

# Church Street Surgery

## Quality Report

Church Street Surgery  
57 Church Street  
Hunslet  
Leeds  
West Yorkshire  
LS10 2PE  
Tel: 0113 271 1884  
Website:

Date of inspection visit: 29 June 2017  
Date of publication: 02/08/2017

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to Church Street Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Church Street Surgery on 29 June 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- Patients we spoke with or received comments from told us that 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements. The practice had implemented the year of care approach for management of long term conditions and had performed over and above the Clinical Commissioning requirements by using this approach not only for diabetes, but for other long term conditions including pre-diabetes, Chronic Obstructive Pulmonary Disease (COPD) and Cardiovascular Disease.
- The practice had worked to increase awareness and use of online services for patients. This had resulted in

# Summary of findings

an increase of 13.2% (from 5.3% in May 2016 to 18.5% in June 2017). The practice had also been invited to the Clinical Commissioning Group managers meeting to support other practices in raising awareness.

**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 arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement. Learning from audits was shared across the practice.
- Staff had the skills and knowledge to deliver effective care and treatment.
- 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 in the process.

### 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 several 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.
- Results from the practice's friends and family test demonstrated that 96% of patients were extremely likely or likely to refer this practice to a family member or friend.

# Summary of findings

- Information for patients about the services available was accessible.
- 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.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example; the practice had introduced and widely promoted online services, SMS appointment reminders and installed WiFi within the practice.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with or received comments from 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 via information leaflets in reception.

## Are services well-led?

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

Good



- 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 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.
- The provider was aware of the requirements of the duty of candour. Staff we spoke with during the inspection were able to evidence a good understanding.
- 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.

# 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.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care to ensure the patient's wishes were discussed and that the patient was at the centre of decisions about their care.
- The practice carried out annual reviews for all patients aged 75 years and over.
- The practice carried out memory checks opportunistically when patients at risk of dementia attended the practice.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- A pharmacist attended the practice on a weekly basis to review care home residents who had been newly admitted, or who had a recent hospital discharge. The pharmacist also reviewed patients taking six or more medicines and who required a medication review.
- Where older patients had complex needs, the practice shared summary care records with other local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice was working in collaboration with other local practices to develop a frailty service.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.

# Summary of findings

- The practice held a register of people with a long term condition and all patients were recalled for a review in line with national guidance related to that particular condition.
- The practice had adopted the Year of Care model for management of patients with a number of long term conditions. The Year of Care model aimed at encouraging patients to understand their condition and select their own personal health and lifestyle targets.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- 87% of patients with diabetes, on the register, had a record of a foot examination and risk classification. This was higher than the CCG average of 83% and national average of 81%.
- 84% of patients with diabetes, on the register, had received an influenza immunisation in the preceding eight months.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

## Families, children and young people

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

- There were systems 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 relatively high for all standard childhood immunisations.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice hosted a midwife service one half day per week, patients were assigned to the midwife at the point of confirmed pregnancy to be monitored and for the mother to be supported throughout.
- The practice worked with health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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).

Good





# Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended hours from 7.15am on Wednesday mornings.
- 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.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered annual reviews for all patients with a learning difficulty and adapted information for patients to improve their understanding of the review process. Information was available in easy read formats.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice provided services to a local residential service providing accommodation to ex-offenders on a probation licence or community order.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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)

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

Good



- The practice carried out advanced care planning for patients living with dementia.

# Summary of findings

- The practice specifically considered the physical health needs of patients with poor mental health and dementia. All patients were offered an annual review (or more frequently if required), referring where appropriate to specialised services.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice had achieved 97% against the dementia indicators in the 2016/17 Quality and Outcomes Framework (QOF). The 2016/17 data was yet to be verified or published.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had achieved 100% against the mental health indicators in the 2016/17 Quality and Outcomes Framework (QOF).
- Patients at risk of dementia were asked about memory concerns when attending the practice and referred to the memory clinic if required.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2017. The results showed the practice was performing in line with local and national averages. A total of 348 survey forms were distributed and 95 (27%) were returned. This represented 6% of the practice's patient population.

- 91% of patients described the overall experience of this GP practice as good compared with the CCG and national averages of 85%.
- 84% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and national average of 77%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Patients used words such as welcoming, kind and friendly to describe staff and used words such as hygienic and safe to describe the surgery.

We also received positive feedback from a patient via our CQC website prior to the inspection in which the staff were praised for being efficient and caring.

We spoke with one patient during the inspection. They told us they were satisfied with the care they received and thought staff were approachable, committed and caring. Feedback from the most recent Friends and Family Test (January to May 2017) indicated that 96% of patients would be extremely likely or likely to recommend this practice.

# Church Street Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Church Street Surgery

Church Street Surgery is located in a purpose built, single storey building at 57 Church Street, Hunslet, Leeds, West Yorkshire, LS10 2PE. There is a small car park for staff and patients, and on street parking on the surrounding streets.

The practice is situated within the Leeds South and East Clinical Commissioning Group (CCG) and provides primary medical services under the terms of a General Medical Services (GMS) contract.

Information published by Public Health England rates the level of deprivation within the practice population group on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice is assessed as being situated in level one; one of the most deprived areas.

Dr Shahzad Hussain has been registered as an individual with the Care Quality Commission since 14 December 2016 and is currently in the process of updating the registration to become a partnership with a female partner who is currently working at the practice.

Working alongside the partners is one female practice nurse, a practice manager and a team of experienced administrative and reception staff.

The practice serves a population of approximately 1,600 patients who can access a number of clinics, for example contraception services and childhood immunisations; new patient health checks; weight management and dementia screening.

The practice is open between the hours of 8am and 6pm Monday to Friday. In addition, the practice provides extended hours from 7.15am until 8am on Wednesday mornings.

Appointments are available between the following hours:

Monday: 9am – 12.15 and 3pm – 4.30pm

Tuesday: 9.30am – 11.40am and 3pm – 4.30pm

Wednesday: 7.15am - 11.40am and 12pm - 4.30pm

Thursday: 9am – 12.15pm and 2pm – 5.15pm

Friday: 9am – 12.15pm and 3.30pm – 5.00pm

When the practice is closed out-of-hours services are provided by Local Care Direct, which can be 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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked NHS England and Leeds South and East Clinical Commissioning Group to share what they knew. We carried out an announced visit on 29 June 2017. During our visit we:

- Spoke with a range of staff including a GP, the practice nurse, the practice manager and a member of the reception team.
- Received feedback from two members of the reception and administrative team and the practice nurse via questionnaires.
- Spoke with one patient who was also a member of the patient participation group (PPG).
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents, these would then be logged onto the computerised incident reporting system. In addition, there were paper significant event forms for staff to complete for entry onto the computerised 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).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons learned were shared and action was taken to improve safety in the practice. For example, an incident had been documented when the refrigerator used for storing vaccines had been outside of temperature range when carrying out the daily check. As a result of this, the practice carried out appropriate actions including contacting public health to establish which vaccines would need to be replaced. As a result of this incident the practice purchased an electronic data logger to monitor the refrigerator operating temperature and enable them to identify exactly when any future temperature faults occur.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). 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).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The practice manager was the non-clinical infection control lead. There was an IPC protocol and staff had received up to date training. IPC audits were undertaken by the practice on a quarterly basis and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the

## Are services safe?

support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow 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).

We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However; one of the most recently recruited staff members did not have all appropriate checks as they were already well known to the practice. We discussed this with the provider at the time of inspection and were informed that the recruitment process would be followed at all times in the future.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- The practice also had risk assessments in place to manage risks relating to communication and accessing appointments.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and each staff member had a copy of the plan at home.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 random sample checks of 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). Due to Dr Shahzad Hussain being a new provider at Church Street Surgery, there were no published results at the time of inspection. However; we could see from the clinical system that the practice had achieved 98% of the total number of points available towards the 2016/17 QOF indicators. This data had not been verified or published at the time of our inspection.

Specific data used throughout the body of this report relates to 2015/16 QOF achievement which has been verified and published. This data relates to the care and treatment received by the same group of patients under the previous provider.

- Performance for diabetes related indicators was better than the CCG and national average. For example; 87% of patients with diabetes, on the register, had a record of a foot examination and risk classification. This was higher than the CCG average of 83% and national average of 81%
- Performance for mental health related indicators varied, overall achievement was lower than CCG and national averages; however 100% of patients with schizophrenia,

bipolar affective disorder and other psychoses had a record of blood pressure in the clinical records in the preceding 12 months. This was higher than the CCG average of 80% and national average of 81%.

The practice had achieved 97% towards the diabetes indicators and 100% for mental health related indicators in 2016/17. This data had not been verified or published at the time of our inspection.

There was evidence of quality improvement including clinical audit:

- The lead GP had carried out four clinical audits since joining the practice, all of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice undertook an audit to look at appropriate prescribing of antibiotics to treat specific infections and conditions and ensure guidelines were being followed. The first audit undertaken in 2015 identified three patients who were prescribed antibiotics. Upon review, none of the patients were had been prescribed medication in line with guidelines. As a result of the audit, clinicians at the practice met to discuss and review current guidelines. A re-audit was carried out in 2016 when only one patient was identified; this patient had been prescribed the medication in line with guidance.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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 example, for those reviewing patients with long-term conditions. In addition, the practice nurse was being supported to complete the nurse practitioner course and a member of the reception team was being supported to complete an NVQ in customer service.
- 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



# Are services effective?

## (for example, treatment is effective)

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 and nurses. At the time of our inspection, only one staff member had received an appraisal within the last 12 months; however the remaining appraisals were diarised to take place in July 2017.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.

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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A health trainer was available at the practice one day a week. Health trainers work with patients to assess their lifestyle and wellbeing and set goals for improving their health.
- The practice also signposted patients to 'Connect for Health' a local service established to connect patients to other services such as counselling and mental health services, finance and debt advice and support for physical or emotional difficulties.

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 83% and the national average of 81%. This data relates to the care and treatment received by the same group of patients under the previous provider.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 92% to 100% and 100% for five year olds.

There was a policy to offer telephone or written 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

## Are services effective?

(for example, treatment is effective)

cancer. The practice had a dedicated bowel cancer champion to increase uptake of bowel cancer screening, this role was also in the process of developing further to focus on all areas of cancer screening.

There were failsafe systems 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.

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

During our inspection we observed that 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. Curtains were in a clean condition and were regularly laundered.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex if this was requested.

All of the 39 patient Care Quality Commission 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 received positive feedback from a patient via our CQC website prior to the inspection in which the staff were praised for being efficient and caring.

We spoke with one patient who was also a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG and national average of 86%.

- 99% of patients said they had confidence and trust in the last GP compared to the CCG and national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 86%.
- 91% of patients said the nurse was good at listening to them which was the same as the CCG and national average.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 97% of patients 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 91%.
- 95% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% 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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% national average of 82%.

## Are services caring?

- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 91% 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 national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice self-check-in screen was available in a number of different languages.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.
- The practice had a hearing loop for patients who were hard of hearing.

- The practice had pictorial information available for patients with a learning disability. For example, the practice sent out health check invites and questionnaires with pictorial aids for questions such as alcohol intake and eating habits.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 67 patients as carers (4%% of the practice list). We spoke with the practice manager who told us they tried to make patients aware of the benefits of being a registered carer. For example; flu vaccinations, suitable appointments. The practice were also in the process of organising a carers awareness day. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours from 7.15am on a Wednesday morning for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- The practice provided services to a local residential service providing accommodation to ex-offenders on a probation licence or community order.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- The practice had utilised online access and increased uptake through in-house campaigns.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had installed a self-service check in screen which was available in a number of languages.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice were working with other local practices to provide additional services such as domiciliary phlebotomy, falls and frailty and a mental health service.
- The practice had introduced a pharmacist and pharmacy technician as part of the extended team to review MHRA alerts and carry out medication reviews, particularly for care home patients.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were available from:

Monday: 9am – 12.15 and 3pm – 4.30pm

Tuesday: 9.30am – 11.40am and 3pm – 4.30pm

Wednesday: 7.15am - 11.40am and 12pm - 4.30pm

Thursday: 9am – 12.15pm and 2pm – 5.15pm

Friday: 9am – 12.15pm and 3.30pm – 5.00pm

Extended hours appointments were offered from 7.15am until 8am on Wednesday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 66% and national average of 71%.
- 82% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 84%.
- 83% of patients said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 84% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 67% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

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

The practice had a system to assess:

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

# Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had a system 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. There were comments and complaints information leaflets available in the waiting area.

The practice had not received any formal complaints within the last 12 months. Staff we spoke with told us this was due to complaints being dealt with as they arose.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a practice charter which set out the aims and requirements of the practice. This document was displayed in the waiting area for patients to review and the practice were planning to review this with the patient participation group for feedback.
- The practice had a clear 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the practice nurse was the lead for infection control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly or more frequently if required, which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example; the practice had risk assessments in place for all aspects of health and safety. In addition they had produced risk assessments for communication failure and access to appointments.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the lead GP 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 told us the lead GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 training for all staff on communicating with patients about notifiable safety incidents. The lead GP encouraged a culture of openness and honesty.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through surveys and the NHS Friends and Family test. The practice had also worked with patients to establish a Patient Participation Group and the first meeting was scheduled to take place following our inspection.



# Are services well-led?

Good 

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

- Staff through regular meetings, both formal and informal. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a 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. For example; the practice were engaging with Clinical Commissioning Group quality improvement schemes and had undertaken work to improve systems and processes within the practice via the General Practice Improvement Programme.