saw an increase in patient satisfaction.

- Another example shown was the new triage system in place for appointments; this was a direct result of patients unable to get an appointment.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and felt like a valued member of the team.

## Continuous improvement

There was a strong focus on continuous patient improvement within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Some examples of these are :

- The practice offers their patients an in house self-referral outreach service, with the local Citizen Advice. This service offers information and support to patients who may need help with housing or debt issues.
- The practice has a service for substance misuse patients, with a dedicated team who attend two and half days a week. This team provide patients with clinical shared care and physiological and social interventions to help overcome any problems.
- The practice offers access to the Community Alcohol team, were patients received assessments and counselling in the practice.
- The practice offers patients access to the mental health team and early intervention team, one day a week in practice.