

# Crofton and Sharlston Medical Practice

## Quality Report

Crofton Surgery  
Slack Lane  
Crofton  
Wakefield  
WF4 1HJ  
Tel: 01924 862621  
Website: [www.croftonandsharlston.co.uk](http://www.croftonandsharlston.co.uk)

Date of inspection visit: 6 October 2015  
Date of publication: 19/11/2015

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8

### Detailed findings from this inspection

Our inspection team	9
Background to Crofton and Sharlston Medical Practice	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crofton and Sharlston Medical Practice on 6 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP, since the telephone system had changed. There was continuity of care, with urgent appointments available the same day.
- The main surgery and the branch surgery had good facilities and were well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management and partners. They proactively sought feedback from staff and patients, which it acted on.

We saw some areas of outstanding practice:

- Appointments were available for patients to book their flu vaccination online as well as in person or by telephone. Staff told us they used these appointments opportunistically to catch up with patients and check their blood pressure or perform other health checks.
- Practice nurses with a specialist interest in respiratory medicine kept thirty minutes appointment time free each day to review patients who had been started on new medications or treatments. They would contact the patient by telephone to review the new medication

# Summary of findings

or treatment and provide advice and support. Patients told us this helped them manage their condition and provided the opportunity to ask questions without coming into the practice for an appointment.

- Every twelve weeks a diabetes consultant or diabetes specialist nurse from the hospital visited the practice to jointly see patients with the practice nurses or provide them with supervision or discuss new treatment guidelines.

- Practice nurses trained in the treatment of minor injuries offered some walk in appointments for patients with injuries which included gluing and suturing of wounds. These patients could be treated at the practice rather than attending the walk-in-centre which was five miles away.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



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

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and 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. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



### People with long term conditions

The practice is rated as good for the care of people with long term conditions. Practice nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. Patients who had more than one long term condition received a complete and thorough review in one longer appointment. This negated the need for multiple appointments. 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.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations. 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.

Good



### 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

Good



# Summary of findings

been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## **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 homeless people, travellers and those with a learning disability. It had carried out annual health checks and longer appointments for people with a learning disability.

The practice regularly worked with multidisciplinary teams in the case management of those whose circumstances may make them vulnerable. Staff provided patients with advice and information about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Good**



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Of people experiencing poor mental health 92% had received an annual physical health check. The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia and the premises had been risk assessed as being dementia friendly.

Patients experiencing poor mental health were provided with advice and information 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 received training on how to care for 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 4 July 2015 showed the practice was performing in line with local and national averages. There were 94 responses which represents a response rate of 34%. This represents 1% of the practice population.

- 56.5% find it easy to get through to this surgery by phone compared with a CCG average of 71.6% and a national average of 74.4%.
- 89.2% find the receptionists at this surgery helpful compared with a CCG average of 86.6% and a national average of 86.9%.
- 48.3% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 53.2% and a national average of 60.5%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85.4%.
- 91.7% say the last appointment they got was convenient compared with a CCG average of 93.4% and a national average of 91.8%.
- 70.5% describe their experience of making an appointment as good compared with a CCG average of 73.3% and a national average of 73.8%.

- 78.4% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 71.3% and a national average of 65.2%.
- 68.3% feel they don't normally have to wait too long to be seen compared with a CCG average of 62.7% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 completed comment cards which were all positive about the standard of care received. We also spoke with five patient participation group members prior to the inspection and 12 patients on the day of the inspection. They were all very positive about their experience of the service. Patients told us on the comment cards and in discussions that staff were helpful, polite and very caring. They said they were treated with dignity and respect. They also said they found the practice to be clean and tidy. There were two comments on the CQC cards reporting a wait in the practice after the appointment time. Patients we spoke with also identified this and said they did not mind waiting as the GPs took time to explain things to them.



# Crofton and Sharlston Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a second inspector, a GP specialist advisor and a practice manager specialist advisor.

## Background to Crofton and Sharlston Medical Practice

Crofton and Sharlston Medical Practice has a main surgery located in Crofton and a branch surgery located in Sharlston, both on the outskirts of Wakefield. The practice provides services for 10,227 patients under the terms of the locally agreed NHS Personal Medical Services contract. The practice catchment area is classed as within the group of the fourth less deprived areas in England. The age profile of the practice population is broadly similar to other GP practices in the Wakefield Clinical Commissioning Group (CCG).

There are four GP partners, two male and two female, who work at the practice. They are supported by two salaried GPs both female, a GP Registrar, one foundation doctor, two nurse prescribers, three practice nurses, three healthcare assistants and a team of management and administrative staff.

The practice is open from 8am to 6.30pm on Monday, Thursday and Friday at Crofton and from 7am to 6.30pm on Tuesday, Wednesday and Thursday. The Sharlston branch surgery is open on Mondays 8am to 11.30 am and 1.30 to 6pm; Tuesdays 8am to 12.30pm and 2pm to 6pm;

Wednesday 8am to 11.30am and 2 to 6pm; Thursday 8am to 6.30pm; Friday 8am to 12 noon. Calls to the branch surgery are answered at Crofton except on Thursday afternoons from 12 noon to 6.30pm. Clinic times are variable for each GP, nurse prescriber, practice nurse and healthcare assistant between those times. Appointments were available with the practice nurses with a specialist interest in minor injuries both on the day and could be booked in advance throughout the week at both surgeries. Home visits are performed throughout the day.

Diabetic, asthma, coronary heart disease, antenatal and mother & baby clinics are run each week. Out-of-hours care is provided by Local Care Direct and is accessed via the surgery telephone number or by calling the NHS 111 service.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

Please note 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed information we hold about the practice and asked Wakefield CCG and NHS England to share what they knew. An inspector visited the practice on 8 September 2015 to speak with five members of the patient participation group and we carried out an announced visit to Crofton Surgery and the branch at Sharlston on 6 October 2015. During our visit we spoke with three GPs, a GP registrar, a foundation doctor, a nurse prescriber, three practice nurses, the practice manager, the project coordinator and four members of the administrative team. We also spoke with 12 patients who used the service and reviewed 33 comment cards. We observed communication and interactions between staff and patients, both face to face and on the telephone within the reception area. We 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 people with dementia)

# Are services safe?

## Our findings

### Safe track record and learning

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

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we were told how the sharps injury protocol was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. Briefings with staff to update them on the change to procedure were documented. We saw evidence the findings were discussed at the practice meeting.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding for both adults and children. 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.

- Notices were displayed in all the treatment and consultation rooms, advising patients' chaperones were available, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A member of the practice nursing team was the infection prevention and control (IPC) clinical lead who 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 for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the four files we reviewed showed appropriate recruitment checks had been undertaken prior to employment. For

## Are services safe?

example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

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

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

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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Staff carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. They had systems in place to ensure all clinical staff were kept up to date. NICE guidelines were accessed on line and used to develop care pathways for patients. They monitored these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98.1% of the total number of points available, with 5.1% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was 4.5% better than the CCG and 4.8% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 10.6% better than the CCG and 11.6% above the national average.
- Performance for mental health related indicators was 5.8% better than the CCG and 9.6% above the national average.
- The adjusted dementia diagnosis rate was 16% below the national average

Staff identified the adjusted dementia diagnosis rate was low for the year 2013/14 and all staff had undertaken dementia awareness training to raise awareness and offer screening. The practice manager shared with us the current figures for 2014/15 and 84% of patients eligible for cognitive testing had been screened. Both buildings were risk assessed as being dementia friendly environments by the local council and public health department.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We were shown 13 clinical audits completed in the last two years, eight 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, an audit was completed to review patients taking hormone replacement therapy (HRT) to ensure they were reviewed annually and offered the opportunity to reduce or stop the treatment or, where appropriate, be supported to continue treatment. The results showed an improvement in monitoring and a reduction in the uptake of HRT due to more appropriate support and counselling.

Information about patient outcomes was used to make improvements across the practice. They reviewed the time taken to perform long term condition reviews to ensure patients' needs were met during the time allocated. Emergency admissions for patients up to the age of 17 years who were admitted with asthma related symptoms were also reviewed. Along with those patients over the age of 65 years old who had a diagnosis of asthma and/or chronic obstructive pulmonary disease. They identified 50% of the total number of patients from the local area admitted to hospital over the age of 65 years with an exacerbation of their condition were registered at the practice. These patients were invited for a review of their condition following discharge from hospital.

### 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 which covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on going support

# Are services effective?

## (for example, treatment is effective)

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation and drug treatment programmes. Patients were then signposted to the relevant service. A health trainer, podiatrist, health and well-being worker held clinics within the practice premise. Smoking cessation advice was available from the health trainer and healthcare assistant.

Patients who may be in need of extra support in other areas of their lives were identified by the practice and referred to the relevant agencies including the Citizens Advice Bureau and homeless support agencies.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 78% and the national average of 76%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 98.3% to 100% and five year olds from 93.3% to 100%. Flu vaccination rates for the over 65s were 72%, and at risk groups 54%. These were comparable to CCG and national averages. Appointments were available for patients to book their flu vaccination online as well as in person or by telephone. Staff told us they used these appointments opportunistically to catch up with patients and check their blood pressure or perform other health checks.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients who presented with symptoms of depression and anxiety were encouraged to use a free internet programme offering cognitive behavioural therapy whilst waiting for an outpatient appointment.

## Are services effective?

(for example, treatment is effective)

The practice also contributed to the monthly parish leaflets for the Crofton community and Sharlston community. Patients told us the updates were useful and kept them informed about changes at the practice and also reminded them when to have their seasonal influenza vaccinations.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

All of the 33 patient 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 five members of the PPG prior to the inspection. 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.

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

- 86.1% said the GP was good at listening to them compared to the CCG average of 88.8% and national average of 86.8%.
- 87.7% said the GP gave them enough time compared to the CCG average of 87.7% and national average of 86.8%.
- 98.1% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95.3%
- 82.8% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86.1% and national average of 85.1%.

- 95.3% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90.4%.
- 89.2% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86.6% and national average of 86.9%.

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

Patients we spoke with told us health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 87.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86.3%.
- 76.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81.3% and national average of 81.5%

Staff told us interpretation services were available for patients who did not have English as a first language. We saw notices in different languages in the reception areas informing patients this service was available.

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

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.



## Are services caring?

Staff told us that if families had experienced bereavement, their usual GP may contact them. This call could be followed by a meeting at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG and other practices in their network group to plan services and to improve outcomes for patients in the area. For example, the practice was working towards teenage friendly accreditation and awaiting a review of the premises and services provided to teenagers.

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

- The practice offered early morning appointments with GPs, practice nurses and healthcare assistants from 7am to 8am at Crofton surgery on Tuesday, Wednesday and Thursday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- GPs and Practice Nurses offered telephone appointments to follow up patients who were started on new medicines and treatments.
- There were disabled facilities and access to a telephone interpretation services.
- Staff at the practice had received dementia awareness training and could describe how they would support patients who contacted or visited the practice.
- Reception staff demonstrated discretion when booking patients into appointments. If a patient could only make a certain time of day a scheduled appointment could be released.
- Practice nurses offered walk in appointments for minor injuries which included gluing and suturing of wounds so patients could be seen at the practice rather than attending the walk-in-centre which was five miles away.

Practice nurses with a specialist interest in respiratory medicine kept thirty minutes appointment time free each day to review patients who had been started on new medications or treatments. They would contact the patient by telephone to review the new medication or treatment

and provide advice and support. Patients told us this helped them manage their condition and provided the opportunity to ask questions without coming into the practice for an appointment.

Every twelve weeks a diabetes consultant or diabetes specialist nurse from the hospital visited the practice to jointly see patients with the practice nurses or provide them with supervision or discuss new guidelines. Patients told us this service enabled them to be on the most up to date treatment and they did not have to travel to the hospital to be seen.

### Access to the service

The practice was open from 8am to 6.30pm on Monday, Thursday and Friday at Crofton and from 7am to 6.30pm on Wednesday and Thursday. The Charlston branch surgery was open on Mondays 8am to 11.30 am and 1.30 to 6pm; Tuesdays 8am to 12.30pm and 2pm to 6pm; Wednesday 8am to 11.30am and 2 to 6pm; Thursday 8am to 6.30pm; Friday 8am to 12 noon. Calls to the branch surgery are answered at Crofton except on Thursday afternoons from 12 noon to 6.30pm. Clinic times are variable for each GP, nurse prescriber, practice nurse and healthcare assistant between those times. Appointments were available with the practice nurses with a specialist interest in minor injuries both on the day and could be booked in advance throughout the week at both surgeries. Home visits were performed throughout the day. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 71.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75.7%.
- 56.5% patients said they could get through easily to the surgery by phone compared to the CCG average of 71.6% and national average of 74.4%.
- 70.5% patients described their experience of making an appointment as good compared to the CCG average of 73.3% and national average of 73.8%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 78.4% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71.3% and national average of 65.2%.

Patients told us telephone access had significantly improved since October 2014 when the practice had changed its telephone provider. The partners showed us an audit of patients contacting the practice from September 2015 and the wait for an appointment. Results demonstrated patients waited no longer than three days for a routine appointment and no longer than one day for a GP telephone appointment.

## **Listening and learning from concerns and complaints**

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

We saw that information was available to help patients understand the complaints system in the practice comments, compliments and complaint leaflet available in the practice and on the website and notices displayed in the reception areas. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two formal and 12 informal complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way and demonstrated openness and transparency when dealing with the complaint.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, staff were reminded to check patients' details when sending out postal information.

# 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

Staff had a clear vision to deliver high quality care and promote good outcomes for patients. They had a statement of purpose and staff spoke enthusiastically about working at the practice and they told us they felt valued and supported. They told us their role was to provide the best care to patients. We asked if the practice had developed an overall vision or practice values where staff had taken time out to contribute to. Staff told us this happened informally at the bi-monthly practice meetings where all staff had the opportunity to contribute.

### 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:

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

### Leadership, openness and transparency

The partners in the practice demonstrated they have the experience, capacity and capability to run the practice to 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.

Staff told us monthly team meetings were held and there was an open culture within the practice. Staff had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We were told by staff they felt respected, valued and supported, particularly by the managers and 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 services delivered.

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

The partners and staff encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys, complaints, NHS Friends and Family Test and captured general moans and groans. 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, the PPG members had reviewed the results from Friends and Family Test survey and agreed with practice staff the priorities for improvement over the next quarter. One area identified was for practice staff to open up more appointment bookings for patients to book on line, by telephone or in person.

The partners had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues, management or facilities. Staff told us they felt involved and engaged to improve how the practice was run.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area particularly around teenage friendly accreditation and providing a dementia friendly environment.