

# West Common Lane Teaching Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West Common Lane Teaching Practice on 4 November 2015. Overall the practice is rated as good.

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

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

- Information about services and how to complain was available and easy to understand.
- 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.

We saw two areas of outstanding practice:

A respiratory nurse undertook a local initiative COPD Breathless Manual training and now helps to identify patients that can be offered the manual as part of their treatment plan. This was a 5 week self-management booklet for patients to complete with guidance from the respiratory nurse.

The diabetic specialist practice nurse worked alongside the lead GP and advanced nurse practitioner to help manage patients with diabetes. They had undertaken the Insulin Conversion Training and offered this service to the

# Summary of findings

appropriate patients. When a patient commenced on insulin the nurse regularly contacted them over a weekend to ensure they were coping with the change and would if necessary, arrange to visit them at home.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure recruitment arrangements include all necessary employment checks for all staff.

**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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

However, all the information needed to demonstrate that appropriate recruitment checks had been undertaken was not available during the inspection, although immediate action was taken to mitigate any risk and additional information was forwarded following the inspection.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care. For example, the national GP patient survey July 2015, found 96% of respondents said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 87.9% and the national average of 88.6%.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- They reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- A respiratory nurse undertook a local initiative COPD Breathless Manual training and now helps to identify patients that can be offered the manual as part of their treatment plan. This was a 5 week self-management booklet for patients to complete with guidance from the respiratory nurse.
- The diabetic specialist practice nurse worked alongside the lead GP and advanced nurse practitioner to help manage patients with diabetes. They had undertaken the Insulin Conversion Training and offered this service to the appropriate patients. When a patient commenced on insulin the nurse regularly contacted them over a weekend to ensure they were coping with the change and would if necessary, arrange to visit them at home.

Outstanding



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

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

Good



## People whose circumstances may make them vulnerable

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

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

Good



# Summary of findings

- Signposting for bereavement services (CRUSE mainly). Practice contacts all those bereaved upon notice of a death with a sympathy card and open invitation for consulting then a visit if requested.

## 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).

- 82.9% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- There was a longstanding and comprehensive frailty screening/assessment process.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- They carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

We spoke with seven patients during the inspection and received 25 completed Care Quality Commission (CQC) comments cards in total, 15 from the main practice and 10 from the branch practice. There were some concerns in respect of accessibility at West Common Lane Teaching Practice since the merger with another practice, although the overall experience for patients from the merged practice had improved.

Results from the National GP Patient Survey July 2015 (from 113 responses received from the 309 survey forms distributed, a response rate of 36.6%) demonstrated that the practice was performing above or in line with local and national averages.

- 82.3% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 51% and national average of 60%.
- 92.4% of respondents say the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 86% and national average of 87%.
- 78.9% of respondents felt they don't normally have to wait too long to be seen compared with a CCG average of 59% and national average of 58%.
- 96.2% of respondents found the receptionists at this surgery helpful compared with a CCG average of 85% and national average of 87%.
- 81.2% of respondents usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 63% and national average of 65%.
- 96% of respondents found it easy to get through to this surgery by phone compared with a CCG average of 68% and national average of 73%.

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The practice had a Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We spoke with a member of the PPG who told us they were actively involved with the practice and felt valued and included.

Patients we spoke with told us they were aware of chaperones being available during examinations. They told us staff were helpful and treated them with dignity and respect. We were told that the GPs, nurses and reception staff explained processes and procedures and were available for follow up help and advice.

# Summary of findings

## Areas for improvement

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

- Ensure recruitment arrangements include all necessary employment checks for all staff.

# West Common Lane Teaching Practice

## 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 practice manager specialist adviser as well as an expert by experience.

## Background to West Common Lane Teaching Practice

West Common Lane Teaching Practice is situated in Scunthorpe and provides service under a personal medical services (PMS) contract NHS England, North Lincolnshire to the practice population of 7900, covering patients of all ages and population groups. The practice also operates a branch surgery also practicing in Scunthorpe.

The practice has four GP partners and one salaried GP. There is a practice manager and assistant practice manager supported by a team of reception and administration staff, one nurse practitioner, two practice nurses and two health care assistant.

The practice is a teaching and training practice taking year 3 medical students.

The practice was open between 08.15 and 18.00 Monday to Friday. Appointments were from 08.30 to 12.30 every morning and 13.30 to 18.00 daily. In addition, appointments were also available with nurse practitioners and practice nurses throughout the week.

Appointments can be booked up to a month in advance or for more urgent issues on the day.

When the practice is closed patients are to telephone 111.

## 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 November 2015.

During our visit we:

- Spoke with a range of staff two GP's, an advanced nurse practitioner, practice nurse, health care assistant, the assistant practice manager and a number of administration and reception staff and spoke with patients who used the service.
- Spoke with a member of the Patient Participation Group (PPG).

# Detailed findings

- Observed the interaction between staff and patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a range of records.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We saw five serious events had been recorded within the past 12 months. Lessons were shared to make sure action was taken to improve safety in the practice. These were discussed at the most relevant meetings, whether that be monthly practice meetings, nursing meetings or administration meetings. No persistent themes were identified and all were well documented, with actions, learning and outcomes clearly stated. An example included, test result for a patient was put into the inbox of a GP on leave and not actioned in a timely fashion. This led to action in retraining admin staff to follow the correct procedure for test results when clinicians are on leave or absent for any reason.

When there were unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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 relevant to their role. GPs were trained to Safeguarding level 3.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Staff had clear lead roles in respect of individual areas of health and safety including fire marshal's. A 'buddy' system was also in place to cover for annual leave.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed three staff recruitment files, which showed that all appropriate recruitment information was not available during the inspection. For example, evidence of a Disclosure and Barring Scheme check and in one file, references. Immediate action was taken to mitigate any risks to patients and additional information was made available on the day of the inspection and further information was forwarded to CQC.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All

## Are services safe?

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty, which was being constantly monitored and also took into account the needs of the branch practice. Staff we spoke with were very positive about working across both practices.

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

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

However, not all staff who we spoke with were aware of a business continuity plan.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.1% of the total number of points available. Practices can exclude patients which is known as 'exception reporting', to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contra indication or side-effect. Lower exception reporting rates are more positive. The practice exception reporting rate was 6.7% which was below the local CCG and the same as the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 84.9%, which was 5% below the CCG average and 4.3% the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was 0.8% above the CCG average and 2.2% above the national average.
- Performance for mental health related indicators was 96.2% which was 4.9% above the CCG and 3.4% above the national average.

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 82.9% which was 2% better than the CCG average and 1.1% below the national average.

Clinical audits demonstrated quality improvement.

- We reviewed two clinical audits which had a completed second audit cycle. Audit of Sulphonylurea prescribing in diabetic patients aged 70+ had been carried out after taking over another practice's list in February 2015 and discovering inappropriate prescribing amongst patients there; audited against two recognised standards. Audit cycles carried out in February 2015 and September 2015 showed a reduction in potentially inappropriate prescribing from 11 patients to 3, with clinical review of such patients improved from 0% to 100%. Audit of safe and appropriate prescribing of Indomethacin (an NSAID used in the treatment of pain and certain musculoskeletal conditions); audited against two recognised safety standards in February and May 2015. All patients identified as not meeting the standards in May were from the merged practice (11 in total). No patients failed to meet the standards in cycle 2 in May.
- We also saw 12 other clinical or therapeutic reviews of practice carried out in 2015, on a range of topics from appropriate prescribing for erectile dysfunction to appropriate BP monitoring for patients on Mirabegron following an MHRA safety alert.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions



# Are services effective?

## (for example, treatment is effective)

and taking samples for the cervical screening programme. The practice was in the process of obtaining further vaccination training so that nursing staff could receive their required updates.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received mandatory training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- A cross-practice rota had been introduced, which helped to provide effective staffing cover across both sites as well as sharing of best practice.
- The practice had developed additional skills within the staff team, for some staff to have dual roles. An example included a receptionist who was also trained as a health care assistant.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly

basis with community matrons, community dieticians and McMillan nurses and that care plans were routinely reviewed and updated. We saw that regular diabetes reviews were completed and there was open access to a specialist diabetes nurse at the local hospital.

### 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. Staff had received training in regard to this legislation.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audit to ensure they met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 100%, which was 1.2 % above the CCG average and 2.4% above the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test, which was evidenced during the inspection. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.



# Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 99 % and five year olds from 92.2% to 96.9%. Flu vaccination rates for the over 65s were 83.13%, and at risk groups 71.66%. These were also above the CCG and national averages.

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

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

The practice had a health promotion notice board that was changed bimonthly change to reflect relevant health issues such as, travel vaccinations through the summer and flu vaccinations.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Very caring, sympathetic attitude shown by all those interviewed and witnessed during time spent within the practice. All staff interviewed exhibited an open, patient centred attitude.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 25 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with one member of the PPG on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We observed staff being calm and caring when an urgent medical situation arrived at the reception. The patient was treated with discretion and empathy.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Carers told us more vulnerable patients who were always escorted by a carer were treated with dignity and respect and fully involved in their consultation.

Data from the National GP Patient Survey July 2015 showed from 309 that there were 113 responses and performance in many areas is higher than local and national averages for example;

- 96% of respondents say the last GP they saw or spoke to was good at listening to them compared with a CCG average of 88% and national average of 89%.

- 90.1% said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 86% and national average of 87%. Similarly, 97.5% said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 93% and national average of 92%.

- 99.1% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%. Similarly, 100% said they had confidence and trust in the last nurse they saw compared to with the CCG average of 97% and national average of 97%.

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

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

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were higher than local and national averages. For example:

- 94.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 81%.

- 85.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

Patient feedback on the comment cards we received was also positive and aligned with these views.

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

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

## Are services caring?

92.4% of respondents said the last GP they saw or spoke to was good at treating them with care and concern, compared with a CCG average of 86% and national average of 87%.

Reception staff had received appropriate Carers Awareness training and the practice had a Carers Champion. Two member of the practice team have undertaken the Carers' Champion Training so that they could be the point of contact for patients' and staff. They could signpost patients to relevant supportive services.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer so extra consideration and allowances could be made. The practice also had arranged with the local Carers' Support team that they have an Information Stand at the practice. This was on a monthly basis to assist people with any advice they required.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required. The practice's computer system alerted GP's if a patient was also a carer.

Staff told us that if families had suffered bereavement or a diagnosis of cancer, a 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. They also said that a bereavement card was sent to the family of the patient.

# 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 people with a learning disability. Arrangements had been made with reception/administration staff to make adjustments to appointments. This enabled patients with a learning disability to be given the appropriate level of support by their support workers.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- A meet and greet service was available for patients who were visually impaired.

### Access to the service

The practice was open between 8.15 and 18.00 Monday to Friday. Appointments were from 08.30 to 12.30 every morning and 13.30 to 18.00 daily. In addition, appointments were also available with nurse practitioners and practice nurses throughout the week. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them and are always available for children.

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

- 87.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.9% and national average of 74.9%.
- 96% of patients said they could get through easily to the surgery by phone (CCG average 68.4%, national average 73.3%).
- 88.7% of patients described their experience of making an appointment as good (CCG average 70%, national average 73.3%).
- 81.2% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 63.4%, national average 64.8%).

Since the merger, patients at West Common Lane Teaching Practice thought that the accessibility had declined, although patients from the merged practice thought their experiences had improved. This was acknowledged by the practice and steps had been taken to increase the skill mix within the team to enhance the service delivery to their patient population. This included additional training for the nursing team to enhance their skills.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system as well as on the practice's website.

We looked at the 13 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. There was openness and transparency from the practice when dealing with the complaint. There was clear analysis in place to identify any themes. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

# 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. It aimed to:

- Offer patients and their family the best primary health care by working in a partnership with them.
- Use the best knowledge available at the time to provide advice, treatment and recommendations to patients.
- Encourage and help patients to become responsible for their own health, to have confidence in dealing with minor illness themselves and to know when it is important to see a member of staff sooner, rather than later, so that patients live a healthier and longer life.

Staff we spoke with were able to discuss the aims and approach of care to their patient population.

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

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice, which ensured high

quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings. These included weekly clinical team meetings, bi-weekly nurse team meetings, quarterly staff team meetings and monthly partnership meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff said that one of the strengths of the service was the level of support and openness across the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice were working with the PPG to enable it to become more established and had taken steps to amalgamate the PPG across both practices.

# Are services well-led?

Good 

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

- 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

The practice has had a challenging time during 2015, with the merging of West Common Lane Teaching Practice with another practice. This increased the patient list size by an additional 2700 patients, many of whom had complex conditions. At the same time there was some difficulties around effective staffing, which impacted on appointment availability and accessibility. Steps had been taken to look at skill mix and additional training for staff to increase

flexibility and availability. The staff had worked hard to align the policies/procedures from West Common Lane Teaching Practice to the merged practice, which ensured consistency and best practice within the branch surgery and they had made good progress to achieve this.

There was no single written practice strategy/development plan or succession plan in place. However, the practice acknowledged this and planned to produce this in the near future. Given the challenges faced during 2015 it was acknowledged that this has caused a delayed in the production of this. There was however, clear unwritten succession and development plans for the future.