

# Manor Farm Primary Care Resource 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 Manor Farm Primary Care Resource Centre on 10 October 2017.

Overall the practice is rated as good.

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

- There were systems in place to reduce risks to patient safety, for example, equipment checks were carried out and there were systems to prevent the spread of infection.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt supported and they had access to training and development opportunities appropriate to their roles.

- Patients said they were treated with compassion, dignity and respect. We saw staff treated patients with kindness and respect.
- Services were planned and delivered to take into account the needs of different patient groups.
- There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

The areas where the provider should make improvements are:

- The scope of issues considered to be a significant event should be broadened and the significant event log should contain all events relevant to the practice.
- Checks of cleaning standards should be recorded.
- Monitor recruitment records to ensure that all the required information is obtained.
- The salaried GP should have an in-house appraisal in addition to the external appraisal process.
- A central system to monitor staff training should be put in place.

# Summary of findings

**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 were appropriate systems in place to ensure that equipment was safe to use. The practice maintained appropriate standards of cleanliness and hygiene. Staff were aware of procedures for safeguarding patients from the risk of abuse. Staff knew how to report safety issues.

Good



### Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to best practice guidance and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had access to training and development opportunities appropriate to their roles.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients spoken with and who returned comment cards were positive about the care they received from the practice. We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone.

Good



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

The practice is rated as good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. A range of access to the service was provided. The practice had a complaints policy which provided staff with guidance about how to handle a complaint.

Good



### Are services well-led?

The practice is rated as good for providing well-led services. There was a clear leadership structure, staff were clear about their roles and responsibilities and felt supported by management. The practice held governance and staff meetings. The practice sought feedback from staff and patients, which it acted on.

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. The practice kept registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. All patients over 75 had a named GP. The practice worked with other agencies and health providers to provide support and access specialist help when needed. Care plans were in place for patients with a high risk of being admitted to hospital. The practice had reviewed the needs of approximately 60 patients identified as frail in the last four months. This had included a medication review to prevent falls and a referral had also been made to the local falls prevention team who had assessed what support could be offered. Older patients had a telephone number to enable quicker access to a GP in the event of an emergency.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to re-call patients to make sure they received regular reviews for long term conditions. The practice nurse offered longer appointments and visited housebound patients to carry out long term condition reviews. All patients with a long term condition had a named GP and patients identified as at high risk of hospitalisation had a telephone number to enable quicker access to a GP in the event of an emergency. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access to specialist help when needed.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Priority was given to young children who needed to see the GP and appointments were available outside of school hours. The staff we spoke with had appropriate knowledge about

Good



# Summary of findings

child protection and how to report any concerns. Child health promotion information was available on the practice website and in leaflets displayed in the waiting area. Family planning and sexual health services were provided.

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

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The practice appointment system and opening times provided flexibility to working patients and those in full time education. The practice was open from 8am to 6.30pm Monday to Friday. An evening surgery was provided until 7.30pm on Wednesdays. Patients could book appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line and by attending the practice. Telephone consultations were also provided. The practice website provided information around self-care and local services available for patients. The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, contraceptive services, smoking cessation advice, NHS health checks and family planning services. Reception staff sign-posted patients who did not necessarily need to see a GP, for example patients were advised about physiotherapy services.

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

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. A register was kept of patients with a learning disability, the practice nurse was the lead clinician for these patients, a flexible appointment system was in place to meet their needs and a system to ensure these patients received an annual health check. The staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and children. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate support. A member of staff acted as a carer's link and they were working to identify carers and promote the support available to them. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the well-being service. The practice worked with other agencies and health providers to provide support and access to specialist help when needed.

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

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients who experienced poor mental

# Summary of findings

health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review. Care plans were in place to support patients. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice referred patients to appropriate services such as memory clinics, psychiatry and counselling services. Patients were also signposted to relevant services such as Age UK, and the Alzheimer's Society.

# Summary of findings

## What people who use the service say

Data from the national GP patient survey July 2017 (data collected from January-March 2017) showed that the practice was performing in-line with or above local and national averages. The practice distributed 225 forms 104 (46%) were returned which represents approximately 2.6% of the total practice population. The results showed that patients' responses about whether they were treated with respect and compassion and involved in their care were in-line with or above local and national averages. For example results showed:

- 95% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 89%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 98% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 96% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.

The results of the national GP patient survey showed that patients' responses about satisfaction with access to care and treatment were in-line with or above local and national averages. For example:

- 87% of patients said they were able to get an appointment to see or speak to someone last time they tried compared to the CCG average of 83% and national average of 84%.
- 85% of patients said the last appointment they got was convenient compared to the CCG average of 81% and national average of 81%.

- 82% of patients were satisfied with the surgery's opening hours compared to the CCG average of 81% and national average of 76%.
- 93% of respondents found the receptionists at the surgery helpful compared to the CCG average of 88% and national average of 87%.
- 80% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.

Responses to seeing a preferred GP, telephone access, overall experience of and recommending the practice to others were above local and national averages:

- 91% of respondents found it easy to get through to this surgery by phone compared to the CCG average of 77% and national average of 71%.
- 83% of respondents said they usually got to see or speak to their preferred GP compared to the CCG average of 61% and national average of 56%.
- 98% of patients described their overall experience of this surgery as good compared to the CCG average of 87% and the national average of 85%.
- 93% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 79% and national average of 77%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were positive about the standard of care received. We spoke with eight patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy. Overall feedback from patients indicated that they were satisfied with access to the practice. However, three said there could be a long wait for routine appointments.

The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.



# Summary of findings

Results from July, August and September 2017 showed there had been 20 responses completed and 100% of the respondents were either extremely likely or likely to recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- The scope of issues considered to be a significant event should be broadened and the significant event log should contain all events relevant to the practice.
- Checks of cleaning standards should be recorded.
- Monitor recruitment records to ensure that all the required information is obtained.
- The salaried GP should have an in-house appraisal in addition to the external appraisal process.
- A central system to monitor staff training should be put in place.

# Manor Farm Primary Care Resource Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a second inspector and a GP specialist advisor.

## Background to Manor Farm Primary Care Resource Centre

Manor Farm Primary Care Resource Centre is responsible for providing primary care services to approximately 3918 patients. The practice is situated in Manor Farm Road in Huyton, Merseyside. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally.

The staff team includes one partner GP, one salaried GP and a locum GP who provides one session per week. There is a practice nurse, a practice manager and administration and reception staff. The GP partner and salaried GP are male and the locum GP and practice nurse are female.

Manor Farm Primary Care Resource Centre is open from 8am to 6.30pm Monday to Friday. An evening surgery is provided until 7.30pm on Wednesdays. Patients are also directed to a local walk-in centre which is open every day Monday to Saturday 8am to 9pm and Sunday and bank holidays 10am to 9pm. Patients requiring a GP outside of these hours are advised to contact the GP out of hours service, by calling 111.

The practice is in a purpose built building that is shared with another GP practice and community health services such as health visiting and midwifery. The practice is situated on the ground floor and provides access to patients with a physical disability. A large car park is available for patients and staff.

The practice has a Personal Medical Service (PMS) contract. The practice offers a range of enhanced services including, extended hours, learning disability health checks, alcohol related risk reduction and proactively identifying and responding to the needs of frail patients.

## 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

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?

# Detailed findings

- 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)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 10 October 2017. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting, recording and investigating significant events. Staff spoken with knew how to identify and report a significant event. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. We looked at a sample of significant events from the practice and found that action had been taken to improve safety in the practice where necessary. The practice held staff meetings at which significant events were discussed in order to cascade any learning points. We found that the scope of what was considered to be a significant event could be broadened to allow for further improvements in service delivery. The log of significant events also needed to include two events that had been managed within the clinical team to ensure that the actions arising from them were reviewed.

There was a system in place for the management of patient safety alerts and we were given examples of the action taken.

### Overview of safety systems and processes

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies 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. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and told us they had received training on safeguarding children and vulnerable adults relevant to their role. The safeguarding lead told us that they liaised with the health visiting and midwifery service and other childcare professionals to discuss any concerns about children and their families and how they could be best supported. The practice monitored children's attendance at accident and emergency and contacted the health visiting service and safeguarding team with any concerns.
- A notice was displayed advising patients that a chaperone was available if required. The practice nurse and non-clinical members of staff acted as chaperones

and they had received guidance and training for this role. A Disclosure and Barring Service (DBS) check had been undertaken for all staff who acted as chaperones. These 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.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules in place. Cleaning standards were audited by the cleaning company employed by the owners of the premises. The practice manager checked on these standards. However they did not formally record their observations. The practice nurse was the infection prevention and control (IPC) clinical lead. They liaised with the local infection prevention and control team to keep up to date with best practice. There were IPC protocols and the staff had received training regarding the main principles of infection control and hand washing. Annual IPC audits were undertaken by the local infection prevention and control team and action was taken to address any improvements identified as a result. In-house infection control audits were also undertaken.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. We looked at the systems in place to review patients prescribed high risk medications and found these were appropriately managed.
- We reviewed the personnel files of two staff employed by the practice and a self-employed locum GP. Records showed that most of the necessary information was available. Evidence of qualifications and identity was not available for the locum GP. This was provided to CQC following the inspection. Evidence of physical and mental suitability of staff for their role was not recorded.

## Are services safe?

A template to record this information was provided to CQC following the inspection. A system was not in place to carry out periodic checks of the General Medical Council (GMC), Performers List and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff. We were provided with evidence that these checks had been undertaken following the inspection and that a spreadsheet had been developed to enable periodic checks.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was an up to date fire risk assessments and regular fire safety equipment tests were carried out. An up to date electrical wiring certificate for the premises was available.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number 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.
- Two week rule referrals were monitored to ensure patients were provided with an appointment. The two week appointment system was introduced so that any patient with symptoms that might indicate cancer, or a serious condition such as cancer, could be seen by a specialist as quickly as possible. We noted that the two week rule referral system could be made more robust by monitoring whether vulnerable patients had attended for their appointment.

### 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. Staff had received basic life support training. Some clinical staff were due for refresher training and a date for this had been arranged. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely. The practice had a business continuity plan which covered major incidents such as power failure or building damage and included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff we spoke with told us they used best practice guidelines to inform their practice, for example, they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. Clinical staff attended training and educational events to keep up to date with best practice. GPs we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital via a system which ensured an appointment was provided within two weeks. Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and 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 practice had a clear system in place to ensure that patients were called in for reviews of their health conditions. The practice was aware of areas where improvements were needed to patient outcomes and there was a plan in place to address this.

We saw that audits of clinical practice were undertaken. Examples of audits included audits of cancer referrals, management of medication following patient discharge from hospital and an audit of reviews of patients prescribed antibiotics. The audits showed and we discussed with both GPs the changes that had been made to practice where this was appropriate.

The GPs and nurse had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, minor surgery and learning disability. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with support based on up to date information.

Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs.

### Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality as well as employment related matters. Newly employed staff worked alongside experienced staff to gain knowledge and experience. Locum GPs were provided with information they needed for their role.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. An appraisal system was in place to ensure staff had an annual appraisal. Doctors had appraisals, mentoring and facilitation and support for their revalidation. The salaried GP had an external appraisal however they did not have an in-house annual appraisal.
- Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff received training that included: safeguarding adults and children, fire procedures, basic life support, infection control and information governance awareness. Clinical and non-clinical staff told us they were provided with specific training dependent on their roles. Clinical staff told us they had received training to update their skills such as cytology, diabetes management and immunisations.
- A record was made of training on individual computerised records. We noted that there was not a central system to review staff training completed which would assist with identifying, monitoring and reviewing staff training needs. Protected learning time was given to enable staff to update their learning and develop their skills and knowledge. Staff had access to and made use of e-learning training modules, in-house training and training events provided by the Clinical Commissioning Group to keep up to date.

### Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system.

# Are services effective?

(for example, treatment is effective)

This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

## Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance. Clinical 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 clinical staff told us assessments of capacity to consent were also carried out in line with relevant guidance.

## Supporting patients to live healthier lives

New patients completed a health questionnaire and were offered a consultation with the practice nurse. The practice

offered national screening programmes, vaccination programmes and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services. Childhood immunisations were given and there was a system to ensure that any missed immunisations were followed up with parents or a health visitor. Records showed that childhood immunisation rates for 2016/2017 for two and five year old were above the national standard of 90%.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer screening and promoted these services to inform patients about their importance.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. 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 to promote privacy. Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were positive about the standard of care received. We spoke with eight patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

Data from the national GP patient survey July 2017 (data collected from January-March 2017) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were comparable to or above local and national averages, results showed for example:

- 95% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG average of 87% and national average of 86%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 96% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 98% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

The practice reviewed national GP patient survey results and discussed them with the Patient Participation Group (PPG) to establish how the practice was performing and where any improvements could be made.

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

We spoke with eight patients who told us that overall they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by clinical staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we 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 or above local and national averages. For example:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 96% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 91% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 92% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, translation services were available, information could be made available in large print if needed and a hearing loop was available. Patients were also advised that they could contact the practice for assistance with understanding health related correspondence or completing health related forms.

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



## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Information about support groups was also available on the practice website.

Written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 136 (approximately 3.4%) of patients as carers. Carers were provided with information about support groups and organisations.

Alerts were placed on their records to ensure appropriate support was offered in the event of their illness and an annual influenza immunisation was offered. The practice was working to identify further carers to ensure they had access to appropriate support.

Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement. Clinicians told us that bereavement cards were sent to patients' next of kin and contact was made with them to check if any extra support was needed.

# 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 Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered enhanced services including, extended hours, learning disability health checks, alcohol related risk reduction and proactively identifying and responding to the needs of frail patients. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- Care plans were in place for patients with a high risk of being admitted to hospital. The practice nurse followed up all hospital discharges to assess what support was needed to minimise re-admission to hospital.
- The practice had reviewed the needs of approximately 60 older patients identified as frail in the last four months. This had included a medication review to prevent falls and a referral had also been made to the local falls prevention team who had visited the patients and offered adjustments to their homes to prevent further falls.
- Older patients and patients with a long term condition had a telephone number to enable quicker access to a GP in the event of an emergency.
- The practice nurse provided home visits for chronic disease management.
- There were longer appointments available for patients, for example older patients, patients with a long term condition and patients experiencing poor mental health.
- Travel vaccinations and travel advice were provided by the nursing team.

- Reception staff sign posted patients who did not necessarily need to see a GP to local resources such as the physiotherapy service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).
- A phlebotomy service was hosted at the practice so patients did not have to travel to hospital to receive this service.

### Access to the service

Manor Farm Primary Care Resource Centre was open from 8am to 6.30pm Monday to Friday. An evening surgery was provided until 7.30pm on Wednesdays. The appointment system provided pre-bookable and on the day appointments. Patients could book appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line and by attending the practice. Telephone consultations and home visits were also provided. Mobile phone texts were made to remind patients about appointments and reduce missed appointments.

Results from the national GP patient survey from July 2017 (data collected from January-March 2017) showed that patient's satisfaction with access to care and treatment was in-line with or above local and national averages. For example results showed:

- 87% of patients said they were able to get an appointment to see or speak to someone last time they tried compared to the CCG average of 83% and national average of 84%.
- 85% of patients said the last appointment they got was convenient compared to the CCG average of 81% and national average of 81%.
- 82% of patients were satisfied with the surgery's opening hours compared to the CCG average of 81% and national average of 76%.
- 93% of respondents found the receptionists at the surgery helpful compared to the CCG average of 88% and national average of 87%.
- 80% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.

Responses to satisfaction with opening times, experience of making an appointment and recommending the practice were above local and national averages:

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

- 91% of respondents found it easy to get through to this surgery by phone compared to the CCG average of 77% and national average of 71%.
- 83% of respondents said they usually got to see or speak to their preferred GP compared to the CCG average of 61% and national average of 56%.
- 98% of patients described their overall experience of this surgery as good compared to the CCG average of 87% and the national average of 85%.
- 93% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 79% and national average of 77%.

We received 14 comment cards and spoke to eight patients. Feedback from patients indicated that overall they were satisfied with access to appointments and opening hours. However, three said there could be a long wait for routine appointments.

The practice had a system to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available for patients to refer to in the patient information booklet and on the practice website. A copy of the complaint procedure was available in the waiting area. This included the details of who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a record of written complaints. We reviewed a sample of two complaints. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate.

# 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 statement of purpose which outlined its aims and objectives. These included providing a high standard of medical care, involving patients in decisions about their care and treatment and ensuring all staff had the skills they needed to competently carry out their roles. The staff we spoke with knew and understood the aims and objectives of the practice and their responsibilities in relation to these.

### Governance arrangements

Policies and procedures were in place to govern activity, identify and manage risks.

There were clear systems to enable staff to report any issues and concerns. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. We found that the scope of what was considered to be a significant event could be broadened to allow for further improvements in service delivery. The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.

### Leadership and culture

We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. The GP partner was visible in the practice and staff told us they were approachable.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at meetings or as they occurred with the practice manager or the GP partner. Staff said they felt respected, valued and supported.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical staff told us they met to discuss new protocols, to review

complex patient needs and keep up to date with best practice guidelines. The GP partner and the practice manager met to look at the overall operation of the service and future development.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG met with representatives from the practice to discuss the operation of the service and any new developments. We met with six PPG members who told us they were kept informed about any changes at the practice and worked with the practice to find solutions to issues raised by patients. They said they felt they were listened to and changes had been made to the practice as a consequence. For example, the PPG had recommended text messaging for cancelling appointments to reduce the amount of missed appointments and the practice had introduced a system to enable this. The practice had moved to new premises in the last 12 months and the PPG told us that they were kept closely informed about these plans.
- The practice gathered feedback from staff through staff meetings and informal discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services including, learning disability health checks and influenza immunisations. The practice was working to ensure it met the needs of its patient population. For example, within the last six months the practice had assessed the needs of patients identified as frail and reviewed their medication to prevent falls and referred these patients to the falls prevention team. The practice was aware of patient feedback about the services provided, for example, regarding access and it had introduced changes to improve this, such as providing extended hours one evening per week. The practice was aware of other challenges such as workforce, finance and

# Are services well-led?

Good 

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

workload challenges and it had introduced solutions to address them. For example, by providing signposting training to staff for patients who may not need to see a GP

and introducing new technology such as text messaging to reduce missed appointments. The practice had plans to increase the number of consulting rooms to provide further services to patients and to recruit a permanent female GP.