

# Crosland Moor Surgery

## Quality Report

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Date of inspection visit: 26 April 2017

Date of publication: 22/06/2017

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

This inspection was an announced comprehensive inspection that took place on 26 April 2017 and reviewed the provision of safe, effective, caring, responsive and well led services. We also reviewed evidence to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach of regulation that we identified in our previous inspection on 29 June 2016. On that occasion, we rated the practice as good for providing effective, caring and responsive services. However, a breach of the legal requirements was found which resulted in the practice being rated as requires improvement for providing safe and well led services. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Crosland Moor Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The practice had made the required improvements to meet the legal requirements in the key question of safe and well led and is rated as good in all of the service areas we inspected.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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. However, some patients told us that it was sometimes more difficult to book a routine appointment in advance.

# Summary of findings

- The practice had good facilities and was well equipped, to treat patients and meet their needs. The building was accessible and a hearing loop was available for patients that would benefit from this.
- There was a clear and visible leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider should make improvement is:

- Review the level of exception reporting in the area of cervical screening to be assured that eligible women are being encouraged to attend for screening.

**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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong, patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had appropriate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed overall patient outcomes were at or below average compared to the national average. Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care.
- Survey information we reviewed showed that 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 accessible.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Patients we spoke with said they found it easy to make an urgent appointment with a named GP and there was continuity of care. However, a small number of patients said that it was sometimes difficult to book a routine appointment in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly and effectively to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice maintained a register of patients known to be carers and the provider had appointed a carers' champion.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews, attended staff meetings and had access to training opportunities.
- The provider was aware of the requirements of the duty of candour. We saw that a comprehensive policy had been drafted and that a training update had been provided for staff.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas by the practice manager who had undertaken a review of training needs across the practice.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified older patients on multiple medications and reviewed their needs with the community pharmacy team.
- The practice worked closely with the Community Matron and hospital discharge coordinator to support older patients.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 84% of diabetic patients on the register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that their diabetes was being well controlled. This was 13% higher than the local average and 14% higher than the national average. In addition, 96% of diabetic patients had received a foot examination to check for nerve or skin damage associated with their condition. This was 10% higher than the local average and 7% higher than the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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 (A&E) attendances. Immunisation rates were in line with or higher than local and national averages.
- 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.
- The practice's uptake for the cervical screening programme was 93%, which was 8% higher than the CCG average of 85% and 12% higher than the national average of 81%. However, the clinical exception rate for screening was 20%, which was higher than the local and national average of 7%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.
- A full range of contraceptive services including implants and coils was provided by a female GP at the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

## 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. Telephone appointments and morning appointments from 8.30am were available.
- The practice was proactive in offering online services such as appointment booking and medication requests 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.

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including people experiencing homelessness or temporary living arrangements and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

Good



- 78% of eligible patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was 6% lower than the national average
- 97% of patients experiencing a serious mental illness had an up to date care plan. This was 9% higher than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Patients with mental health issues were actively supported with same day appointments for patients in need.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. This included telephoning and/or texting patients to remind them of upcoming appointments.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. They showed the practice was performing higher than local and national averages. Survey forms were distributed to 250 patients and 108 were returned. This represented a completion rate of 43% and comprised 3% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 responses which were all positive about the standard of care received. Patients described a friendly reception team and very caring clinicians. Staff were described as compassionate and responsive. Several patients commented that they sometimes had a long wait for a routine appointment.

We spoke with two patients during the inspection. Both patients said they were highly satisfied with the care they received and thought staff were approachable, committed and caring. The practice regularly reviewed feedback. A patient survey during January 2017 had gathered 100 responses with high levels of satisfaction.

# Crosland Moor Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist adviser.

## Background to Crosland Moor Surgery

Crosland Moor Surgery, 11 Park Rd West, Crosland Moor, Huddersfield, HD4 5RX provides services for 4136 patients. The surgery is situated within the Greater Huddersfield Clinical Commissioning Group and provides primary medical services under the terms of a personal medical services (PMS) contract. The area is more deprived than average and the population is mainly White British. There are a small number of Black African-Caribbean or South Asian ethnicity patients. There are several asylum seekers and families with refugee status being supported by the provider.

Crosland Moor surgery is registered as a single handed practice managed by Dr Chandrakala Sodagam Rao. Dr Rao has recently taken on a partner and we have advised the practice to make the necessary application to us to reflect this change without delay.

Services are provided within a purpose built and accessible building. The premises are currently leased from NHS Property Services. There are two full time GPs (male and female) and two regular locum GPs offering two further sessions each week. The provider employs two part time practice nurses who work a combined total of 46 hours a week. The practice has a practice manager and five part time reception staff. The practice employs a cleaner who attends daily.

The practice is open Monday to Friday from 8.30am to 6pm. The practice closes for lunch each day between 12.30-1.30pm however urgent calls can be made to practice staff during this time. Out of hours treatment is provided by Local Care Direct.

## 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. 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. At our previous inspection in June 2016, the provider was rated as requires improvement overall and we returned to check on progress in making improvements.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 April 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, receptionists and the practice manager. We also spoke with patients who used the service.
- Observed how patients were greeted on arrival at the surgery and also when phoning for an appointment.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

- 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 were provided for specific groups of people and what good care looked 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

At our previous inspection on 29 June 2016, we rated the practice as requires improvement for providing safe services.

The arrangements in respect of learning from significant events, maintenance of training and cleaning records and appropriately detailed records of meetings within the practice were not sufficient.

During our follow up inspection on 26 April 2017 we saw the provider had made all of the required improvements and fully implemented the action plan that had been sent to us following the previous inspection.

### 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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw that the practice had an effective understanding of the scope of significant event reporting and captured learning from both clinical and non-clinical incidents. Incidents were comprehensively reviewed and supported the sharing of learning across the team. We saw evidence that lessons were effectively shared and action was taken to improve safety in the practice. For example, A labelling error regarding a clinical sample was identified. An apology was given to the patient, and the system for

labelling of clinical samples was revised. This system was effectively shared across the staff team and reduced the likelihood of a reoccurrence. In another incident, the provider reviewed their repeat prescribing policy to safeguard against patients accruing large quantities of medicines. We saw that this had been effectively discussed at a practice meeting.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the reception areas and clinical rooms to be clean and tidy. The newly appointed practice nurse 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. An IPC audit had recently been completed. We saw evidence that an action plan had been developed to implement required actions.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

## Are services safe?

recording, handling, storing, security and disposal).

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions.
- Health Care Assistants were able to administer vaccines and medicines against a patient specific direction (PSD) or prescription. A PSD is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by a prescriber.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).

- 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 enough staff were on duty and an on call clinician was always available to respond to any urgent queries from staff or patients.

### 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.
- Staff had 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Medicines were stored securely.

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

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and targeted checks of relevant patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent results showed the practice had achieved 94% of the total number of points available. This was 1% lower than the local and national averages. The clinical exception rate for this provider was 13%, which was 4% higher than the local average and 3% higher than the national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

- Performance for diabetes related indicators was higher overall than the national average. For example, 84% of diabetic patients on the register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that their diabetes was being well controlled. This was 13% higher than the local average and 14% higher than the national average. However, the exception reporting for this indicator was 24%. This was 14% higher than the local average and 10% higher than the national average.

- 96% of diabetic patients had received a foot examination to check for nerve or skin damage associated with their condition. This was 10% higher than the local average and 7% higher than the national average. The exception reporting for this indicator was 15%. This was 10% higher than the local average and 7% higher than the national average.
- Performance for mental health related indicators overall was 3% lower than the national average. However, 97% of patients experiencing a serious mental illness had an up to date care plan. This was 6% higher than the local average and 9% higher than the national average. The exception reporting for this indicator was 3%. This was 6% lower than the local average and 10% below the national average.

There was evidence of quality improvement including clinical audit.

- There had been two completed clinical audit in the last year, both audits had identified improvements in clinical care.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice also worked with the local medicines management pharmacist and we saw evidence that searches and reviews were undertaken regularly by the pharmacist to improve patient care and cost efficiency.
- Findings were used by the practice to improve services. For example, an audit showed the practice had increased the number of patients taking the preferred medicine to treat a common heart condition. In another audit, the practice was able to evidence that diabetic patients at increased risk of a stroke had been reviewed and the number of patients being treated with a preventative medicine had risen from 85% to 88% following a re-audit.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This 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. For



# Are services effective?

## (for example, treatment is effective)

example, the practice nurse confirmed that they attended clinical updates held locally and was encouraged to identify any learning needs. One of the GP partners had specialised training in family planning and was able to offer a full contraceptive service for patients.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, information governance and basic life support. 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed

and updated for patients with complex needs. Minutes from these meetings were comprehensive and supported effective monitoring and information sharing between professionals.

### 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 (MCA) 2005. Staff we spoke with understood the principles of consent. There was a lead GP within the practice with whom any concerns could be discussed. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored and recorded in the patient's record.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers and those at risk of developing a long-term condition were signposted to the relevant service.
- Advice on weight management and smoking cessation was offered by the health care assistant and practice nurse and included referrals to weight loss clubs and 'exercise on prescription'.

The practice's uptake for the cervical screening programme was 93%, which was 8% higher than the CCG average of 85% and 12% higher than the national average of 81%. However, the clinical exception rate for screening was 20%, which was higher than the local and national average of 7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer



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

screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates data available on the day of inspection showed that completed childhood immunisations for all children were between 97-100% which was higher than the national average of 87%-95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with 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; conversations taking place in these rooms could not be overheard.
- Reception staff had been trained to recognise when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 24 patient Care Quality Commission comment cards we received were positive about the clinical care offered by the practice and all but one were positive about the reception service. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with two members of the patient participation group (PPG). They also told us they were highly 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 results were above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

Patients told us 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised and reflected the most recent guidance

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 higher than local and national averages. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation and translation services were available for patients who did not have English as

## Are services caring?

a first language. We saw that a translation tool was available on the practice website and the electronic patient check-in system was programmed to offer Polish and a number of South Asian language options.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 95 patients as carers equal to 2% of the practice list. Written information was available to direct carers to the various avenues of support available to them and a carers' champion had been appointed and publicity was made available within reception.

Staff told us that if families had suffered bereavement, the practice would make contact with 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.

- There were longer appointments available for patients with a learning disability or with a medical condition that required a longer appointment.
- A GP clinic was offered on Wednesday and Friday from 8.30am for patients unable to attend during the usual working day.
- Telephone appointments were available which could be booked four weeks in advance. Appointments and prescriptions could also be booked online.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients known to have memory problems were given appointments reminders.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop, interpretation and translation services available. A full range of contraceptive services were offered including implants and coils.

### Access to the service

The practice was open between 8.30am and 6pm Monday to Friday, with phone lines closing for lunch between 12.30-1.30pm. Callers during this time were advised via a recorded message to ring an alternative number for emergency queries, which was answered by the practice.

Surgeries were offered in the morning and afternoon every day. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent, same day appointments were also available for people that needed them. However, a small number of patients told us it could be difficult in arranging a routine appointment in advance.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages in relation to opening hours and access by phone.

- 78% of patients were satisfied with the practice's opening hours compared to the local and national average of 76%.
- 96% of patients said they could get through easily to the practice by phone compared to the local average of 75% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

### Listening and learning from concerns and complaints

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

- The 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 and that this was publicised within the practice.

We looked at three complaints received in the past year. Overall the practice had recorded seven incidents of complaint, including verbal and written complaints. The practice actively welcomed feedback from patients and other stakeholders and maximised any opportunity to record data and learn from it. We saw that complaints were responded to in a timely manner and that the practice responded in a considered and open way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care. For example, following a complaint about a delay in replying to a request for information from an insurance company, changes were made to administrative process to ensure requests were

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

dealt with promptly. A complaint regarding late running clinics led to extra capacity being incorporated into the appointment system, to allow clinicians to 'catch up' during the surgery.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection in June 2016, we rated this provider as requires improvement for providing well led services. This was because some governance systems were not effectively managed. At this inspection we saw that improvements had been made to the governance of the practice and services are now rated as good.

### 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 was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Policy leads in areas such as safeguarding, infection control and chronic disease were identified and monitored. We saw that the incoming partner was taking on additional responsibilities in a structured way to ensure effective continuity.
- Practice specific policies were comprehensive, visibly implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was being developed and progress had been made. The practice had drawn up an action plan in response to areas identified since our previous inspection and these included areas around learning from significant events and effective recording of meeting minutes.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.

- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff consistently told us the partners and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and we saw evidence of how information was openly shared and opinions sought.
- Staff told us there was an open culture within the practice and that they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, and that they were a close working team. All staff were involved in discussions about how to run and develop the practice, and the partners and management team 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

# Are services well-led?

Good 

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

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.

- The practice had gathered feedback from patients through the patient participation group (PPG), the Friends and Family test, surveys and complaints received. The PPG met regularly and worked in partnership with the provider in identifying improvements to the practice management team. For example, the practice had repeated a wide ranging patient satisfaction survey, discussing results and developing an action plan in consultation with the patient group. For example, encouraging members of the patient group to promote the benefits of online access to patients waiting in the surgery.

- The practice had gathered feedback from staff through meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The provider had demonstrated improvement since the last inspection and developed effective governance and clinical audit systems. We also saw evidence of effective leadership and strategic planning through the creation of a partnership and membership of the local GP Federation.