

# Church 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 Church Lane Surgery on 7 January 2016. Overall the practice is rated as good.

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

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

- Patients said they found the recently improved appointment system easier to book an appointment, though not necessarily with the GP of their choice. Continuity of care was delivered as GPs booked any necessary follow ups with the patient at the time of their initial appointment. Most appointments were available on the same day.
- The practice was making good use of the facilities available to them and tailored services to best meet patient needs.
- There was a clear leadership structure and staff felt supported by management
- The practice proactively sought feedback from patients and staff; and acted upon this feedback.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice ran an in-house Shared Care service offering support for opiate users. This service was provided by a dedicated GP who was supported by a drugs keyworker and by input from WYFI (West

# Summary of findings

Yorkshire Finding Independence) service. Patients registered at practices other than Church Lane Surgery were able to access this service. The practice demonstrated that this service was able to provide a wide range of services to local people and prevented them from needing to access city centre substance misuse services.

However there were areas where the provider needs to make improvements. Specifically the provider should:

- Complete an annual infection prevention and control (IPC) audit and ensure any identified actions are completed.
- Complete annual appraisals for all staff
- Establish regular multidisciplinary (MDT) meetings which are minuted.

**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 unintended or unexpected safety incidents occurred people received reasonable support, truthful information, a verbal and written apology and were told about any actions to be taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable with local and national averages
- The percentage of patients attending for cancer screening was higher than 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.
- Not all staff had received an annual appraisal at the time of our visit, but following on from the inspection we were provided evidence that these were being planned to be completed by February 2016.
- Although formal multidisciplinary meetings did not take place, we saw evidence that staff worked effectively with multidisciplinary (MDT) teams to manage the health and care needs of those patients with more complex needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.

Good



# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Calderdale Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had opted in to a 'level three diabetic service' which sought to manage those stable insulin dependent patients within primary care, to avoid the need to attend hospital out-patient appointments.
- The practice had recently changed their appointment system to ensure that most appointments were available on the same or following day, and that follow up appointments were booked by the GP at the time of the patient visit to ensure continuity of care. Patients told us this had improved access to the service.
- The practice was making good use of the facilities available to them and tailored services to best meet patient needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

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

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 knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered annual health checks on patients over 75 years. We saw evidence that 54% of those patients invited had received the intervention.
- All patients over 75 had a named GP.

Before the inspection we sought feedback from a local nursing home whose residents were registered with the practice and found they were happy with the service provided to their residents

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes on the register who had received influenza immunisation in the preceding year was 97% which was higher than the national average of 93%.
- The practice participated in the CCG wide level three diabetes service which sought to manage stable insulin dependent patients within primary care.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for

Good



# Summary of findings

example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Data showed that 82% of eligible women had completed a cervical screening test in the preceding five years which was the same as the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

The practice had weekly input from the health visiting team during a baby clinic. This enabled GPs and health visitors to liaise with regard to families and children of concern. The practice was planning to introduce a more formal meeting to discuss any relevant issues

## **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. Data showed 76.1% of eligible women had been screened for breast cancer within six months of invitation compared to a CCG average of 69.5% and a national average of 73.2%.
- 30% of eligible patients had accessed the NHS cardiovascular health check.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including those who were substance misusers and those with a learning disability.
- It offered longer appointments for people with a learning disability.

Good



# Summary of findings

- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people. For example they worked with WYFI (West Yorkshire Finding Independence) which was a lottery funded organisation offering additional support to homeless people and those with drug and alcohol problems.
- It gave vulnerable patients information about how to access relevant support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities and gave good examples to demonstrate how they shared information and documented safeguarding concerns. They knew how to contact relevant agencies in normal working hours and out of hours.

## **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).

- 77% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 92% of people with schizophrenia or other psychoses had a comprehensive agreed care plan documented in the last 12 months.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice gave patients experiencing poor mental health information about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Staff had a good understanding of how to support people with mental health needs and dementia

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 287 survey forms distributed and 127 were returned. This represents a response rate of 44.3% of the surveyed population and 1% of the practice population as a whole.

- 74% found it easy to get through to this surgery by phone compared to a CCG and national average of 74%.
- 84% found the receptionists at this surgery helpful compared to a CCG average of 86% and national average of 87%.
- 83% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and national average of 85%.
- 86% said the last appointment they got was convenient compared to a CCG and national average of 92%.
- 74% described their experience of making an appointment as good compared to a CCG and national average of 73%.

- 53% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 70% and national average of 65%.

The practice was aware that these ratings were slightly below those of other practices. Staff and members of the PPG told us that their recently introduced appointment system was already showing signs of improving patient access to appointments, and reducing waiting times.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received only two comment cards, each of which was making a suggestion as to where the practice could improve, for example by providing baby changing facilities and replacing the patient tannoy call system with a visual patient call system.

We spoke with four patients during the inspection, two of whom were members of the Patient Participation Group (PPG). All four patients said that they were happy with the new appointment system and that overall they found the staff to be professional and friendly and were happy with the care they received.

## Areas for improvement

### Action the service SHOULD take to improve

- Complete an annual infection prevention and control (IPC) audit and ensure any identified actions are completed.
- Complete annual appraisals for all staff
- Establish regular multidisciplinary (MDT) meetings which are minuted.

## Outstanding practice

- The practice ran an in-house Shared Care service offering support for opiate users. This service was provided by a dedicated GP who was supported by a drugs keyworker and by input from WYFI (West Yorkshire Finding Independence) service. Patients registered at practices other than Church Lane Surgery were able to access this service. The practice demonstrated that this service was able to provide a wide range of services to local people and prevented them from needing to access city centre substance misuse services.

# Church 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 advisor, and a practice manager specialist advisor

## Background to Church Lane Surgery

Church Lane Surgery is located in Brighouse, Calderdale.. The practice has a list size of 11 991 patients. Most of their patients are white British, with a small percentage of South Asian, Eastern European and patients of other ethnicities. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England. They offer a range of enhanced services such as childhood immunisations and extended opening hours.

There are seven GPs, four of whom are male and three female. The practice is also staffed by two practice nurses (both female) and three health care assistants (HCA) all of whom are female. The clinical team is supported by a practice manager, operations manager, reception manager and a range of reception and administrative staff. The practice is a teaching practice which means it offers General Practice experience to medical students and recently qualified doctors.

The practice is classed as being within one of the least deprived areas in England. The practice has a higher than average proportion of patients over the age of 66 years.

The practice is open between 8am and 6.30pm Monday to Friday. Extended opening hours are available by appointment only on Tuesday until 8pm, on Wednesday from 7am and on Thursday from 7am to 8pm.

The practice runs several clinics each week, including diabetic, asthma, well baby, family planning, family planning and substance misuse clinics.

Out of hours cover is provided by Local Care Direct and is accessed via the surgery telephone number or by calling the NHS 111 service.

Church Lane Surgery is registered with the Care Quality Commission to provide treatment of disease, disorder or injury, diagnostic and screening procedures, surgical procedures, family planning and maternity and midwifery services.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Calderdale Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national patient survey, NHS Friends and Family Test (FFT), information and feedback on the NHS choices website. In addition we contacted one local nursing home whose residents were registered at the practice for their feedback.

We carried out an announced inspection on 7 January 2016. During our visit we:

- Spoke with a range of staff including three GPs, one practice nurse, the practice manager, the reception manager and one receptionist.
- We also spoke with the community matron attached to the practice and we spoke with four patients, two of whom were members of the PPG.
- We received two comment cards. We observed communication and interaction between staff and patients, both face to face and on the telephone.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident when they discovered that a patient had been on more than one antiplatelet medicine for too long a period, they introduced a system of regular audit of medications; and ensured all GP partners were aware of the correct guidelines. (Antiplatelets are medicines which are used to inhibit the formation of blood clots).

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level 3.
- Notices in consulting rooms advised patients that chaperones were available if required during intimate examinations. All staff who acted as chaperones were trained for the role and had received a Disclosure and

Barring Check (DBS). 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.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC policy in place and staff had received up to date training. At the time of our visit an annual infection prevention and control audit had not been carried out. However following on from the inspection the practice provided evidence that the audit had been completed and any identified actions had been carried out..
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were appropriate. This included obtaining, prescribing, recording, handling, storing and security. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body 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 available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the

## Are services safe?

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

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. When unplanned absence, such as sickness, occurred, staff worked together to provide cover or make other arrangements for patient care.

### **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. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. 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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89.6% of the total number of points available, with 6.7% exception reporting. Exception reporting rates allow for patients who do not attend for reviews or where certain medicines cannot be prescribed due to a side effect to be excluded from the figures collected for QOF.

- Performance for diabetes related indicators were lower overall than CCG and national averages. However the percentage of patients with diabetes, on the register, in whom the last blood pressure reading measured in the preceding 12 months had been within normal ranges was 91.7% compared to a CCG average of 87.2% and a national average of 86.6%.
- The practice participated in a CCG wide diabetes initiative which aimed to manage those patients who were insulin dependent, but stable, within primary care to avoid the need to attend hospital out-patient appointments. We saw evidence that out of 532 adult diabetic patients on the practice register, only 14 needed to have their diabetes managed within a secondary care setting.

- The percentage of patients with hypertension having regular blood pressure tests was 86.8% which was higher than CCG and national averages which were 81.2% and 80.4% respectively.
- Performance for mental health related indicators were lower than CCG and national averages. For example 71% of patients with schizophrenia or other psychoses who had a record of alcohol consumption completed in the preceding 12 months, compared to a CCG average of 79.8% and national average of 80.3%.
- Performance for dementia related indicators were lower than CCG and national averages. For example 67.5% of patients diagnosed with dementia whose care has been reviewed in a face to face review in the preceding 12 months compared to a CCG average of 77.4% and national average of 77%.
- The practice offered a pulmonary rehabilitation programme which supplemented annual chronic obstructive pulmonary disease (COPD) reviews. We saw evidence that this programme was able to show significant improvements in several areas of respiratory function such as breathlessness and fatigue in patients who had completed the programme.
- The practice data demonstrated a lower than average percentage of patients with atrial fibrillation ( a heart condition) who were being treated with anti-coagulants. (91.84% compared to 98.35% nationally). This was explained as the GPs themselves did not initiate this line of treatment; but maintained treatment schedules initiated by hospital specialists. In addition a percentage of their patients who were in nursing and residential homes had their medication needs overseen by a specialist who monitored the use of anti-coagulation medication and adjusted dosage as appropriate.

Clinical audits demonstrated quality improvement.

- There had been 10 clinical audits completed in the last two years, one of which was a completed audit where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included

# Are services effective?

(for example, treatment is effective)

ensuring that alerts were placed on the records of patients who were taking tamoxifen ( a drug used to treat breast cancer and some other forms of cancer), to ensure that patients were on this medicine for the recommended time only, and to make sure that any potential future initiation of this drug took note of this.

Information about patients' outcomes was used to make improvements such as standardising the prescribing of antibiotics for urinary tract infections (UTI) to help ensure the right medicine was being prescribed at the recommended time for the correct duration.

## Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, informal clinical supervision and facilitation and support for the revalidation of doctors. Not all staff had received an appraisal within the preceding 12 months, but following on from our inspection the practice provided evidence that all appraisals were scheduled to be completed by February 2016.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

## 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 as well as investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital. Formal multidisciplinary meetings did not take place. However staff told us that district nurses and the community matron met with GPs on a weekly basis as a minimum to review and plan care for the most vulnerable patients; and that weekly informal liaison with the health visitor took place during well baby clinics. The practice told us they were planning to implement more formal multidisciplinary meetings in the future.

## 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. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. Staff were able to give examples of when this guidance had been used effectively.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance such as Gillick competency. This is used in medical law to decide whether a child is able to consent to his or her own treatment without the consent or knowledge of the parents or guardian.

# Are services effective?

(for example, treatment is effective)

- Consent was sought before any intervention and was recorded on the patient electronic record. Written consent was obtained and scanned onto the patient record for more invasive procedures such as minor surgical procedures.

## Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service, such as Gateway to Care which assessed need and was able to provide aids and adaptations when necessary to improve the quality of life for patients.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80.3%, which was the same as the CCG average and slightly higher than the

national average of 76.7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that practice indicators for bowel and breast cancer screening were higher than CCG and national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.8% to 100% and five year olds from 89.2% to 98.3%. Flu vaccination rates for the over 65s were 76.5%, and at risk groups 57%. These were slightly higher than CCG and national averages.

Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40–74. We saw evidence that 30% of eligible patients who had been offered this intervention had accessed the service. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- A private room was available adjacent to the waiting area where patients could be seen if they appeared distressed or they required a private room to discuss their needs.

On the day of the inspection we spoke with four patients. This included two members of the patient participation group. All the patients we spoke with told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 85% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 83% said the GP gave them enough time compared to a CCG average of 88% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to a CCG and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared with a CCG average of 87% and national average of 85%.

- 81% said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 91% and national average of 90%.
- 84% said they found the receptionists at the practice helpful compared to a CCG average of 86% and national average of 87%.

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

Patients told us that 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.

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. Again, results were mixed in comparison to local and national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86 %.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to a CCG average of 83% and national average of 81%.

Staff told us that face to face interpreter services were available for patients who did not have English as a first language.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP assessed the family's situation and offered support or signposted to other agencies as appropriate.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example in response to feedback from the PPG the practice had introduced a system whereby patients who needed a follow up appointment were provided with a piece of paper to present at the reception desk. This enabled patients to make a follow up appointment without the need to provide personal medical information.

- The practice offered extended hours until 8pm on Tuesday, from 7am on Wednesday and from 7am to 8pm on Thursday.
- There were longer appointments available for people with a learning disability.
- Home visits were available for housebound or very sick patients.
- Most appointments were bookable on the day. Priority was given to children and those with serious medical conditions.
- The practice provided an accessible consultation room for those patients who used a wheelchair. Hearing loop and interpreter services were available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 1pm every morning and 1pm to 6.30pm every afternoon. Extended opening hours were available by pre-bookable appointments available on Tuesday from 6.30pm to 8pm; on Wednesday from 7am to 8am and on Thursday between 7am and 8am and between 6.30pm and 8pm.

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

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 74% patients said they could get through easily to the surgery by phone compared to a CCG average of 74% and national average of 73%.
- 74% patients described their experience of making an appointment as good compared to a CCG and national average of 73%.
- 53% patients said they usually waited 15 minutes or less after their appointment time compared to a CCG average of 70% and national average of 65%.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- A poster in the waiting area advised patients how to make a complaint. The patient information leaflet also gave details on how to make a complaint or provide feedback.

We looked at 16 complaints received in the last 12 months and found these were satisfactorily handled, and were dealt with in an open and transparent way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, when a patient complained that part of a consultation being held with a member of her family could be overheard on the tannoy system in the public area the practice apologised to the patient concerned, and set in motion a process to acquire a different patient call system. They also alerted all staff to the possibility of this occurring to ensure vigilance to prevent a recurrence

# 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.

- The practice had a mission statement which was displayed in the consultation rooms and staff knew and understood the values.
- 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 an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

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

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings and we saw minutes to evidence this.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the partners and management team in the practice. All staff were involved in discussions about how to run and develop 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested that details of the practice opening times be displayed on the entrance door, and this was acted upon.
- The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

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

# Are services well-led?

Good 

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

they had opted in to the level three diabetes project which managed stable insulin dependent patients within primary care to reduce the need for patients to attend out-patient appointments at the hospital.