

# Dr NR Pulman's Practice (Long 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?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Pulman's Practice on 10 August 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 been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they appreciated being able to speak with a clinician and if needed be seen on an urgent basis.
- During the previous 6 months the practice had merged with two other GP practices from the area and was in the process of building an extension which would ensure improved facilities were available to treat patients and meet their needs in the future.
- 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.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- 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, training, 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.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practices scores for patient satisfaction were comparable with national and local figures.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- 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.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group and local Federation to secure improvements to services where these were identified, for example, to improve weekend access to GP services for vulnerable patients.
- Patients said they found it helpful to be able to speak with or see a clinician on the day but often had to wait if they wished to see a particular GP.
- The practice had good facilities and was in the process of extending the building to help meet patients' needs in the future.
- 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.
- The practice had changed its telephone system so that patients were no longer charged premium telephone rates. The new system gave information about options available and where they were in any queue.
- All administrative staff assisted with answering the telephone during the busiest first hour of the day to help improve patient access.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and had been consulted during the planning of the extension.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those who needed them. For example, nurses visited housebound patients at home to provide immunisations and vaccinations such as for flu and shingles.
- An advanced nurse practitioner (ANP) specialised in older people's health and palliative care for people in residential care and living in the community.
- Older patients at risk of hospital admission had been identified and care plans developed and special notes provided on their records for out of hours services to help avoid unnecessary or inappropriate hospital admissions
- The practice provided care for approximately 60 patients living in local care homes, some of whom were living with dementia. The ANP visited one home where the majority of its patients lived twice weekly to review care plans and medicines and to look at advanced care planning. She also supported staff in the care homes, for example, helping them to understand the importance of effective fluids management. When necessary a GP also visited patients.

### People with long term conditions

Good



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 was supported by community specialist nurses. Patients at risk of hospital admission were identified as a priority.
- The practice's performance for diabetes management was similar to or slightly higher than national averages, for example, 92% of diabetic patients had had a recent foot examination compared to the national average of 88%.
- Longer appointments and home visits were available when needed.
- All patients identified as being at risk of hospital admission had a named GP and a structured annual review to check their

# Summary of findings

health and medical 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.

- Home visits were available when needed.
- The practice provided information leaflets and advice on its website about managing long-term conditions.

## 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 for all standard childhood immunisations were comparable with local figures.
- 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.
- Data showed 79% of eligible women had received a cervical screening test compared with the CCG average of 83% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice offered 24-hour and six-week baby checks.
- Young children who were ill were always offered an urgent appointment with a GP even if the surgery was fully booked.
- Staff told us they had good working relationships with midwives, health visitors and school nurses.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- 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



# Summary of findings

- Pre-bookable appointments were available until 8pm on Tuesday evenings, from 7am on Thursday mornings and from 8am to 11am on Saturday mornings.
- The practice offered travel vaccination services with a downloadable form available for patients to complete in advance if desired.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including carers, those with a learning disability, and those with alcohol or substance misuse problems.
- The practice offered longer appointments for patients with a learning disability and staff were often aware of an individual patient's needs and preferences
- 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.
- The practice had identified approximately 157 or 1.3% of its adult patient list as having caring responsibilities. It offered carers health checks, flu jabs and referral to local support groups.

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

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

Good



- 86% of patients living with dementia had a face-to-face care review in the previous 12 months, which is comparable with the local average of 87% and national average of 84%.
- 88% of patients with severe mental health problems had a comprehensive agreed care plan documented in their records compared with the local average of 95% national and local average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.



# Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had informed patients experiencing poor mental health about how to access various support groups and voluntary organisations. This included self-referrals using the practice web site.
- 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.
- The practice provided care for up to 60 patients living in local care homes, many of whom were living with dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 114 were returned, representing a response rate of 47.5% equivalent to 0.92% of the patient list. (National average 38%)

- 64 % of patients found it easy to get through to this practice by phone compared to the local average of 71% and national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 77% and national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the local and national averages of 85%).
- 65 % of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 76% and national average of 78%).

The practice had reviewed these results and planned to work with the PPG to address the issues when the building work, including the new reception areas was completed.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 106 comment cards (the practice had photocopied more when they began to run out). The majority of these were positive about the standard of care received. Patients were positive about the improvements to the building and it being kept safe and hygienic despite the building work. Patients described the practice staff and GPs as professional, kind and caring and commended them for continuing to maintain a good service during the building works. We were told that young children who were ill were always seen on the same day, that it was quick and easy to book appointments but that it could be difficult to see a preferred GP.

Patients we spoke with were generally satisfied with the care they received. The families and friends test results showed 80% of patients would recommend the practice.

# Dr NR Pulman's Practice (Long Lane Surgery)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr NR Pulman's Practice (Long Lane Surgery)

Dr NR Pulman's Practice is located in Long Lane Surgery which is near the centre of Coalville in north west Leicestershire. The practice has been located in its current premises since 2000. At the time of our inspection the practice was in the middle of substantial building work to enlarge and improve the facilities available. This will include a treatment suite which can be used independently, for example, for work for the local Federation. There will be improved parking for disabled patients including a 'drop-off' space and, thanks to support from local community groups there is a new bus stop outside the surgery. The practice has approximately 14,300 patients living in Coalville and the surrounding villages. Coalville is a market town and former mining town which has some pockets of deprivation and the practice told us that there were some significant drug and alcohol issues in the local area.

Between September 2015 and April 2016 after substantial local consultation, the practice merged with two other local

practices which were accommodated in unsuitable premises. It had also recently changed its IT systems to be in line with the local Federation and to enable improved communications with local and hospital services.

The practice has a General Medical Services (GMS) contract and is a teaching practice offering placements for medical students. It provides minor surgery and joint injections.

It has five GP partners and four salaried GPs, (four male and five female), who work between six and eight sessions a week. There are three advanced nurse practitioners, one nurse practitioner, four practice nurses and three healthcare assistants who are all female. There are also administrative staff including a business manager, assistant practice manager, IT manager, reception manager and secretaries, reception staff, and at times one or two apprentices from a local college.

The practice is open between 8am and 6.30pm Monday to Friday. There are extended opening hours on Tuesday evening until 8pm, Thursday morning from 7am and on Saturday mornings from 8am to 11am which are mainly for pre-bookable appointments.

Out of hours services are provided by DHU (Derbyshire Health United). A phone number for the service is provided on the practice website and on an answerphone message when the practice is closed.

## 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

# Detailed findings

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 10 August 2016. During our visit we:

- Spoke with a range of staff and spoke with patients 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 the 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 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, 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 significant events which included identifying any changes which needed to be made to prevent similar events happening in the future.
- All of the staff we spoke with said they felt comfortable about identifying any mistakes they had made and discussing within the staff team to ensure future learning.

We reviewed safety records, incident reports, patient safety alerts (including MHRA alerts) and minutes of meetings where these were discussed. All patient safety alerts were taken to the weekly clinical meetings by GP who was the practice prescribing lead for dissemination and any actions to be decided upon. We checked a sample of recent alerts and saw they had been acted upon appropriately. We saw actions related to patients referred for treatment for hepatitis C. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice identified that several incidents, which were not all serious events, related to the practice changing its IT systems and so it organised a training event to help all staff understand what needed to be improved, for example with coding.

### 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 were trained to Child Safeguarding level 3.
- There was information on the website and notices in treatment rooms advised patients that chaperones were available if required. At the time of inspection the waiting room areas did not have noticeboards due to the building work but staff were able to show us records of what was normally displayed in the waiting areas and would be reinstated as the building work was finished. This included information about chaperones. All staff who acted as chaperones were trained for the role. Clinical staff who undertook this role had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Some receptionist staff were also trained as chaperones and the practice had carried out a risk assessment to say that if such staff were used as chaperones they would never be left alone with the patient. The staff involved understood this.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence

## Are services safe?

that action was taken to address any issues identified. During the building work extra attention was paid to cleaning and infection control to help maintain appropriate standards.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (this included obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines such as lithium and warfarin where patients had regular blood tests to ensure correct dosages were prescribed. 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 and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional bodies and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy. The practice had up 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.

- During the building work the practice had undertaken regular risk assessments relating to the safety of the premises and any changes which needed to be undertaken due to the building work. The practice planned to review and update policies related to the safety of the premises when the building work was finished.
- 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.

### 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. When the building work was completed the defibrillator would be moved nearer to the new reception area to ensure immediate access in emergencies.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage copies of which were accessible off site. The plan included emergency contact numbers for staff.

# 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. Any new information or alerts were discussed at the weekly clinical meetings. Clinical staff also met informally on a daily basis which allowed them to discuss appropriate treatments for patients.
- 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 98.4% of the number of points available. There were no areas where exception reporting was significantly higher than local or national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, patients do not attend review meetings or cannot be prescribed certain medicines because of side effects.)

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-2016 showed performance for diabetes related indicators was comparable with the national average.

- The practice scored 87% for the QOF indicator relating to blood sugar control management for diabetic patients compared with the local average of 83% and the national average of 78%.
- The practice scored 73% for the QOF indicator relating to blood pressure management in diabetic patients (local average 77%, national average 78%)

- Performance for mental health related indicators, for example, related to an agreed care plan documented in the patient record was 97% (local average 95%, national average 89%)
- 80% of women had attended for cervical screening (local average 83%, national average 82%)

There was evidence of quality improvement including regular clinical audit. The practice had carried out 16 audits in the two years before the inspection of which four were completed 2-cycle audits where the improvements made were implemented and audited.

- The practice also participated in local audits, for example related to anti-biotic prescribing, national benchmarking, accreditation peer review and research.
- For example the practice audited complications following fitting of inter-uterine devices and put into place improved patient information so that patients were better informed about potential complications and side effects and what action to take.

### 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. Staff were also mentored by more experienced colleagues to ensure appropriate support and advice was available.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions worked with specialist community nurses and with GPs with specific expertise, for example, about COPD (these are chronic lung conditions.)
- 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, supervision and mentoring,



# Are services effective?

## (for example, treatment is effective)

meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff told us that the practice was keen to develop staff skills and they could always ask to go on appropriate training.
- 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.

### 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 had developed or improved templates, for example, related to the treatment of high blood pressure after an advanced nurse practitioner had attended a training course and felt that the current templates needed updating.
- 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. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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 nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation and other lifestyle matters. Patients were signposted to the relevant services and offered health checks and flu vaccinations where appropriate.

The practice's uptake for the cervical screening programme was 79% which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 77% of patients invited had attended for breast cancer screening in the previous 30 months compared with the local average of 78% and national average of 72%.
- 59% of patients invited had attended for bowel cancer screening in the previous 30 months compared with the local average of 63% and national average of 58%.



## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for vaccinations given to under two year olds ranged from 95% to 98% and five year olds from 95% to 99%.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with respect although the temporary reception area (due to the building work) was not ideal for this.

- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private space to discuss their needs. When the building works were completed this would be a private room in the reception area.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

The majority of the 106 patient Care Quality Commission comment cards we received were totally positive about the service experienced. Patients said they felt the practice offered a well-organised service and staff were professional, obliging, and caring and treated them with respect. Several noted recent improvements with appointment availability and that young children who were ill always seen on the same day. Several noted that it was quite easy to get an appointment to be seen, or to have a telephone consultation but that it could be difficult to make an appointment with a GP of choice. Four of the more negative comments seemed to relate to how the merged practice operated compared with the previous GP surgeries.

We spoke with 3 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 then felt the practice listened to them as a group and they were consulted and kept informed about any changes. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% of patients said the GP was good at listening to them compared to the local clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 86 % and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and national average of 95%
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average and national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice kept these figures under review and compared them with family and friends tests results and other patient feedback and looked for ways to improve the patient experience, for example by changing their phone number so that patients were not faced with premium call charges.

### 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 in line with local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.

## Are services caring?

- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. The practice normally displayed notices about this which would be reinstated when the reception and waiting areas were completed.

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

A wide range of patient information leaflets and notices was normally available in the patient waiting area which

told patients how to access a number of support groups and organisations. Information about support groups was still available on the practice website. This would be reinstated when the reception and waiting area were completed after the building work.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 157 or 1.9% of the adult patient list. It had a protocol to help identify carers and to offer support and health checks to them. A member of the administrative team took the lead role in this and ensured that any information provided was kept up-to-date. Support included referral to local groups which could provide specialist advice and assistance.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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 local Clinical Commissioning Group (CCG) to secure improvements to services, for example, weekend access to GP services for vulnerable patients and the development of inter-practice referral schemes so that patients could receive treatment in the community without the need to go to hospital, using expertise available in some GP practices.

- Pre-bookable appointments lasted up to 10 minutes. Longer appointments were available on request and for patients identified as vulnerable for example those with a learning disability.
- There were also longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. The practice had a number of downloadable forms, including one for travel vaccination needs which a patient could fill in and submit electronically in advance of their appointment. For those only available privately patients were referred to other services.
- There were disabled facilities, a hearing loop and translation services available. The facilities would be improved when the building work was completed, for example, there was to be a designated car parking place for someone to drop off a patient and then collect them later.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered on Tuesday evenings until 8pm, on Thursday mornings from 7am and on Saturday mornings from 8am to 11am. These extended hours were generally reserved for pre-bookable appointments although some urgent slots were kept available on Saturday mornings. Patients seeking an appointment on the same day were usually asked for some

further information by reception staff that had been trained to do this (with a template backing this up which indicated urgent problems which need immediate attention). Patients who did not need immediate attention would be called back by an advanced nurse practitioner on duty who could either deal with the problem on the telephone or when necessary ask the patient to come to the surgery for an appointment with the duty doctor. There were also booked telephone consultations.

Appointments with a GP could be booked up to three weeks in advance.

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

- 81% of patients were satisfied with the practice's opening hours compared to the local average of 78% and national average of 79%.
- 64% of patients said they could get through easily to the practice by phone compared to the local average of 71% and the national average of 73%.

The Practice had recently installed a new telephone system which it hoped would help patients by giving options and information when they telephoned the surgery. PPG members told us they found the new system helpful. The practice intended to monitor whether patients found it easier to contact the practice.

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

The practice had a system in place to assess:

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

Where a patient had not been previously identified as housebound the ANP or GP would telephone them to seek further information and assess whether a GP visit was needed. The practice could also ask the Acute Visiting Service, which was a local paramedic led service, to visit and assess the situation. Where a home visit was necessary GPs tried to do this before 11am so that if a patient needed to go to hospital this could happen earlier in the day.

### Listening and learning from concerns and complaints

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

# Are services responsive to people's needs?

(for example, to feedback?)

- 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.

We looked in detail at 2 complaints received in the last 12 months and they were dealt with appropriately, in a timely way and with openness and transparency.

# 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.

- All staff at all levels enjoyed working at practice and contributed to the vision of providing high-quality and compassionate care for patients.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and safe high quality care. This outlined the structures and procedures in place and ensured that:

- 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.
- A comprehensive understanding of the 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the 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, mentoring and training for all staff on communicating with patients about significant events and 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 it gave people support, information and an apology if appropriate.

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.
- We noted a management team away day was held every 12 months to review progress and discuss and plan for the future.
- 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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had consulted with the PPG about the building plans for improving the premises.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion and through a staff survey. As a result of this they were working to improve communications to ensure that all staff understood what was happening in the practice

# Are services well-led?

Good 

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

including any future plans. 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 involved with the CCG and local federation. They were part of a local scheme to ensure access to a GP at weekends for patients identified as being at risk of unplanned hospital admission. The development of the premises had taken into account the potential need for some minor surgery being carried out as part of GP rather than hospital services.