

# Grove House Surgery

## Quality Report

Grove House Surgery  
Soothill Lane  
Batley  
WF17 5SS

Tel: 01924 476363

Website: [www.grovehousesurgerybatley.co.uk](http://www.grovehousesurgerybatley.co.uk)

Date of inspection visit: 10 January 2018

Date of publication: 07/02/2018

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	5

### Detailed findings from this inspection

Our inspection team	6
Background to Grove House Surgery	6
Detailed findings	8

## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (The previous inspection was carried out on 26 November 2015 and the practice was rated as Good).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Grove House Surgery and the branch surgery at Chickenley Medical Centre on 10 January 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear, organised systems and protocols to review and manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice were honest and open, ensured that all staff learned from them and improved their processes.
- Regular meetings were held between the clinical team and the wider multidisciplinary team, including health visitors, midwives and members of the palliative care team. Managers from the care homes which the practice supported were also invited.
- There was an embedded comprehensive system in place for actioning and cascading medicine safety alerts.
- Results from the July 2017 annual national GP patient survey showed that the patient experience of making an appointment was good. Patients also found it easy to get through to the surgery by phone and satisfaction was 16% higher than the national average.

# Summary of findings

- The practice had commenced a review of the immunisation status of the staff team; however, this had not been fully completed on the day of inspection. Following our visit a staff immunisation policy was implemented.
- The practice had a Patient Participation Group (PPG) with up to six regular members. The group told us they felt valued by the practice and suggestions, comments and criticisms were always acted upon.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice were participating in the Productive General Practice programme and had implemented new processes for workforce planning and workforce organisation. For example, the patient services team had implemented a 'jobs board' whereby each

required daily task was allocated to an individual using a red and green card. We saw that roles, tasks and responsibilities were clear and managed in a timely manner.

The areas where the provider should make improvements are:






- The provider should continue to proactively identify patients who are carers to assure themselves that they are able to offer them the appropriate support.
- The provider should continue to review and document the immunisation status of the staff team.
- The provider should review the seating in the reception area of the Chickenley Medical Centre.

**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.

<b>Are services safe?</b>	<b>Good</b>	
<b>Are services effective?</b>	<b>Good</b>	
<b>Are services caring?</b>	<b>Good</b>	
<b>Are services responsive to people's needs?</b>	<b>Good</b>	
<b>Are services well-led?</b>	<b>Good</b>	

# Summary of findings

## The six population groups and what we found

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

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

# Grove House 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, a second GP specialist adviser, who was shadowing the inspection and a second CQC inspector.

## Background to Grove House Surgery

Grove House Surgery has stood on the same site for 115 years and is situated on Soothill Lane, Batley, WF17 5SS. The branch surgery Chickenley Medical Centre is approximately 2.5 miles away on Walnut Lane, Dewsbury, WF12 8NJ. The surgeries have good transport links and there is a pharmacy located across the road from the Grove House Surgery and a pharmacy next door to Chickenley Medical Centre. The surgeries provide accessible facilities for all patients and whilst car parking at the Grove House site is limited, there is parking reserved for patients with a disability.

Grove House Surgery is situated within the North Kirklees Clinical Commissioning Group (CCG) and provides services to patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice currently has 9,172 patients split over both locations. The National General Practice Profile shows that 28% of the practice population is from a south Asian background with a further 2% of patients from mixed and

other non-white ethnic groups. Over 9% of their patients are aged 75 and over; 24% of the practice population is aged 18 years and under which is higher than the national average of 21%.

There are three female GP partners at the practice and one male partner, one male long term sessional GP, a full time advanced nurse practitioner (ANP) a part time practice nurse and two healthcare assistants (HCAs) all of whom are female. The practice also has part time pharmacy support from the CCG. The clinical team is supported by a practice manager and the patient services team who undertake administration, secretarial and reception duties. One of the GP partners is in the process of registering with the CQC.

Information published by Public Health England rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. In England, people living in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived areas. Male life expectancy is 78 years compared to the national average of 79 years. Female life expectancy is 82 years compared to the national average of 83 years.

Grove House Surgery is open between 7am and 6.30pm Monday to Friday with nursing appointments available throughout the day. GP appointments are available between 8am and 6.30pm each day. The surgery offers extended hours access until 8pm on a Monday with both GP and nursing appointments available. Chickenley Medical Centre surgery is open between 8am and 12pm each day with appointments available between 8.30am and 12pm. On Mondays, Wednesdays and Fridays the centre is also open between 3.30pm and 6.30pm for appointments. There are nursing appointments available from 7am on Thursdays. Patients are able to access

## Detailed findings

appointments at both locations. Outside these times patients can access out of hours care by calling the NHS 111 service or using the Walk in Centre at Dewsbury District Hospital.

During our inspection we saw that the provider was displaying the previously awarded Care Quality Commission inspection ratings.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as good for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had comprehensive safety policies which were regularly reviewed and communicated to staff. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- Staff received support and safety information regarding the practice as part of their induction and refresher training. Practice handbooks and health and safety workbooks which required completion, were given to staff during their induction period.
- There were systems in place to safeguard children and vulnerable adults from abuse; which reflected relevant legislation and guidance. Policies outlined the process to follow and who to go to for further guidance should a safeguarding concern arise. One of the GPs was the safeguarding lead for the practice and had received training appropriate for this role. All other staff were trained to the appropriate level. We saw that safeguarding alerts were added to the records of patients who were deemed to be at risk. Staff we spoke with on the day of inspection were able to demonstrate a good understanding of safeguarding, the use of alerts on the patient record, and their role within this.
- The practice worked with other agencies to support patients and protect them from neglect, discrimination and abuse. We saw that leaflets were available in several other languages including support and advice leaflets for human trafficking.
- The practice carried out staff checks, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). Staff who acted as chaperones were trained for the role and had

received an appropriate DBS check (a chaperone is a person who serves as a witness for both the patient and medical professional as a safeguard for both parties during an intimate medical examination or procedure).

- There was an effective system to manage infection prevention and control. We saw that audits were undertaken and an action plan was in place. An infection prevention and control statement was available to patients which outlined the commitment and standards that patients could expect from the practice.
- We saw that the seating in the reception area of the Chickenley Medical Centre was worn and frayed in places. Seating and equipment in all other areas was of a good standard with cleaning schedules in place.
- The practice had commenced a review of the immunisation status of the staff team; in line with the guidance 'Immunisation against infectious disease' ('The Green Book' updated 2014.) However, this had not been fully completed on the day of inspection. Following our visit a staff immunisation policy was implemented.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. All single use equipment that we viewed was stored appropriately and in date.

### Risks to patients

There were clear and organised systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role, which included orientation to the practice and the provision of written information.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety and patient care.

### Information to deliver safe care and treatment



## Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- We saw that staff were actively using and referring to OSCAR - A locally developed website that provided a central, fixed point for all locally approved Care Pathways and commissioning policies and templates for developing new pathways.
- The practice had safe systems for sharing information with staff and other agencies to enable them to deliver appropriate care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- Comprehensive risk assessments were in place for the management of emergency medicines and medical gases. On the day of inspection we saw that whilst a defibrillator was available at the Grove House site there was not one located at Chickenley Medical Centre. Medicines at both sites were limited and supported by a risk assessment which detailed proximity to the pharmacy. Following our inspection the practice decided to review the availability of emergency medicines and defibrillators. We saw that a comprehensive stock of medicines was ordered for both sites and a defibrillator for the Chickenley Medical Centre. The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. We saw that health and safety was a priority during the induction of new staff.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Staff told us these were discussed in an open and transparent way and there was a 'no blame culture'.
- There were effective systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw that when a prescription was issued and dispensed to the wrong patient, staff were praised for their quick thinking in trying to rectify the situation. Changes were made to how the patient services team worked and the practice met with the pharmacist to discuss the issue and improve communication.
- There was a comprehensive system for receiving and acting on safety alerts, this included the documentation and reviewing of all alerts to ensure that they had been acted upon. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and across all population groups.**

### Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Following our inspection the practice told us they would implement a system to assure themselves that clinicians kept up to date with current evidence-based practice and that all guidance was noted and reviewed.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was comparable to other practices in the Clinical Commissioning Group (CCG) and nationally for the prescribing of medications such as Hypnotics (drugs whose primary function is to induce sleep), antibacterial prescription items (drugs used to kill bacteria) and antibiotic items prescribed that were Cephalosporins or Quinolones. These antibiotics should only be used in specific circumstances or when other antibiotics have failed to prove effective in treating an infection.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Clinical templates were used where appropriate to support decision making and ensure best practice guidance was followed.

#### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail were registered as such and had a clinical review including a review of medication.
- Monthly multi-disciplinary meetings included a review of older patients when necessary.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, we saw meeting notes that reflected the GPs worked with other health and care professionals to deliver a coordinated package of care.
- When patients did not attend their review appointments or respond to a variety of attempts to contact them, the practice would review the patients' needs and decide on a further course of action.
- GPs and nursing staff would conduct home visits when necessary.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Outcomes for patients with long-term conditions such as diabetes, asthma, COPD, hypertension and atrial fibrillation were comparable to national averages but were generally approximately 6% lower than CCG averages.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were between 97% and 99% for three out of four indicators. However only 80% of children aged 2 had received their pneumococcal conjugate booster in line with the target percentage of 90% or above. The practice was aware of this and a shortage of vaccines had been identified as the issue. All childhood vaccinations in the CCG were undertaken by a different provider, however the practice kept a small stock of vaccines to ensure they were able to opportunistically respond where vaccines had been missed.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- Midwifery clinics supported by GPs were held at the practice. Midwives and health visitors attended regular multidisciplinary meetings.
- Emergency on the day appointments were available for children under five years old.

# Are services effective?

(for example, treatment is effective)

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

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme and comparable to the CCG average of 81%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice offered clinics for smoking cessation, alcohol, and travel vaccines.

People whose circumstances make them vulnerable:

- We saw that a CCG template had been adopted by the practice and used to support end of life care. The template was comprehensively completed which allowed coordination of care and assisted with the use of anticipatory drugs. We saw that the majority of patients whose death was expected; died at their preferred place of residence.
- We were told that where deaths were expected the GPs would give families their personal mobile number and respond as necessary. A board located in the offices detailed any recent deaths that had occurred, therefore all staff were aware of any recent changes and this ensured they did not cause distress to relatives by trying to contact or visit the deceased.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Telephone and sign language interpretation services were available on request. Staff told us they would also use an internet translation tool to aid patients understanding.

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

- Dementia assessments were undertaken when necessary using a recognised assessment tool. The practice was a dementia friendly practice and staff had undergone recognised dementia training.

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was lower than the CCG and national average of 84%.
- 89% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average of 90% and the CCG average of 91%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 85% compared to the CCG average of 92%; national average 91%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 96% which was comparable to the CCG average of 97% and the national average of 95%.

## Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. These included the regular discussion and review of significant events and auditing the number of patients living with diabetes who had been issued with an insulin passport and patient information. (An insulin passport is a patient held record which aims to empower patients to take an active role in their treatment with insulin.)

The most recent published Quality Outcome Framework (QOF) results were 94% of the total number of points available, compared with the clinical commissioning group (CCG) and national average of 97%. The overall exception reporting rate was 8% compared with the CCG and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity including audits. We reviewed three audits in detail and saw that the second cycle of

# Are services effective?

## (for example, treatment is effective)

an audit which reviewed NICE guidance around the prescribing of a proton pump inhibitor for patients taking non-steroidal anti-inflammatory drugs showed some improvement. An action plan was in place and the practice told us they were reviewing this further as the audit had shown only a 9% improvement. We saw that audits were shared across the practice and discussed in clinical meetings. (Proton pump inhibitors are a group of drugs that reduce the secretion of gastric (stomach) acid).

- We saw that the practice nurse also undertook audits with the support of the GP partners.
- Where appropriate, clinicians took part in local and national improvement initiatives.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. We saw that staff were encouraged to develop skills and knowledge and had attended additional courses such as level four management training and courses on how to support carers.
- The practice provided staff, apprentices and students with ongoing support. This included a documented induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including midwives, health visitors and palliative care nurses were involved in assessing, planning and delivering care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice utilised clinical systems and templates to ensure 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.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The percentage of new cancer cases who were referred using the urgent two week wait referral pathway was 31%. This was lower than the CCG average of 44% and significantly lower than the national average of 50%. The practice had audited this and found only one patient who may have benefitted from this referral. However, this did not affect the outcome for the patient who was diagnosed appropriately through a different method.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. We saw that a wide range of leaflets were available in numerous languages and that patients were referred to other agencies including voluntary organisations as necessary.
- Staff discussed changes to care or treatment with patients and their carers.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The practice discussed with us their ideas to hold fun days during 2018 with a view to encouraging children with asthma to attend for their reviews.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. The practice would ensure that relevant health information was available during religious festivals, for example, Ramadan. (Ramadan is the ninth month of the Islamic calendar, and a time when Muslims will fast during the hours of daylight).
- The practice gave patients timely support and information. The practice manager had completed several sessions with the patient services team called 'active listening'. This is a communication technique that is used in counselling and conflict resolution. It requires that the listener fully concentrates, understands, responds and then remembers what is being said.
- 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.
- Of the 21 patient Care Quality Commission comment cards we received, 11 were collected from Grove House surgery and they were all positive about the service experienced. Ten comment cards were from the Chickenley Medical Centre surgery. One patient said they had experienced a language issue during a consultation. We discussed this with the practice who agreed to make the availability of interpreters more widely publicised.
- The practice patient survey showed that overall 88% of patient feedback was good, very good or excellent.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 304 surveys were sent out and 122 were returned a response rate of 40%. This represented about 4% of the practice population. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time which was the same as the national average and comparable to the CCG average of 84%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw which was the same as the CCG average and comparable to the national average of 96%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern which was the same as the CCG average and comparable to the national average of 86%.
- 93% of patients who responded said the nurse was good at listening to them compared to the CCG and national average of 91%.
- 88% of patients who responded said the nurse gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw which is the same as the CCG and national average.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 88% and the national average of 91%.
- 91% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.
- We spoke with three members of the PPG during the course of our inspection; they told us they had high levels of confidence in the GPs at the practice.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation and sign language services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

## Are services caring?

- Staff communicated with patients in a way that they could understand, for example, leaflets and information was available in different languages. Easy read materials were also available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers; there was a carers champion in place who was tasked with finding the right information and resources for this patient group. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 69 patients as carers, which was slightly less than 1% of the practice list.

- We saw that a board for carers contained useful and relevant information.
- 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.

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:

- 87% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 87% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours were available at the Grove House location. Online services such as repeat prescription requests, advanced booking of appointments three days in advance and advice services and leaflets for common ailments were available.
- The practice improved services where possible in response to unmet needs. They had recently started to offer diagnostic ultrasound services at the practice and planned to deliver Ear, Nose and Throat outpatient appointments in the near future.
- The facilities and premises were appropriate for the services delivered. However, the practice discussed with us that with a growing population, the Grove House site was unable to accommodate all the services the practice wished to offer. The practice liaised regularly with the CCG and other practices to attempt to identify new premises.
- The practice made reasonable adjustments when patients found it hard to access services. We saw that entrances to the surgery at Grove House were fitted with buzzers so that staff could assist patients to enter and exit the building if necessary.
- When ringing to make appointments, patients were triaged by the patient services team using a clinically developed assessment tool. This ensured that the patient could be seen promptly by the most appropriate clinician.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was reviewed regularly and coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

- The practice supported four care homes in the local area and regularly responded to the need for home visits. Whilst this represented a challenge to the practice in terms of the time taken, they had responded by introducing a template for the homes to use where all requests for support, visits or medicines were documented on one sheet.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

#### People with long-term conditions:

- Patients with a long-term condition were called for reviews to check their health and medicines needs were being met every six to eight months. Multiple conditions were reviewed at one longer appointment, and consultation times were tailored to meet each patient's specific needs.
- The practice nurse had completed a Diabetes training course which examined the needs of the south Asian population. The nurse had also been asked to speak on a local radio station about this issue and the chairman of the PPG told us that he regularly raised awareness of diabetes and self-help within the local Asian communities.
- The practice held regular monthly meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

- We found 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.
- All parents or guardians calling with concerns about a child under the age of five were offered a same day appointment.
- A comprehensive range of family planning services were offered by the practice.

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

- The needs of this population group 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, extended opening hours at the Grove House surgery.



# Are services responsive to people's needs?

## (for example, to feedback?)

- 30% of patients were signed up to use on-line services.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice were actively looking to identify war veterans to enable appropriate support to be offered and to signpost them to other agencies as required.
- The practice reviewed and supported patients who attended frequently at the surgery. Where appropriate, these patients were offered regular appointments to support and manage their needs.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice offered annual physical health checks and were aware of the local mental health teams.
- One member of staff was also a Mental Health First Aider; this role aimed to identify and actively tackle mental health issues in the workplace. The practice were hoping to use this skill moving forward to support patients. Counselling services were also offered at the practice.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Three patients attending the Chickenley Medical Centre completed a CQC comment card and said that appointments did not always run to time. On the day of inspection we saw that waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they

could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed CQC comment cards. A total of 304 surveys were sent out and 122 were returned a response rate of 40%. This represented about 4% of the practice population.

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 87% of patients who responded said they could get through easily to the practice by phone; compared with the CCG average of 67% and the national average of 71%.
- 82% of patients who responded 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 81% and the national average of 84%.
- 89% of patients who responded said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 86% of patients who responded described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 57% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. Two complaints were received in the last year and two complaints were raised through NHS England. We reviewed the complaints received by the practice and found that they were satisfactorily handled in a timely way. The practice had recently introduced a mechanism for documenting verbal complaints and concerns by patients.

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

- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, when a patient complained they had to wait until lunchtime for their 24hr blood pressure monitoring

device to be removed, the practice ensured that nurse appointments were available earlier in the day, making it easier for patients requiring fasting bloods and blood pressure monitoring.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice, and all of the population groups, as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. Staff told us that leaders were knowledgeable and supportive.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges of the local area and the practice population and were addressing them.
- Leaders at all levels were visible and approachable; several staff told us that there was an 'open door policy' at the practice. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff could access occupational health support.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice, for example, by supporting the attendance of management and business training.

### Vision and strategy

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

- There was a clear, documented vision and set of values available. The practice had developed its vision, values and strategy jointly with patients, staff and external partners and this detailed the expectations of staff at the practice and what they were striving to achieve.
- The practice had a realistic strategy and supporting business plans to achieve priorities. The practice had also considered succession planning and were supporting apprentices to become members of the patient services team.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. They were clear that their priority was to provide patients with high quality healthcare and advice.

- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population and liaised with the CCG. The practice was also a member of a federation which was working closely with member practices to improve outcomes and access for patients.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected and valued. They were proud to work in the practice and told us that managers at the practice were approachable and supportive.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated throughout the practice and when responding to incidents and complaints. We saw that complaints were responded to in a timely manner and apologies were given when necessary.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with development opportunities. This included appraisal and career development conversations. Nursing staff told us they were allocated an additional five study days per year to enable them to develop their skills in areas which would benefit patient care.
- We saw that all staff had received regular appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- All members of the staff team were considered valued members of the practice team. They were encouraged to contribute to discussions and meetings. Monthly protected time allowed for professional development and the evaluation of their work.
- There was a strong emphasis on the safety and well-being of all staff.

# Are services well-led?

Good 

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

- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Some staff had received equality and diversity training. Staff felt they were treated equally.
- We were told of positive relationships between staff, community teams and other stakeholders.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff we spoke with were clear regarding their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- We saw that the practice embraced CCG initiatives and also had participated in the 'Productive General Practice' programme and had implemented new processes for workforce planning and workforce organisation which was highly praised by the team. Staff told us that they had felt supported during this process.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These were widely available and disseminated to the team when changes were made

## Managing risks, issues and performance

There were clear, organised and effective processes for managing risks, issues and performance.

- There was an effective and comprehensive, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audits of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints and we saw that these were discussed at staff and clinical meetings.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. The practice also shared with us plans to implement an audit schedule for the coming year.
- The practice had a business continuity plan in place which contained staff contact numbers and a 'battlebox'. This was a 'grab box' containing the plan and other useful information for use in an emergency. Staff knew how to respond to emergencies and incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality, sustainability, performance and forward planning were discussed in relevant meetings where all staff had sufficient access to information. Quality and operational information was used to ensure and improve performance.
- The practice used performance information which was reported and monitored and management and staff were held to account. Staff were allocated lead areas or population groups to review and action which ensured that reviews and support were arranged in a timely manner.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care and share appropriate information with other services such as Out of Hours providers.
- The practice submitted data or notifications to external organisations as required, for example NHS England and the CCG.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

# Are services well-led?

Good 

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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A patient survey had been undertaken in September 2017 and an action plan was in place. Results showed that 89% of patients were satisfied or fairly satisfied with the practice team.
- There was an active patient participation group which met every three months with a member of the patient services team attending. The group described their role as a 'critical friend' which they said was well received by the practice.
- The practice held regular coffee mornings and used this opportunity to distribute relevant health information.
- The service was transparent, collaborative and open with stakeholders about performance, complaints and significant events.
- All staff with whom we spoke on the day of inspection stated that they enjoyed working at the practice and described a 'family atmosphere'. Staff told us they felt valued and supported in their roles.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice supported medical students, nursing students and dental students with placements. We saw that they were open to challenge and innovation and were keen to embrace new ways of working which would enhance patient care.
- We saw that the practice embraced CCG initiatives and also had participated in the 'Productive General Practice' programme. The practice planned to continue to work through the modules aiming to further improve the patient experience.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.