

Lister Lane Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. However we rated the practice as Requires Improvement for providing well led services. A previous inspection, carried out on 21 April 2015 rated the practice as good overall, with the safe domain rated as requires improvement. A breach of regulation was identified on that occasion. A focused follow up inspection carried out on 4 April 2016 found the practice had carried out the necessary improvements; and the safe domain 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? – Requires Improvement

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 recently 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 Lister Lane Surgery on 28 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had a system for reporting and taking action on significant events. The practice did not retain summary details of significant events, noting actions taken or lessons learned. This meant that learning to help prevent the recurrence of incidents was not always assured.
- The practice had a number of policies and protocols in place in relation to staff activity. However we saw that these were not always appropriately updated, and that updated policies were not always available to all staff, particularly those based at branch sites.
- The process for receiving, disseminating and acting upon Medicines and Health Regulatory Agency (MHRA) and other patient safety alerts was not demonstrable by recorded actions.

Summary of findings

- Quality improvement activity, in relation to prescribing, referral and minor surgical procedures was carried out. The practice benchmarked against a number of local practices in relation to accident and emergency attendances and unplanned admissions.
- The practice had systems for dealing with complaints in line with national timescale requirements. We saw that written communication did not contain Parliamentary and Health Service Ombudsman details.
- The practice hosted diabetic retinal eye screening and musculoskeletal (MSK) services. This enabled them to access summary record details pertaining to secondary care for patients.
- Patients were able to access services at any one of three sites operated by the practice. The premises' facilities were appropriate to meet the needs of patients.
- We observed patients being treated with compassion and respect. Patient feedback we received, both in person and on CQC comment cards provided examples of caring and responsive care being provided by the practice.
- Some patients told us access to the practice by telephone was difficult. The practice told us they were aware of the issue, and had plans in place to improve this.
- At the time of our visit the registration details held by the Care Quality Commission were not up to date. The practice told us they were in the process of addressing these.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Establish systems for reviewing the immunisation status of staff, in line with the Department of Health's guidance.
- Liaise with the landlord with responsibility for their Boothtown branch site to assure themselves that health and safety assessments and processes are completed in a timely manner.
- Review and improve the means by which patients using disabled toilet facilities at the Nursery Lane site are able to alert staff in the event of an accident.
- Comply with infection prevention and control requirements by ensuring sharps bins are appropriately situated, signed and dated at all times, and that all equipment is in date.
- Continue to review and risk assess stocks of emergency medicines and equipment to ensure it is adequate to meet patients' needs.
- Include the Parliamentary and Health Services Ombudsman details on all written communications in relation to patient complaints.
- Review and improve systems for identifying and supporting patients acting in an unpaid caring role.
- Continue to encourage and educate their patient population to attend appointments with national cancer screening programmes.

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

Summary of findings

The six population groups and what we found

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

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

Lister Lane 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 CQC inspection manager.

Background to Lister Lane Surgery

Lister Lane Surgery is situated in the centre of Halifax, HX1 5AX. Lister Lane Surgery has branch sites at Nursery Lane Medical Centre, HX3 5TE, and Boothtown Surgery HX3 6EL. There is one single patient list, and patients are able to be seen at any of the sites operated by the practice. There are currently 7,732 patients registered on the practice list. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England.

The Public Health National General Practice Profile shows that approximately 21% of the practice population are of Asian origin, with 2% mixed ethnicity, and 1% of other non-white ethnic groups. The remainder of the population are of White British origin. The level of deprivation within the practice population is rated as one on a scale of one to ten. Level one represents the highest level of deprivation; and level ten the lowest. People living in more deprived areas tend to have greater need for health services.

The age/sex profile of the practice is in line with national averages. The average life expectancy for patients at the practice is 75 years for men and 80 years for women. The national average is 79 years and 83 years respectively.

The practice offers a range of enhanced services such as childhood immunisations and minor surgery.

There are two GP partners, both male and one female salaried GP. A clinical pharmacist has recently been recruited to the practice, and another male GP partner is due to join the team in May 2018. The clinical team is completed by three practice nurses, two female and one male. There are four female health care assistants, all of whom also provide some reception or secretarial support. Clinical staff rotate between all three sites, although nurses are allocated primarily to one of the three sites. Non-clinical staff, in the main, remain at one site.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours openings are Monday 6.30pm to 8.30pm. In addition patients are able to access a GP or nurse appointment at an adjacent practice, under a local extended access scheme, between 6.30pm to 8pm Monday to Friday.

All three sites have parking facilities, with access for disabled patients. All are accessible by public transport.

Out of hours care is provided by Local Care Direct which is accessed by calling the surgery telephone number, or by calling the NHS 111 service.

When we returned to the practice for this inspection, we checked, and saw that the ratings from the previous inspection were displayed, as required, on the practice website. However they were not on display in any of the practice buildings. Following our feedback the practice provided pictorial evidence that this had been addressed, and ratings were on display in all three practice sites.

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 a suite of safety policies which were regularly reviewed and available to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were reviewed and updated externally; and were accessible to all staff. Contact details for local Safeguarding Teams were available on the practice computer system. Following our feedback the practice told us they would consider displaying clear flow chart information pertaining to safeguarding concerns on clinical room walls.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff gave us several examples where staff had acted appropriately and liaised with the necessary agencies, to safeguard patients from abuse.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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).
- All staff received up to date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There were systems in place to manage infection prevention and control. We saw that sharps bins in some cases were located on the floor of clinical rooms, and were not always signed and dated. Following the inspection the practice submitted an action plan indicating that this had been addressed.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. At one of the branch sites we saw that the emergency alert cord in the disabled patients' toilet was not operating. An action plan submitted following the receipt of the draft report indicated that this had been resolved. The systems for safely managing healthcare waste were appropriate.

Risks to patients

There were 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.
- 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.

Information to deliver safe care and treatment

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.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice hosted diabetic retinal eye screening and musculoskeletal (MSK) services. This meant that practice staff were able to access summaries of patient health records held by secondary care (hospital) services.
- We were told 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.

Are services safe?

- There were some systems for managing medicines, including vaccines, medical gases, and emergency medicines. However at one branch site we noted the oxygen cylinder was out of date. The branch site was co-located along with another GP practice. They told us that until a replacement oxygen cylinder was obtained there was a reciprocal arrangement with this practice to use their oxygen in the event of an emergency. The practice kept prescription stationery securely and monitored its use. The practice held a supply of emergency medicines. They told us they would review the stock they held to include medicines to treat low blood sugar in diabetics, and would add a paediatric pulse oximeter to their equipment. Pulse oximeters are able to monitor the oxygen saturation in a patient's blood, and are able to detect changes in blood oxygen levels in the event of an emergency.
- 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. The practice participated in the local 'Optimise' scheme to monitor and benchmark prescribing patterns.
- The practice participated in the local minor ailments scheme. This enabled patients who were eligible for free prescriptions to receive medicines to treat minor ailments free of charge from their local pharmacy. This was to reduce the demand for GP and nurse appointments to deal with these illnesses.
- 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.

- The practice had developed and had access to a number of risk assessments in relation to safety issues. We noted that some health and safety risk assessments at one of their branch sites were out of date. The

practice submitted an action plan following receipt of the draft report indicating that they had liaised with the landlord of this site to ensure these were kept up to date.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear 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. The practice did not retain summary details of significant events, noting actions taken and lessons learned. This meant that learning to help prevent the recurrence of incidents was not always assured.
- Staff understood their duty to raise concerns and report incidents and near misses. GPs and the practice manager supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. Relevant staff were informed of the outcome. However the practice had not identified themes in order to proactively manage risks. We saw evidence that the practice had taken action to improve safety in the practice. For example, an incident had occurred where a patient with suspected meningitis attended the practice. The practice at the time did not hold the appropriate emergency medicine to treat this. An urgent supply was obtained from a nearby pharmacy. Following this, the practice ensured they added this medicine to their emergency medicines stock.
- There was a system for receiving and acting on Medicines and Health Regulatory Agency (MHRA) and other patient safety alerts. We checked, and saw that appropriate actions were taken following such alerts. However at the time of our visit no log was held to evidence any action taken. The practice told us they would review their processes in this regard.

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

The practice had systems to keep clinicians up to date with current evidence-based practice. 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.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing rates for hypnotics were in line with national averages. Hypnotics are a range of medicines which work on the central nervous system to relieve anxiety, aid sleep or have a calming effect.
- Prescribing rates for antibacterial items were in line with national averages.
- The practice was in line with national averages in relation to the percentage of antibiotic items prescribed which were Cephalosporins or Quinolones. These are 'broad spectrum' antibiotics which should only be used when other antibiotics have failed to prove effective in treating
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff told patients when to seek further help. Written patient information leaflets were provided to help patients to understand their condition. They advised patients what to do if their condition got worse.

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 had a clinical review including a review of medication.
- Patients aged over 75 were able to access a health check if required.
- 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, practice staff worked with other health and care professionals to coordinate and plan future care.

- Staff who were responsible for reviews of patients with long term conditions had received appropriate training.
- 70% of patients with diabetes, on the register had a cholesterol reading recorded, which was within normal limits, in the preceding 12 months. This was lower than the CCG average of 78% and national average of 80%. The practice had identified a practice nurse with a special interest in diabetes, and had provided additional training. They told us their diabetic management was improving.
- 82% of patients aged over eight years, with a diagnosis of asthma, had a recording or variability or reversibility measures completed at any time after diagnosis. This was in line with the CCG and national average of 89%.
- 83% of patients with hypertension had a recorded blood pressure which was within normal limits, which was in line with the CCG average of 84% and the national average of 83%.
- 93% of patients with Chronic Obstructive Pulmonary Disease (COPD) had a review completed which included an assessment of breathlessness in the preceding 12 months. This was in line with the CCG averages of 86% and 90% respectively.
- 86% of patients with atrial fibrillation had received treatment with anticoagulant therapy in the preceding 12 months. This was in line with the CCG average of 86% and the national average of 88%. Atrial fibrillation is a heart condition which causes an irregular and often abnormally fast heart rate. People with atrial fibrillation may be at higher risk of stroke or heart attack.

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 in line with the target percentage of 90% or above.
- The practice held regular meetings with health visitors where the needs of children and families with additional needs were discussed.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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 63%, which was lower than the CCG average of 77% and national average of 72%. We explored this during the inspection. The practice described barriers experienced by a proportion of their patients whose ethnicity was South Asian. For cultural reasons this group of patients are reluctant to attend for this test. They showed us where repeated appointments had been made for these patients, which had not resulted in their attendance for the screening. Staff were trying to improve education in this area to encourage uptake.
- 54% of eligible females had accessed screening for breast cancer in the preceding three years, which was lower than the CCG average of 66% and the national average of 70%.
- 52% of eligible patients had been screened for bowel cancer in the preceding 30 months compared to the CCG average of 58% and the national average of 55%.
- 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.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. At the time of our inspection there were 33 patients on the learning disability register. An annual review was offered, and extended appointments (up to 20 minutes) were available to these patients.

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

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher than the CCG average of 82% and national average of 84%.

- 93% 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 higher than the CCG average of 91% and national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 95% of patients experiencing poor mental health had received discussion and advice about alcohol consumption in the preceding year compared to the CCG average of 92% and national average of 91%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 97%, compared to the CCG and national average of 95%.

Monitoring care and treatment

The practice had a programme of quality improvement activity and regularly reviewed the effectiveness and appropriateness of the care provided. For example, they had reviewed their treatment pathways for patients with urinary tract infections (UTI's). As a result they had identified some learning points which included the requirement to ensure that urine samples were sent to the laboratory for testing where UTI was suspected in pregnant women. Where appropriate, clinicians took part in local and national improvement initiatives. For example, they participated in the Campaign to Reduce Opioid Prescribing (CROP). They reviewed their prescribing in this area, and found they were in the middle range when benchmarked against practices in the region. Opioids are a range of medicines which act on opioid receptors in the brain to produce morphine-like effects. They are primarily used for pain relief.

The most recent published (2016/17) Quality Outcome Framework (QOF) results showed that the practice had attained 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 6% compared with a CCG average of 8% 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.

Are services effective?

(for example, treatment is effective)

- The practice had a higher than average exception reporting rate for patients with atrial fibrillation who had received an assessment of stroke risk within the preceding 12 months. The exception reporting rate for this group of patients was 12%, whilst the CCG average was 5% and national average 4%.
- The practice used information about care and treatment to make improvements. For example they participated in the Commissioning Engagement Scheme where management of musculoskeletal conditions was reviewed. They followed protocols and guidance when making decisions which conditions could be treated by GP services, and which needed referral to musculoskeletal services.
- The practice was involved in local quality improvement activity. They were trying to increase uptake in bowel screening for eligible patients. Once they were notified that a sample had not been returned, they contacted patients by telephone advising them of the significance of the test and encouraging them to take up this screening. They told us this was having a positive effect.

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 heard of several examples where staff had been encouraged to develop and given opportunities to change roles within the practice.
- The practice provided staff with ongoing support. This included an induction process and annual appraisals. Newly recruited staff told us they received a high level of support and had an appointed mentor. Nurses accessed informal clinical supervision amongst themselves. There were plans to introduce more formal nurse meetings to support this. Nurses were supported in their revalidation requirements. The induction process for healthcare assistants did not include the requirements of the Care Certificate. The practice told us they would look into this.
- Appropriate staff were offered hepatitis B vaccination at the point of recruitment. Following our feedback the

practice told us they had reviewed the vaccinations offered to staff, in line with the Department of Health's Green Book recommendations for immunisations for healthcare staff.

- There were systems in place 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.

- Staff described examples which demonstrated that all appropriate staff, including those in different teams, services and organisations, 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 ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. A local 'Xpert' programme provided culturally appropriate education and information to help people with diabetes who were of South Asian origin to better understand and manage their condition
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop

Are services effective?

(for example, treatment is effective)

smoking campaigns and tackling obesity. People seeking to lose weight or increase their exercise were able to access support from the local 'Better Living' service.

Consent to care and treatment

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

- 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 providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff told us that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There were posters in place at all three sites to advise patients of this option.
- Almost all of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Where comments were less favourable these related to difficulty in accessing the practice by telephone. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patient scores in relation to being treated with compassion, dignity and respect were comparable to local and national averages in all cases. There were 390 surveys sent out and 88 were returned. This represented 23% of the surveyed population and 2% of the practice population. For example:

- 82% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national average of 89%.
- 83% of patients who responded said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 87% of patients who responded 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%.

- 79% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 86%.
- 86% of patients who responded said the nurse was good at listening to them compared to the CCG and national average of 91%.
- 82% of patients who responded said the nurse gave them enough time compared to the CCG average of 91% and national average of 92%.
- 93% of patients who responded said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and national average of 97%.
- 83% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 86% of patients who responded said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

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):

- Telephone or face to face interpretation services were available for patients who did not have English as a first language. We saw some notices in the reception area of the main site of the practice contained notices in languages other than English. In addition, there were a number of staff who spoke languages compatible with the patient population.
- Staff communicated with patients in a way that they could understand, for example, information could be printed in larger font for patients with visual impairment. A hearing loop was available at all three sites to aid communication for those patients with hearing impairment.
- 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.

Are services caring?

The practice identified patients who were carers. Carers were identified at the time of registration with the practice, and on an 'ad hoc' basis during consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 10 patients as carers at the time of our visit. This represented less than 1% of the practice list.

- Carers were provided with a pack giving details of local voluntary support services for carers. In addition they were offered an NHS health check, and an annual seasonal flu vaccination.
- Staff told us that if families had experienced bereavement, the GP made telephone contact to determine what, if any support they required. They told us they coordinated return of equipment and dressings to minimise distress to the family.

Results from the national GP patient survey showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Specific responses were either in line with or slightly below local and national averages:

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.

- 73% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 79% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 90%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care which was the same as the CCG and national average.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- From discussions with staff we saw that they recognised the importance of patients' dignity and the need to maintain respect for individual needs and requirements.
- Curtains were used during intimate or personal examinations.
- Chaperones were offered at each consultation, and this was documented in the patient record. Following our feedback the practice told us they would also highlight the option of chaperones by displaying posters in all their sites.
- 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. Extended opening hours were available on Monday evening from 6.30 to 8.30 pm. In addition patients could access GP and nurse appointments at a nearby practice between 6.30pm and 8pm Monday to Friday, as part of a local extended access scheme. Patients seeking advice and/or treatment for minor illnesses were able to receive medicines and advice from local pharmacies as part of the local minor illness scheme.
- Patients were encouraged to register for online access to appointment booking and test results. At the time of our visit 966 patients (13% of the practice population) had registered for this service.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example a computer was available in the practice waiting area for patients without internet access to use to access online services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was 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 worked with the multidisciplinary team, including district nurses and community matron to coordinate and plan care for older patients with additional needs.
- The practice was responsive to the needs of older patients. Urgent appointments or home visits were available when required.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. The practice was able to offer level five diabetic services to relevant patients. This meant that insulin and other injectable treatments could be offered in house to reduce the need to attend secondary care appointments.
- The practice held regular 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. Discussions with staff confirmed this.
- Records were flagged to identify children and families where additional needs had been identified; for example children with a disability. We saw minutes from meetings which showed that vulnerable children and families were discussed at multidisciplinary meetings.
- Children were given priority access to same day appointments.

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 on Monday evening and access to a local extended access scheme.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Online services for booking or cancelling appointments and receiving test results were available.

People whose circumstances make them vulnerable:

- The practice had identified less than 1% of their patient group as unpaid carers. These patients were offered an NHS health check, a seasonal flu vaccination, and were signposted to local voluntary carers support groups.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients with no fixed abode were able to register at the practice. At the time of our inspection one such person was registered, who used a 'care of' address of a relative for communication purposes.

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

- Staff interviewed demonstrated a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice liaised with local mental health services to support patients experiencing mental health difficulties.

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.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was appropriate for their patient group.

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 comment cards

- 79% of patients who responded were satisfied with the practice's opening hours which was the same as the CCG and national average.
- 73% of patients who responded said they could get through easily to the practice by phone compared to the CCG and national average of 71%.
- 85% 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 to the CCG average of 85% and national average of 84%.

- 84% of patients who responded said their last appointment was convenient compared to the CCG average of 83% and national average of 81%.
- 74% of patients who responded described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 57% of patients who responded said they don't normally have to wait too long to be seen compared to the CCG average of 61% and 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. We viewed correspondence relating to patient complaints and found their concerns were handled with sensitivity and understanding.
- The complaint policy and procedures were largely in line with recognised guidance. There were eight complaints received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way. Written communication with patients did not contain details of the Parliamentary and Health Services Ombudsman (PHSO). The practice told us they would review their written communication to include this.
- The practice took action following individual concerns and complaints. We did not see evidence of analysis of themes and trends to complaints. Following our feedback the practice told us they would review their approach in this regard. Actions were taken to make improvements where possible following complaints and other feedback. For example following an issue raised by the local screening laboratory where cervical samples had been sent in out of date vials on two occasions the practice placed large, clear, visible stickers on cervical cytology vials indicating the expiry date.

Are services well-led?

Requires improvement 

(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 Requires Improvement for providing a well-led service. This was because:

- The governance systems in the practice were not sufficiently embedded to give assurance of safe systems and processes. Systems for recording, collating, analysing and disseminating learning from significant events, complaints and patient safety alerts were not thorough enough to help learning and prevent recurrence of incidents. Up to date policies and protocols were not accessible to all staff. Following receipt of the draft report the practice submitted an action plan stating that this had been addressed.

Leadership capacity and capability

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

- Leaders demonstrated an awareness of the practice strategy and were developing means to address any risks pertaining to this.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

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 vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice engaged staff in the development of their vision, values and strategy.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- 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.

- 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, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- GP partners and the practice manager told us they had policies and systems in place to address issues where staff performance was inconsistent with the practice culture and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The practice did not retain summary details of significant events, noting actions taken and lessons learned. This meant that learning to prevent the recurrence of incidents was not always assured. 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.
- We heard examples of where staff had been encouraged to develop in their role and learn new skills. At the time of our inspection almost all staff had received an appraisal within the last year. Plans were in place to complete all staff appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were able to access professional development opportunities relevant to their role.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice told us they did not discriminate in their recruitment processes. Following our feedback they told us they would review the wording in any future job advertisements, to make this clear to prospective candidates. Staff had received equality and diversity training. Staff felt they were treated equally.
- We saw evidence of positive relationships between staff and the leadership team.

Governance arrangements

Are services well-led?

Requires improvement 

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

Responsibilities, roles and systems of accountability were not always thorough enough to support good governance and management.

- Structures, processes and systems to support governance and management were set out. We found that not all policies were updated appropriately and accessible to all staff. For example we saw that the recruitment policy had not been updated to reflect current guidelines. In addition we saw that the up to date business continuity (contingency) plan was not accessible to all staff.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. During our visit we saw that some sharps bins were placed on the floor and were not appropriately signed and dated. The practice told us they would address this.
- Practice leaders had not always established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example we saw the recruitment policy, although appropriately dated, and in date, had not been updated in line with current and most recent guidance in relation to recruitment processes.

Managing risks, issues and performance

There were processes for managing risks, issues and performance; however records were not always maintained to support the activity taking place.

- There was an effective, 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 benchmarking activity relating to prescribing and referral activity. We saw the practice had systems in place to monitor MHRA alerts, incidents and complaints. However evidence of actions taken from patient safety alerts were not clearly documented. In addition the practice did not have systems in place to collate, analyse and review trends from complaints and incidents. Following receipt of the draft report the practice told us they had changed their approach in relation to this.

- Quality improvement activity was carried out, which monitored quality of care and outcomes for patients. There was clear evidence of action to adapt practice to improve quality.
- The practice had plans in place and had trained staff for major 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 and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- 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.
- The practice submitted data or notifications to external organisations as required.
- There were 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

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

- The views and concerns of patients were listened to and acted upon where possible to shape services and culture. The practice had listened to concerns relating to telephone access to the practice and was looking into purchasing a new telephony system, where calls to all three sites came through a single telephone number, with staff deployed to respond to incoming calls.

Are services well-led?

Requires improvement 

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

- A patient participation group was in place, and meetings were held approximately six monthly.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice was part of the extended access scheme which gave patients access to GP and nurse appointments between 6.30pm and 8pm Monday to Friday at a neighbouring practice.
- We heard of examples where staff had been encouraged and enabled to develop their skills and enhance their role within the practice.

Continuous improvement and innovation

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

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good Governance</p> <p>Systems and processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17: Good Governance</p> <p>How the regulation was not being met:</p> <p>The registered persons had systems and processes in place that operated ineffectively, in that they failed to enable the registered person to assess, monitor and improve the quality of services being provided. In particular:</p> <ul style="list-style-type: none">• There was lack of oversight and review of internal policies and protocols. A number had not been appropriately updated at the time of review. Not all staff had access to practice policies and procedures.• The arrangements for governance and risk management were not always clear or operated effectively. Processes for recording, analysing and disseminating learning from significant events and complaints were not sufficiently thorough. Actions taken following receipt of MHRA and other patient safety alerts were not recorded. <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>