Firth Park Surgery

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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Firth Park Surgery on 10 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw several areas of outstanding practice:

- There were a high number of transient patients from Eastern Europe, 16% of patients were from the Roma Slovak community, and their needs were met in a very caring and responsive way.
- Patient requests for a more accessible building were acted upon with the partnership funding major building work, reducing queueing and overcrowding.
- The practice identified that there was a high number of patients registered who had caring responsibilities, 23% of the practice population. The practice had a lead GP, who was the carer's champion; it had a carer's notice board for information and signposting. The practice worked closely with the community support workers to

Summary of findings

improve the holistic package of care received by patients with mental health needs and those living with dementia, actively offering advocacy and carer support to reduce social isolation. The practice carried out opportunistic visits to housebound patients to check on the health and wellbeing of the patients and carers.People whose circumstances may make them vulnerable were assessed and cared for effectively and close working relationships with health visitors and multi agency teams enabled these people and their families to be supported.

The areas where the provider should make improvements are:

- To ensure all staff that require a disclosure and barring check (DBS check) have one completed.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- 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.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Feedback from patients about their care and treatment was consistently and strongly positive. All seven patients we spoke to were very positive about high standards of care and all of the 25 comment cards were complimentary about the care given.
- We observed a strong patient-centred culture. There were innovative approaches to providing integrated person-centred care. Examples of improvements made following consultations with patients included improving the general layout and access of the building.

Summary of findings

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on. We spoke with patients in the waiting room who said they felt welcomed and treated with respect and felt included in all decisions and that staff worked hard to include them and make sure they understood.
- Views of external stakeholders were very positive and aligned with our findings.
- The GPs opportunistically visited housebound patients to check on their health and wellbeing.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs. A patient survey showed that access to the building was increasingly difficult due to the rapidly growing practice population. In response to this the partnership funded building work to improve access and make the building more open and welcoming.
- There was a practice website where comments could be left. We observed suggestion boxes in the reception area.
- There were innovative approaches to providing integrated person-centred care.
- The Roma Slovak community made up 16% of the practice, Roma Slovak health workers were brought into the surgery every Tuesday to discuss subjects such as healthy eating, child care, oral health, smoking cessation and exercise with other members of the community to enhance the care of these patients and ensure they knew how and when to access healthcare.
- There was a strong emphasis on a team approach with health visitors and multi agency support teams, midwives, mental health teams and social workers to work with those and their families whose circumstances may make them vulnerable.
- People could access appointments and services in a way and at a time that suited them. Routine appointments could be made up to four weeks in advance. Appointments could be made and cancelled on line.

Summary of findings

- The GPs had a rota and every morning one GP would act as duty doctor, triaging requests for emergency appointments and seeing patients as required. Emergency appointments were available every day for anyone who needed to be seen. All the patients we spoke to were satisfied with the appointments available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand in both English and Slovakian, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

The GPs opportunistically visited housebound patients to check on their health and wellbeing.

Are services well-led?

Good

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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.
- 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
- The practice proactively sought feedback from staff and patients, which it acted on.

There was a strong focus on continuous learning and improvement at all levels.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Opportunistic home visits for housebound patients were carried out to assess their health and wellbeing.

People with long term conditions

Good

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.
- Diabetes Indicators are comparable to other practices in the area.
- Longer appointments and home visits were available when needed and opportunistic home visits for housebound patients were carried out to check on their health and wellbeing.

All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were two GP leads for pre-school and school age children. The practice had an above average child population, 21% of the practice population were under 18, compared with a National average of 15%. There were monthly meetings with health visitors and the lead GPs to discuss overdue immunisations and any concerns. There were quarterly meetings to review all children on the vulnerable families list, jointly reviewing plans and sharing insights. There was a large turnover of transient patients from Eastern Europe and the practice worked hard to engage with these patients and improve health outcomes.

There were clear mission statements on the practice website supporting young people, explaining confidentiality, chaperones and flexible access for after school appointments.

Summary of findings

There was a pram store and breast feeding policy displayed in English and Slovakian and a room available for breast feeding. Baby changing facilities were also available..

- 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. Immunisation rates were relatively high for all standard childhood immunisations. Quarterly meetings were held to discuss these children.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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 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.
- Appointments could be booked and cancelled on line and routine appointments available outside of working hours.

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.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people who circumstances may make them vulnerable. The practice had a high number of transient patients. The Roma Slovak community made up 16% of the practice population and had higher morbidity and mortality rates; the male average life expectancy in the area was 75, for a Roma Slovak male, this was 54, and the national average was 83. Roma Slovak health workers were brought into the surgery every Tuesday to discuss subjects such as healthy eating, child care, oral health, smoking cessation and exercise with other members of the community to enhance the care of these patients and ensure they

knew how and when to access healthcare. We spoke with patients from the Roma Slovak community who have said the care they receive at Firth Park Surgery is the best they have experienced and they feel welcome and cared for.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability and offered them on a Thursday afternoon when the practice is open for emergency appointments only and was less busy and the environment calmer.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people and vulnerable families, there is evidence of close team work between health visitors and multi agency support teams to maximise potential for these families.
- 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.

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 living with dementia).

- 84% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- It carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Staff had a good understanding of how to support people with mental health needs and people living with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015.

The results showed the practice was mostly performing in line with local and national averages.

354 survey forms were distributed and 110 were returned representing 1% of the practice population.

- 57% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 88% found the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 85% said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 67% described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 52% usually waited 15 minutes or less after their appointment time to be seen (CCG average 61%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Two people commented that it was difficult to get through on the telephone but were complimentary about the care given at the surgery. An audit was conducted by the practice into how they could improve telephone access and improvements have recently been made by increasing reception hours.

We spoke with seven patients during the inspection. All seven patients said that they were happy with the care they received and thought that staff were approachable, committed and very caring.

Firth Park Surgery

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 a practice manager specialist advisor.

Background to Firth Park Surgery

Firth Park Surgery is located in an urban area of Sheffield with a growing practice population of 9.600 patients 16% of these are of Roma Slovak origin.

There are eight GP Partners, five female, three male and one female salaried GP.

There are three practice nurses, two health care assistants and a team of administration, reception, management and IT staff.

Firth Park Surgery is a teaching practice for GP registrars and medical students.

Reception is open from 8-30am to 5.45pm with telephone calls taken until 6pm (except Thursdays when there are only emergency appointments available after 12-30pm).

Early morning appointments are available with GPs on Monday mornings 7:00am to 8:00am and alternate Saturday mornings 8-10:30am. Evening appointments are available on Wednesday evenings 6:30pm to 8:30pm.

GP Appointments are available 8.30am to 11.10am and 3.00pm to 5.30pm, with the exception of Thursday when the last appointment is 10.50am and there are emergency only appointments in the afternoon.

Out of hours care can be accessed via the surgery telephone number or by calling the NHS111 service.

Firth Park Surgery has not been inspected previously.

The practice is registered to provide; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury at 400 Firth Park Road, Sheffield, S5 6HH

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 carried out an announced visit on 10 November 2015. During our visit we:

- Spoke with a range of staff, GPs, practice nurses, reception and administration staff, practice manger, assistant practice manager and IT staff and spoke with patients who used the service.

Detailed findings

- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

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. We were told how the emergency equipment was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. Changes were discussed at the staff meeting and all staff were aware.

When there are unintended or unexpected safety incidents, people 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.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in safeguarding.
- A notice in the waiting room advised patients that chaperones were available, if required. The reception 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurses shared the role of infection prevention and control (IPC) clinical leads and liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence action was taken to address any improvements identified as a result.
- The arrangements in the practice for managing medicines, including emergency drugs and vaccinations, 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 practice nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable healthcare assistants to administer vaccinations.
- We reviewed three 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. However, one member of staff did not have a DBS check, this was the latest nurse recruit who had been in post two months; the practice manager submitted an online application whilst we were there.

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. The GPs had a rota for the role of Duty Doctor who triaged emergency telephone calls every morning and saw patients urgently as required.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Good

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 and protected learning time was given for this. 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 and audits.

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). For the most recently published results the practice achieved 98% of the total number of points available, with 5% exception reporting. Data from 2014/15 showed;

Performance for diabetes related indicators was 90%, similar to the CCG average of 91% and national average of 89%.

- The percentage of patients with hypertension having regular blood pressure tests was 85%, better than the CCG average of 81% and national average of 80%.
- Performance for mental health related indicators was 100%, better than the CCG average of 87% and national average of 81%.
- The dementia diagnosis rate was comparable to the CCG and national average.

  Clinical audits demonstrated quality improvement.
- There had been 15 clinical audits completed in the last two years all 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 taken as a result included keeping a list of housebound patients to be visited opportunistically to maximise patient care. Instead of waiting for the patient or carer to request a visit the practice hoped to reduce unnecessary hospital admissions by finding any problems earlier. This service was still very new and too early to tell if it had an impact on admission rates. Audits were being undertaken.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff completed all relevant training and were supervised by experienced staff until they were assessed as competent and felt confident in their roles.
- 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.
- 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. Staff told us that training was actively encouraged to develop their skills and protected time for this was given.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

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
- 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 people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that the GPs met daily, to discuss any concerns or issues raised, all staff met weekly. Multidisciplinary team meetings took place on a quarterly basis to discuss any concerns around safeguarding or vulnerable families. 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.

- 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, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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 recorded the outcome of the assessment.
- The process for seeking consent was monitored through record 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.

- These included patients with palliative care needs, carers and those at risk of developing a long term condition, those requiring advice on their diet, smoking and alcohol cessation. There was an occupational health worker supporting patients with occupational health problems or people having difficulty finding work due to health. We spoke with a patient who was supported back into work by the GP and the occupational health worker. Patients were then signposted to the relevant service.
- The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The uptake for the cervical screening programme was 91%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Staff told us they encouraged patients to attend national screening programmes for bowel and breast cancer screening. The practice offered opportunistic screening.For example, Roma Slovak women were offered screening on the day they registered with the practice. New patients from this community were asked to register on Tuesday when interpreters were available at the practice along with Roma Slovak health workers. This ensured new patients were informed about the services the practice offered and how to health care. Health checks, blood tests and immunisations for adults and children would be done on the day of registering. Where required, contraception was discussed and long acting reversible contraception fitted if requested.
- Childhood immunisation rates for the vaccinations given were comparable to the CCG national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75.3% to 100% and five year olds from 70% to 90%. Roma Slovak children who were not up to date with their immunisations were immunised opportunistically on the day that they are registered with the practice.
- Flu vaccination rates for the over 65s were 76%, and at risk groups 58%. These were above the national average of 73% and 52%.

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

Good

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.

Good

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 25 patient CQC comment cards we received were positive about the service experienced with the exception of two comments that reported reception staff took too long to answer the telephone. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We spoke with patients in the waiting room and members of the Roma Slovak community who said they felt welcomed and treated with respect and that staff worked hard to include them and make sure they understood. They said felt included in decision making in the practice and encouraged to voice their opinions, this was reflected in the ethnic diversity of the patient participation group.

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:

- 96% said the GP was good at listening to them compared to the CCG average of 88% and national average of 87%.
- 93% said the GP gave them enough time (CCG average 88%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 97% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 88% said they found the receptionists at the practice helpful (CCG average 85%, national average 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 the comment cards we received was also 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 above local and national averages. For example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 94% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in English and Roma Slovakian in the reception areas informing patients this service was available. Roma Slovak interpreters worked closely with the practice and were available as required and all day Tuesday.

Patient and carer support to cope emotionally with care and treatment

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

Good

Are services caring?

The practice identified that there was a high number of patients registered who had caring responsibilities, 23% of the practice population. A GP led in this area as a carer's champion; the practice had a carer's notice board for information and signposting. The practice's computer system alerted GPs if a patient was also a carer.

The practice worked closely with the community support workers to improve the holistic package of care received by patients with mental health needs and those living with dementia, actively offering advocacy and carer support to reduce social isolation. Clinical staff carried out opportunistic visits to housebound patients to check on the health and wellbeing of the patients and carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent a sympathy card. This was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Reception staff told us they had a short informal meeting in their own time at the beginning of each shift. This updated them of any changes to patients so they were aware of patient circumstances and offer support if any family members attended the surgery.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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. A patient survey showed that access to the building was increasingly difficult due to the rapidly growing practice population. The narrow corridor leading to the reception area was becoming crowded. In response to this, after consulting with the patient participation group, the partnership funded building work to improve access, changing the layout of the building and made it more open and welcoming. Access around the building was greatly improved with a larger, more inviting reception foyer.

- The practice offered extended hours surgeries, with both GPs on Monday mornings from 7.00am to 8.00am, Wednesday evenings from 6:30pm to 8:30pm and alternate Saturday mornings from 8am to 10:30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for people who needed them. These tended to be on Thursday afternoons when the practice was quieter.
- Home visits were available for older patients / patients who would benefit from these. We were told these were often opportunistic to check the patient and/or carer's wellbeing. On days when the GP's workload was less, they would contact some of their housebound patients and go out to visit them if the patients agreed. They did not wait until a visit was requested.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had an above average child population, 21% of the practice population were under 18, compared with a National average of 15%. There were monthly meetings with health visitors and the lead GPs to discuss overdue immunisations and any concerns. There were quarterly meetings to review all children on the vulnerable families list, jointly reviewing plans and sharing insights.
- There was a large turnover of transient patients from Eastern Europe and the practice worked hard to engage with these patients and improve health outcomes. The Roma Slovak community made up 16% of the practice population and had higher morbidity and mortality rates, the male average life expectancy in the area was 75, for a Roma Slovak male this was 54, and the national average was 83. Roma Slovak health workers were brought into the surgery every Tuesday to discuss subjects such as healthy eating, child care, oral health, smoking cessation and exercise with other members of the community to enhance the care of these patients and ensure they knew how and when to access healthcare to improve health outcomes in this population group in the long term.
- New patients from the Roma Slovak community were asked to register with the practice on a Tuesday to make the most of the services and support offered. Screening was offered on that day and immunisations given as required. Cytology screening and contraception was discussed and long acting reversible contraception could be fitted on the same day if requested. Due to the transient population, new patients were registering every week and this service was very much in demand. We spoke with patients from the Roma Slovak community who have said the care they receive at Firth Park Surgery is the best they have experienced and they feel welcome and cared for.
- There was a strong emphasis on a team approach with Roma Slovak health workers, health visitors and multi agency support teams, to work with those and their families whose circumstances may make them vulnerable. They worked together to provide support and guidance to maximise the potential of these families and their children. Monthly meetings with these health professionals were held to discuss any concerns.
- The practice worked closely with these organisations and the local community in planning how services were provided to ensure that they met people's needs. They made changes to the way services were delivered as a consequence of feedback from patients and from the patient participation group.
- A patient survey showed that access to the building was increasingly difficult due to the rapidly growing practice population. The practice implemented these suggestions and the partnership funded building work to improve access and make the building more open

and welcoming. Reception hours were also increased to deal with the growing patient population. • There was a practice website where comments could be left. We observed suggestion boxes in the reception area.

- There were innovative approaches to providing integrated person-centred care. Members of the PPG, of various ethnic backgrounds, often sat in the waiting rooms talking with patients and passing feedback to the practice team. They told us that the practice involved all members of the community in decisions and feedback was acted upon.
- People could access appointments and services in a way and at a time that suited them. Routine appointments could be made up to four weeks in advance. Appointments could be made and cancelled online.
- The GPs had a rota and every morning one GP would act as duty doctor, triaging requests for emergency appointments and seeing patients as required. Emergency appointments were available every day for anyone who needed to be seen. All the patients we spoke to were satisfied with the appointments available.
- The practice had good facilities and was well equipped to treat patients and meet their needs. It had interpreters in the surgery all day on a Tuesday and new patients from the Roma Slovak community were asked to register on this day. The new patients could then see the nurses for screening, for example cytology and Hepatitis B, and immunised where necessary on the same day. Contraception could also be discussed and long acting reversible contraceptive devices could be fitted on the same day if requested. Roma Slovak children who were not up to date with immunisation could be immunised the same day.
- There was an occupational health worker available to patients to discuss any health problems either caused by their work or stopping them from finding work. A patient we spoke to said he had been unemployed for several years but with the support of the GP and occupational health worker he is now self-employed and has a more fulfilling life.
- Information about how to complain was available and easy to understand in both English and Slovakian, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- When the workload for homevisits was less, the GPs would contact housebound patients and visit them to check on their health and wellbeing.
- The building work made the whole practice easier to access and reduced queues. An electronic check in system was installed offering several languages to reduce queuing further.

Access to the service

The practice was open between 8.30am and 5.45pm Monday to Friday. With the exception of Thursday when the practice is open for emergency appointments only after 12.30pm and those who befitted attending the practice when it was quieter.

Appointments with the GPs were from 8.30am to 11.10am every morning and 3.00pm to 5.30pm daily. With the exception of Thursday when the last routine appointment was at 10.50am.

Extended hours surgeries were offered on Monday mornings 7am to 8am and Wednesday evenings 6.30pm to 8.30pm and alternate Saturday mornings 8am to 10.30am.

Pre-bookable appointments could be made up to six weeks in advance and urgent appointments were available for people that needed them.

Various nurse clinics were available throughout the day.

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. People told us on the day that they were able to get appointments when they needed them.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 57% patients said they could get through easily to the surgery by phone (CCG average 69%, national average73%).
- 67% patients described their experience of making an appointment as good (CCG average 69%, national average 73%.
- 52% patients said they usually waited 15 minutes or less after their appointment time (CCG average 61%, national average 65%).

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

An audit was conducted by the practice into how they could improve telephone access and improvements have recently been made by increasing reception hours.

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, posters and leaflets were available in English and Roma Slovakian

We looked at seven complaints received in the last 12 months. All complaints were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. We reviewed one complaint regarding the long queue for the reception desk during building works. The complaint was acknowledged and staffing levels on reception were increased.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership, openness and transparency

The partners in the practice 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 always take the time to listen to all members of staff.

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 people 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 supported by management.

- Staff told us that the practice held regular team meetings.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice actively 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 the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, members of the PPG often sat in the waiting rooms and encouraged patients to give their feedback on every aspect of the practice. This feedback was shared with the practice team. The practice had also gathered feedback from staff through weekly meetings, appraisals and discussions and all the staff we spoke to said they were happy to discuss ideas, concerns or issues with colleagues and management, or give feedback at any time and not necessarily wait for the next meeting. Staff told us they felt very involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

Are services well-led?

Good

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. All staff were given protected time for learning and actively encouraged to develop their skills.