

# Dalton Square Practice

## 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dalton Square Practice on 4/11/2015. Overall the practice is rated as good.

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

- The practice prioritised continuity of care for its patients. Patients said they found it easy to make appointments when they needed them.
- 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.
- Feedback from patients about their care was consistently and strongly positive. The practice was

consistently ranked highly compared to other local feedback for patient satisfaction. Feedback to questions relating to patient access was particularly strong.

- 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.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example altering shift patterns of reception staff to better manage busy periods of the day.
- The practice facilities meant it 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.

# Summary of findings

We saw several areas of outstanding practice:

- Every patient had a named GP and 65% of all consultations offered were with a patient's named GP.
- The practice accepted registrations from patients who were resident outside the geographic boundaries of the surgery, as long as it was clinically safe to do so. This allowed for greater flexibility for patients who, perhaps due to work commitments, would find it easier to attend appointments in Lancaster.
- The practice ran a weekly sexual health clinic during university term time. It was not necessary to be registered as a patient with the practice in order to access this service.

The areas where the provider should make improvement are:

- Consider maintaining an asset register to safeguard against equipment being overlooked for maintenance, calibration and testing.
- Ensure appropriate electrical safety certification is sought for the premises.
- Ensure the formalised systems in place for monitoring emergency medicines and equipment include all medicines held on site.

**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.

Good



- 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.
- While there were nominated staff responsible for carrying out checks on emergency medicines and equipment, these checks were only formalised and documented for some of the medicines stored on site. The checks were not recorded for the medicines cupboard in the treatment room. The medicines held on site were appropriate and all were within their expiry date.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- 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, for example attending regular Gold Standard Framework meetings for patients requiring end of life care.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data showed that patients rated the practice higher than others for almost all aspects of care, for example 92.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.1%, national average 85.1%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- All patients registered with the practice had a named GP responsible for the coordination of their care. The practice actively monitored that patients were able to see their named GP and in 2014/15 65% of all consultations that took place in core surgery hours was with a patients' named GP.
- 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 weekly sexual health clinic was offered during the university term time. Patients not registered with the practice were able to access this service.
- There were innovative approaches to providing integrated person-centred care. The practice had been recognised with a Good Health Award for their flexible approach in supporting local patients with learning disabilities to access health care appointments and integrate with the local community.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, they altered receptionist shift patterns in response to feedback that reception was too busy over lunch times.
- People could access appointments and services in a way and at a time that suited them. Online patient services meant that patients could book appointments and order prescriptions online, and the practice offered evening appointments up to 8:00pm on 2 evenings each week. These evenings were rotated to maximise patient choice.

**Outstanding**



# Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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 practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

**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.

Good



- 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.
- 85.58% of over 65s had received influenza vaccine compared to the national average of 73.24%.
- The practice participated in the Gold Standard Framework in order to optimise the coordination and quality of care offered to patients in the final year of their life.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes on the register who had a record of an albumin:creatinine ratio test in the preceding 12 months was 91.9%, compared to the national average of 85.94%.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check that their health and medicines needs were being met. Care was coordinated so that patients were only required to attend for one review appointment, regardless of how many disease registers they were on.

### Families, children and young people

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

Good



- 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.

# Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 78.77%, which was comparable to the CCG average of 75.5% and the national average of 76.9%.
- 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. Midwives held ante-natal clinics on two afternoons per week at the practice.

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Evening appointments were offered until 8:00pm on 2 nights per week catering for those patients who worked through the day. The evenings these sessions were offered rotated each week in order to maximise patient choice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with caring responsibility and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good





# Summary of findings

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

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 94.19% compared to the national average of 86.04%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 97.67% compared to the national average of 88.61%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It offered enhanced services for patients with dementia, facilitating timely diagnosis.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing above local and national averages. There were 286 survey forms distributed and 123 were returned, giving a high response rate of 43%.

- 92.4% found it easy to get through to this surgery by phone compared to a CCG average of 67.2% and a national average of 74.4%.
- 88.1% found the receptionists at this surgery helpful (CCG average 85.9%, national average 86.9%).
- 90.2% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.1%, national average 85.4%).
- 98% said the last appointment they got was convenient (CCG average 93.8%, national average 91.8%).
- 90.9% described their experience of making an appointment as good (CCG average 71.8%, national average 73.8%).
- 77.8% usually waited 15 minutes or less after their appointment time to be seen (CCG average 73.1%, national average 65.2%).

- 86.4% of patients with a preferred GP usually got to see or speak with that GP (CCG average 55.1%, national average 60.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. Three of the five cards described the care offered as excellent, with one specifically complimenting the practice for the fact that they are almost always able to see the same GP.

We spoke with 12 patients during the inspection. Of these 12, 11 patients said that they were extremely happy with the care they received. They were very complimentary about the staff, describing them as approachable, committed and caring. Patients told us they felt involved in their care, with the GPs and nurses explaining conditions thoroughly to them and offering different treatment options. All 12 were aware that they had a named GP with the practice. One patient did express dissatisfaction with care received historically, but had not wished to formally complain at the practice.

## Areas for improvement

### Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Consider maintaining an asset register to safeguard against equipment being overlooked for maintenance, calibration and testing.

- Ensure appropriate electrical safety certification is sought for the premises.
- Ensure the formalised systems in place for monitoring emergency medicines and equipment include all medicines held on site.

## Outstanding practice

We saw several areas of outstanding practice:

- Every patient had a named GP and 65% of all consultations offered were with a patient's named GP.

- The practice accepted registrations from patients who were resident outside the geographic boundaries of the surgery, as long as it was clinically

## Summary of findings

safe to do so. This allowed for greater flexibility for patients who, perhaps due to work commitments, would find it easier to attend appointments in Lancaster.

- The practice ran a weekly sexual health clinic during university term time. It was not necessary to be registered as a patient with the practice in order to access this service.

# Dalton Square Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor, a specialist advisor who was a practice manager and an Expert by Experience (someone with experience of using GP services who has been trained in our inspection methodology).

## Background to Dalton Square Practice

Dalton Square Practice is housed in a 200 year old Georgian building in the centre of Lancaster. The practice provides services to a patient list of approximately 12,800 people. The demographic area served by the practice contains a higher proportion of people aged between 18-24 due to the close proximity of local universities.

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice caters for a similar proportion of patients experiencing a long-standing health condition (55.3% compared to the national average of 54%) but for a lower proportion of patients with caring responsibilities (12.8% compared to the national average of 18.2%). The practice has slightly more disability allowance claimants per 1000 (51.3) than the national average (50.3). The proportion of patients who are in paid work or full time education (60.7%) is in line with the the national average of 60.2%.

The practice is part of the NHS Lancashire North Clinical Commissioning Group (CCG) and services are provided under a Personal Medical Services Contract (PMS). There are seven GP partners (six male and one female), as well as three female salaried GPs. The practice also employs three female practice nurses, four female health care assistants, and a pharmacist. Non-clinical staff consisted of a practice manager and assistant practice manager, two care coordinators and 12 administrative and reception staff. Dalton Square Practice is a training practice for GP registrars and medical students.

The practice is open between 8:00am until 18:30 Monday to Friday, with appointments offered between 8:30am and 5:50pm. Extended hours are offered between 6:30pm and 8:00pm on two evenings per week for pre booked appointments. The practice rotates the evenings these appointments are offered each week in order to maximise accessibility for patients.

When the practice is closed, patients are able to access out of hour's services offered locally by the provider Bay Urgent Care.

## 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 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.

# Detailed findings

## 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 4th November 2015. During our visit we spoke with a range of staff including three GP partners, the practice manager and assistant practice manager, a practice nurse as well as three members of the administration and reception team. We also spoke with 12 patients who used the service, three of whom were members of the Patient Participation group (PPG). We observed how people were being cared for and we reviewed a range of information provided by the practice leading up to and during the inspection.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?

- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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 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. For example, staff were able to tell us about an incident where there was confusion over whether a patient had collected their repeat prescription or not. Following analysis of this incident procedural changes were implemented so that all prescription collections were documented directly in the patient record to avoid such confusion in the future. Another recent incident involved a member of staff receiving a needle stick injury. Staff were able to tell us how this had resulted in an update being made to the practice's needle-stick protocol to avoid reoccurrence. Learning outcomes and changes made to practice were reviewed informally at a later date by management staff to ensure effectiveness, but these reviews were not documented.

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.

### 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 vulnerable 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. Flowchart diagrams outlining safeguarding referral procedures and contact

information were also clearly displayed on consulting room walls and staff were aware of these. There was a lead member of staff for safeguarding. The GPs regularly attended safeguarding meetings and we were shown minutes of these meetings to confirm this. Reports were provided where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- Notices in the waiting room and on consulting room walls advised patients that nurses or reception staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS 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. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. There were systems in place to monitor the storage and use of prescription pads, although we did observe that blank prescription forms for a printer were being stored on a shelf in one of the consultation rooms rather than being locked away in a drawer as per the practice's policy. We saw that this room was securely locked when not in use by a clinician, and this was discussed with the practice manager on the day of inspection. Patient Group Directives had been adopted by the practice to allow nurses to administer medicines as per her training, role and responsibilities.

## Are services safe?

- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available on the practice's shared computer drive. The practice had up to date fire risk assessments and carried out regular fire drills. We saw certification demonstrating that all electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. We did note that the practice did not have up to date gas and electrical safety certificates for the building. The practice was aware of this; a gas engineer was due to attend the premises later in the month to carry out work to bring the building up to appropriate regulations and provide certification. The practice had been attempting to source an electrical contractor to sign off on the electrical safety, but had found it difficult to find a contractor who would undertake the work at a weekend so as to minimise disruption to patient services. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal).
- 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 and staff told us of a willingness to work flexibly in order to cover any unexpected absence.

### 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. Emergency packs were also stored in each consultation and treatment room containing first aid equipment and adrenaline.
- 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. There was a formalised system in place for checking the contents and expiry dates of the emergency packs in each room and for checking the oxygen level in the cylinder and to ensure appropriate functioning of the defibrillator. We saw signed records confirming that a nominated member of staff carried out these checks regularly. However, this same system had not been applied to recording the checks carried out on medicines stored in the drugs cupboard in the treatment room.

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 and provision had been made with other local practices for use of their premises should the practice building become unusable for any extended period of time.



# Are services effective?

## (for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through random sample checks of patient records and peer review. For example, the GPs discussed with us how all onward referrals to secondary care were discussed with at least one colleague.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.9% of the total number of points available, with 5.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes on the register who had a record of an albumin:creatinine ratio test in the preceding 12 months was 91.9%, compared to the national average of 85.94%. The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 83.07% compared to the national average of 81.6%. The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 September to 31 March was 97.47% compared to the national average of 93.46%.
- Performance for mental health related indicators was mostly above the national average. For example the percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months is 94.19% compared to the national average of 86.04%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 97.67% compared to the national average of 88.61%.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was 86.11% compared to the national average of 83.11%.

Clinical audits demonstrated quality improvement.

- We were shown three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. The practice was also engaged in a programme of quality improvement projects.
- 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 of a respiratory audit resulted in an increased number of patients with asthma and chronic obstructive pulmonary disease (COPD) being offered pulmonary rehabilitation as a treatment option (rising from 31% to 46%).

Information about patients' outcomes was used to make improvements. For example, 9 months ago the practice were aware that the percentage of their patients over the age of 75 with a fragility fracture who were being treated with an appropriate bone-sparing agent was 69.23%, lower than the national average of 81.27%. Upon realising this, measures were put in place to address the issue and at the time of inspection we were shown evidence demonstrating that 86% of patients aged 75 or over were now being treated with an appropriate bone-sparing agent.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- 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.
- 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 practice closed for an hour each Tuesday lunch time; this time was earmarked for staff training.
- 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 those 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 received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of 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

were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place at least every two months and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- 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, where appropriate, recorded the outcome of the assessment.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation. Patients were then signposted to the relevant service.
- The practice referred patients on to a dietician service as appropriate and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 78.77%, which was comparable to the CCG average of 75.5% and the national average of 76.9%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 98.1%, and five year olds from 86.3% to 96.9%. Flu vaccination rates for the over 65s were 85.58%, and at risk groups 65.46%. These were also above national averages.

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

# Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the five patient CQC comment cards we received were positive about the service experienced. 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 12 patients during the inspection and 11 of these 12 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.

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:

- 92.6% said the GP was good at listening to them compared to the CCG average of 89% and national average of 88.6%.
- 91.3% said the GP gave them enough time (CCG average 86.3%, national average 86.8%).
- 97.6% said they had confidence and trust in the last GP they saw (CCG average 96.3%, national average 95.3%)
- 92.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.1%, national average 85.1%).

- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.9%, national average 90.4%).
- 88.1% said they found the receptionists at the practice helpful (CCG average 85.9%, national average 86.9%).

### 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:

- 94.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.1% and national average of 86.3%.
- 93.6% said the last GP they saw was good at involving them in decisions about their care (CCG average 83.8% , national average 81.5%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw that the practice website had links to information leaflets for patients in a variety of different languages.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 89 patients as carers. Written information was available to direct carers to the various avenues of support available to them.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice 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. For example, a sexual health clinic was provided each Tuesday during university term time. It was not necessary to be a registered patient with the practice in order to access this service.

- The practice offered pre-bookable evening appointments until 8.00pm on two nights each week for working patients who could not attend during normal opening hours. The evenings these were offered were rotated each week to maximise patient choice.
- The practice accepted registrations from patients who were resident outside the geographic boundaries of the surgery, as long as it was clinically safe to do so. This allowed for greater flexibility for patients who, perhaps due to work commitments, would find it easier to attend appointments in Lancaster. At the time of inspection 182 such patients were registered at the practice.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available. While the practice did have a hearing loop, staff informed us that it was broken and awaiting repair.
- The practice had attempted on numerous occasions previously to have a lift installed. However, due to the age and layout of the building this had not been possible. In response to patients' needs, appointments were offered in ground floor consulting rooms if a patient experienced difficulty using stairs.
- The practice won a Good Health Award in September 2014 from the North Lancashire Learning Disability Partnership recognising their work offering a patient with learning disabilities a person centred health experience. Through offering support and working flexibly the patient was helped to attend health care

appointments at the practice, having never done so previously. The practice was also praised for supporting the patient to become integrated into their local community.

### Access to the service

The practice was open between 8:00am until 18:30 Monday to Friday, with appointments offered between 8:30am and 5:50pm. Extended hours were offered between 6:30pm and 8:00pm on two evenings per week for pre booked appointments. The practice rotated the evenings these appointments were offered each week in order to maximise accessibility for patients.

In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them. On the day of inspection we saw that urgent appointments were available that same day. The next routine pre-bookable appointment was available the following day.

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

- 83.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.5% and national average of 75.7%.
- 92.4% patients said they could get through easily to the surgery by phone (CCG average 67.2%, national average 74.4%).
- 90.9% patients described their experience of making an appointment as good (CCG average 71.8%, national average 73.8%).
- 77.8% patients said they usually waited 15 minutes or less after their appointment time (CCG average 73.1%, national average 65.2%).
- 86.4% of patients with a preferred GP usually got to see or speak with that GP (CCG average 55.1%, national average 60.5%).

The practice recognised the value patients place on continuity of care and as such operated with personal GP patient lists. All patients at the practice had a named GP who took overall responsibility for coordinating their care. We saw evidence that the practice actively monitored the proportion of consultations taking place with a patient's



# Are services responsive to people's needs?

(for example, to feedback?)

named GP; for the year 2014/15, 65% of all appointments during core surgery hours were with a patient's named GP. The patients we spoke to during inspection were aware of their named GP. Such continuity of care established clear lines of clinical responsibility for clinicians to follow when coordinating their patients' care.

Coupled with the continuity of care offered from individualised patient lists, the practice had developed the 'care coordinator' role amongst their administrative team, taking on two new staff members in addition to the existing team. The two care coordinators carried out administrative tasks that would otherwise be done by a GP, assisting with care planning, liaising with patients, carers, community teams as well as maintaining the palliative care and safeguarding registers. This freed up GP time for direct patient care.

Clinical time was also maximised by the practice's chronic disease management system. A holistic patient centred approach had been adopted, rather than a disease specific approach whereby patients were offered one yearly (or more frequently if appropriate) review regardless of how many disease registers they were on. The practice actively monitored consultation rates for both patients with and without a chronic disease, and felt their average consultation rate for patients with a chronic disease was low at 8.02 per year (consultation rates for patients who did not suffer with a chronic disease were 3.28 per year).

## 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 displayed in the reception and waiting areas and the practice website also had guidance on how patients could raise concerns.

We looked at four complaints received in the last 12 months and found that they had been dealt with in an open and transparent manner and in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw how practice policies and procedures had been updated following a complaint around a patient being removed from the practice list.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which prioritised continuity of care for their patients in order to maintain the high quality of care delivered.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We saw clear evidence of forward thinking and robust succession planning in order to maintain the smooth running of the practice when GP partners leave.

### 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
- Staff had a comprehensive understanding of the performance of the practice
- There was a programme of continuous clinical and internal audit / quality improvement projects 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 had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. They had systems in place for knowing about notifiable safety incidents and alerts.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us that the practice held regular team meetings and we were shown minutes of these 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 were confident in doing so and felt supported if they did. We also noted that team education afternoons took place six times per year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, 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. Patients told us that they received text messages inviting them to give feedback on the practice following an appointment. There was an active PPG and the practice regularly sought their feedback about the practice. For example we saw that as a result of feedback regarding how busy the practice reception was over lunch times, the practice responded by staggering receptionist's lunch breaks to ensure there were a minimum of two staff members on the desk until 1:00pm rather than 12:00pm as had previously been the case.

# Are services well-led?

Good 

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

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt 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 team was forward thinking and keen to improve outcomes

for patients in the area. A number of neighbouring practices were looking to adopt the care coordinator role having seen the positive impact that had resulted at Dalton Square. In December 2013 the practice was ranked sixth locally (out of 13 practices) with only 63% of patients feeling they did not have to wait too long to be seen by a GP. Changes were implemented resulting in the practice being ranked first locally in January 2015 with 74% of patients now feeling they did not have to wait too long to be seen.