

# Longton Grove Surgery

## Quality Report

168 Locking Road  
Weston Super Mare  
Somerset  
BS23 3HQ

Tel: 01934628118

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

Date of inspection visit: 16 March 2016

Date of publication: 11/05/2016

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

### Detailed findings from this inspection

Our inspection team	11
Background to Longton Grove Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Longton Grove Surgery and the branch surgery, Locking Village Surgery, on 16 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice had designed and implemented, with good results a pilot called the Longton Grove Lifestyle Programme. This was 12 week educational course to help individuals to improve their metabolic ill health, such as diabetes, through adopting three lifestyle changes.

The areas where the provider should make improvement are:

# Summary of findings

- The new prescription security policy and procedure should be implemented and monitored for effectiveness.
- There should be dedicated meetings and annual review processes to discuss significant events or incidents.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- 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 were unintended or unexpected safety incidents, patients received 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The new prescription security policy and procedure should be implemented and monitored for effectiveness.
- There should be dedicated meetings and an annual review processes to discuss significant events or incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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.
- Patients said they found it easy to make an appointment with a named GP and there was excellent continuity of care, due the use of personalised lists, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 and ensured this information was shared with staff to ensure appropriate action was taken

# Summary of findings

- 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. The practice participated in research projects.

# 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 patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

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 their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had designed and implemented, with good results a pilot called the Longton Grove Lifestyle Programme. This was 12 week educational course to help individuals to improve their metabolic ill health, such as diabetes, through adopting three lifestyle changes.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of 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.

Good



# Summary of findings

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

**Good**



## **People whose circumstances may make them vulnerable**

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

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

**Good**



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

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

**Good**





## Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing above national averages. 241 survey forms were distributed and 118 were returned. This was a 49% response rate.

- 97% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 84.8% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 96.3% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 94.6% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. Patient told us they had observed that staff treated them as individuals and staff were kind. Those patients who had participated in the Longton Grove Lifestyle Programme told us that the staff providing the course were inspirational, helpful and supportive.

We spoke with six patients including three members of the patient participation group during the inspection. All six patients said they were satisfied with the care they received and they had experienced that staff took the time to listen, were cheerful and caring.

## Areas for improvement

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

- The new prescription security policy and procedure should be implemented and monitored for effectiveness.
- There should be dedicated meetings and annual review processes to discuss significant events or incidents.

## Outstanding practice

- The practice had designed and implemented, with good results a pilot called the Longton Grove

Lifestyle Programme. This was 12 week educational course to help individuals to improve their metabolic ill health, such as diabetes, through adopting three lifestyle changes.

# Longton Grove Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Longton Grove Surgery

Longton Grove Surgery is located in a mixed residential and commercial area of Weston Super Mare. They have approximately 6,507 patients registered.

The practice operates from two locations:

168 Locking Road

Weston Super Mare

Somerset

BS23 3HQ

And a branch surgery

Locking Village Surgery

The Village Hall

Locking

Near Weston Super Mare

Somerset

BS24 8AR

Longton Grove Surgery is situated in a purpose built surgery close by to retail and residential areas. The practice shares the building with another GP surgery, Out of Hours

service and there is a commercial pharmacy on the ground floor. The practice is situated on the 2nd floor of the building. The practice is accessible by a central staircase and lift. There is parking at the rear of the practice. Locking Village Surgery is situated in an annex to the village hall in Locking. It has one consulting and one treatment room and a small waiting area, all on the ground floor. There is parking in the village hall car park.

The practice is made up of six GPs in total including four partners and two salaried GPs. Four male and two female. They have one nurse prescriber, a treatment room nurse and two healthcare assistants. They are supported by a practice manager and administration team. The practice is a teaching practice for GP registrars and two of the GPs were trainers. There were no GP registrars at the time of this inspection.

The both sites are open every day during the week. Longton Grove Surgery is open from 8am each day until 7.30pm Monday and Tuesday and 6.30pm on Wednesday, Thursdays and Fridays. Locking Surgery is open every morning from 8.30am until 12noon.

The practice has a General Medical Services contract with NHS England. The practice is contracted for a number of enhanced services including extended hours access, patient participation, immunisations and unplanned admission avoidance.

The practice is a training practice and also offers placements to medical students and trainee GPs.

The practice does not provide out of hour's services to its patients, this is provided by BrisDoc. Contact information for this service is available in the practice and on the practice website.

#### Patient Age Distribution

0-4 years old: 5.1% (the national average 5.9%)

# Detailed findings

5-14 years old: 9.2% (the national average 11.4%)

Under 18 years old: 17.1% (the national average 20.7%)

65+ years old: 26.5% (the national average 17.1%)

75+ years old: 11.9% (the national average 7.8%)

85+ years old: 3.6% (the national average 2.3%)

## Other Population Demographics

% of Patients with a long standing health condition 62.2%  
(the national average 54%)

% of Patients in paid work or full time education 59.9% (the  
national average 61.5%)

## Practice List Demographics / Deprivation

Index of Multiple Deprivation 2015 (IMD): 25.2% (the  
national average 21.8%)

Income Deprivation Affecting Children (IDACI): 21.6% (the  
national average 19.9%)

Income Deprivation Affecting Older People (IDAOPI): 17.7%  
(the national average 16.2%)

## 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 March 2016. During our visit we:

- Spoke with a range of staff including administration, management and clinical and spoke with patients from the patient participation group who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a detailed recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the individual significant events. The practice system was to deal with events as they occurred or at weekly meetings. There were no dedicated meetings to discuss significant events or incidents and there was no formal annual review process. At the time of the inspection the practice was using two systems of central logs for significant events (clinical) and serious incidents (non clinical). We were informed they had recently reviewed their systems and had identified areas of changes to make the process more robust. This had included better recording mechanisms, identifying thresholds, and they had signed up to participate in a training scheme with an external academic network to improve how they responded to significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. There was a system in place for receiving, sharing and responding to safety alerts from external organisations. The practice manager received all safety alerts, NICE guidance and forwarded these on to the clinical staff. Through discussion with the practice manager it was identified there were areas of this process that could be improved to ensure information was readily available and on-going monitoring of any actions taken. For example, an organised method of storing information and

a monitoring system to ensure the appropriate staff had reviewed and understood the safety information and NICE guidance they had been provided with. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a referral to secondary care, the delay for treatment experienced by for one patient was reviewed. Clinicians were reminded to carry out appropriate assessments and reassessments whilst waiting for a referral appointment in order to monitor and respond to a patient's change in condition with greater effectiveness.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and one of the practice nurses were trained to child protection or child safeguarding level 3. A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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 nursing staff told us they had training booked for in July to update their knowledge. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

## Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored centrally before they were distributed and there were systems in place to monitor their use. However, there were gaps in the security and processes for an audit trail for prescription paper forms when the consulting or treatment rooms were not attended. Therefore there was a risk they could be tampered with. Before the end of the inspection the practice had amended their procedures and implemented a safe system where the prescription paper forms were removed at the end of the surgery day and kept securely. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and included details in regard to information sought for locums who were engaged to work periodically at the practice. We found appropriate recruitment checks had been undertaken prior to employment for new staff such as proof of identification, references, qualifications, registration with the appropriate professional body.

### Monitoring risks to patients

Risks to patients were assessed and there were systems in place to monitor they were managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. Health and safety policies were available to staff electronically and in hardcopy. One member of staff was designated lead for health and safety. Aspects of the general health and safety risk assessments were shared with the other

providers located in Longton Grove Surgery and we identified that much of the information was held by them. Likewise, there were aspects of Locking Surgery health and safety risk assessments which were the responsibility of the landlord, Locking Village Hall. What was not clearly defined was what the individual service was responsible for in the documents we reviewed. The practice manager informed us this would be addressed and provided satisfactory detail following the inspection of the information now held and when these risk assessments would be reviewed.

- The practice had fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had a risk assessment in place for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Administration staff had been trained and had flexible skills to meet the demands and needs of the practice.

### 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.
- Both the practice locations had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

## Are services safe?

- Emergency medicines at Longton Grove and Locking Village Surgery were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage for both locations. The plan included emergency contact numbers for staff and key information for maintenance and services such as water and electrical services.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.9% of the total number of points available. This was higher than average QOF points with lower exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

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

- Performance for diabetes related indicators was better than the national average. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 93.6%; the national average was 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 84.4% which was similar to the national average of 83.6%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their records, in the preceding 12 months (01/04/2014 to 31/03/2015) was 98.2%; the national average was 88.4%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years. One was a repeat cycle of an audit in regard to the treatment and care for patients with Atrial Fibrillation (irregular heart rhythm) (AF) where the improvements were made to ensure that patients were given a treatment plan in line with NICE guidelines and therefore reducing the potential for strokes.
- The practice participated in local audits, national benchmarking, accreditation, and research.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, the practice nurses had a high number of skills between them to provide treatment and care for patients. For example, the nurses had diplomas in Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Asthma and Sexual Health. The lead nurse was able to offer particular skills in regard to insulin initiation, clinical assessment and the insertion of inter uterine contraceptives. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,



# Are services effective?

## (for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- The practice participated in the local Protected Learning and New Educational Training (PLANET) joint learning and development scheme for health care providers in the local area. Each month there was a half day learning session with visiting speakers from the local hospital which helped build knowledge, shared learning and developed relationships with other organisations.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff told us they had been provided with good access to training to develop their roles.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example the Community Care Advisors a shared resource with other local GP practices to visit patients over 75 years of age to help coordinate care and prevent crisis. When patients moved between services, when they were referred, or after they were discharged from hospital the practice maintained appropriate links such as with the district nursing team. Meetings took place with other health care professionals caring for older patients, those with long term health conditions or particularly vulnerable patients on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. There were monthly meetings with the health visiting team to discuss families and children of concern.

Comments from health care professionals or services who came into contact with the practice reported that all staff were helpful, responsive and they were always listened to when discussing patients.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, and alcohol cessation. Patients were signposted to the relevant service.
- The practice had recognised that many long term conditions could be prevented and improved by lifestyle. The practice had designed and implemented a new pilot programme, the Longton Grove Lifestyle Programme, a 12 week educational course to help individuals to improve their metabolic ill health through adopting three lifestyle changes. The first course commenced 2014 and there has been a rolling programme of courses available since then. The practice has monitored the outcomes for patients and has found that there have been good results for some patients with a reduction in weight, blood pressure and for some of those with diabetes the need for oral medication eliminated. There was good evidence that patients who had participated in this programme continued to made positive lifestyle decisions long after they had completed the course. This was clearly expressed in the

# Are services effective?

(for example, treatment is effective)

seven comment cards that specifically mention the lifestyle course. Patients also told us that the staff providing the course were inspirational, helpful and supportive.

The practice's uptake for the cervical screening programme was 83%, which was similar to than the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also supported its patients to attend national screening programmes for bowel and breast cancer screening.

For example:

- Persons, 60-69 years old, screened for bowel cancer within six months of invitation was 58% in comparison to the Clinical Commissioning Group (CCG) average which was 57.99%.
- Females, 50-70 years old, screened for breast cancer within six months of invitation was 50% in comparison with the CCG average which was 78.3%.

- Childhood immunisation rates for the vaccinations given were above or comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84.3% to 100%, the CCG was from 82.8% to 98.5% and five year olds from 89.2% to 100%, CCG were from 94% to 98.7%.

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

Other services hosted at Longton Grove Surgery included a falls assessment clinic and a leg ulcer club run by the community nursing team. They also hosted a pilot drop-in GP Navigator clinic once a week in collaboration with a local housing association. A Talking therapies service was available at the practice once a week.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and treated them with dignity and respect. Patient also told us they had observed that staff were always caring, considerate and friendly.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They also told us they had experienced that staff took the time to listen, were cheerful and caring.

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

- 97.5% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90.3% and the national average of 88.6%.
- 95.7% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86.6%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95.2%.

- 94.6% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 93.7% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

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

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 comparable or above local and national averages. For example:

- 95.9% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.9% and the national average of 86%.
- 93.9% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 81.4% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 156 patients as carers (2.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered later surgeries on a Monday and Tuesday evenings until 7.30pm. for working patients or those who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice had recently changed the timings for appointments from a 10 minute appointment to a 12 minute appointment to allow greater individual time with patients.
- Home visits were available for older patients and patients with complex needs which resulted in difficulty attending the practice.
- Patients were encouraged to make appointments with the same GP for continuity of care.
- The practice provided minor injuries clinics for cuts, lacerations, minor fractures and injuries.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and translation services available.
- The practice was continuing to look at how they could encourage patients to take responsibility of their own health and wellbeing through the Longton Grove Lifestyle Programme.

### Access to the service

The practice at both sites was open every day during the week. Longton Grove Surgery was open from 8am each day until 7.30pm Monday and Tuesday and 6.30pm on Wednesday, Thursdays and Fridays. Locking Village Surgery was open every morning from 8.30am until 12noon. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than national averages.

- 97% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

There were generally good comments about obtaining appointments from patients. Patients told us on the day of the inspection that they were able to get on the day appointments if their need was urgent and if at times they were later going in to see the GP they were happy to wait.

### Listening and learning from concerns and complaints

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

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

We looked at four recorded complaints received in the last 12 months and found the complaints were satisfactorily handled and lessons learned as a result of the complaints investigation ensured that improvements were made to prevent them reoccurring. The practice did not have a thorough mechanism to monitor trends or themes of complaints or of recording verbal comments made to the practice that were dealt with immediately by staff. Likewise, compliments and positive feedback were not monitored in detail but were fed back to staff individually and at meetings. Themes of complaints ranged from confusion about prescriptions, detail of information in patients notes from a previous provider and some aspects of clinical care.

The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 96.2% compared to the national average of 85%.

# 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.

- Their vision was to provide patients with the best possible person centred care to our patients. They also wanted to create a culture of learning and improving for all in an excellent working environment.
- Through discussion with staff, staff knew and understood the vision.
- The practice had a strategy and supporting business plans which reflected the vision and values and the plans to develop the service.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There were structures and procedures in place to provide governance of the service. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff and were reviewed and updated to meet the changes in regulations and guidance.
- A comprehensive understanding of the clinical performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment and they told us that they were aware there were areas to improve in responding to significant events or complaints made to the practice. They endeavored to ensure that:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. They reviewed information given by patients on NHS Choices and from the National Patient Survey. The PPG met regularly each quarter, carried out patient surveys and submitted suggestions and support for improvements to the practice management team. For example, improving patient confidentiality at the reception and waiting area. This had included suggestions which were

# Are services well-led?

Good 

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

taken up by the practice for increased signage at the reception desk to advise patients about respecting confidentiality and fitted a radio to play quietly in the waiting room to mask conversations at the reception desk. We found the PPG were keen to make links to any outside organisations to provide information and support to the practices patient population. This has included Health Watch, Age UK and the Stroke Association and has led to these organisations providing talks, information and support to patients at the practice.

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example;

- The practice was continuing to look at how they could encourage patients to take responsibility of their own health and wellbeing through developing the Longton Grove Lifestyle Programme.
- They also hosted a pilot drop-in GP Navigator clinic once a week in collaboration with a local housing association.
- The practice were monitoring changes in the local housing provision in regard to developing their services to meet potential higher demand in the future.