

# Broughton House GP Practice

## Quality Report

20 New Way  
Batley  
WF17 5QT  
Tel: 01924 420244  
Website: [www.broughtonhousesurgery.co.uk](http://www.broughtonhousesurgery.co.uk)

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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 Broughton House GP Practice on 10 December 2015. 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 were not always able to make an appointment with a named GP and that there was not always continuity of care
- An urgent telephone triage service and appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw three areas of outstanding practice:

- The service had a shared care specialist drug and addiction service. The GPs and specialist nurse worked closely with other local support services and safeguarding teams to support patients' recovery and help them to regain their independence.

# Summary of findings

- The practice had a bespoke clinical information system that assured staff had prompt access to safety alerts, clinical guidelines, information and to report incidents.
- A community fund was available to support local groups and initiatives. For example, the practice were supporting a request from the Patient Participation Group and looking to provide funding for free swimming lessons to underprivileged children. The practice held an annual raffle to raise funds for local charities.

The areas where the provider should make improvement are:

- Ensure the Duty of Candour applies to the procedure for responding to significant events.

**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, recording and analysing significant events.
- The practice had installed effective technology to ensure all staff had access to company policies, safety alerts, minutes of meetings and local and national guidance.
- Lessons were shared in monthly meetings to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, not all people received reasonable support, truthful information, a verbal and written apology and 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 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.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed patient outcomes were average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical and administrative audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



# Summary of findings

- The practice provided services to support alcohol and substance misusers and worked closely with other local services and support groups.

## Are services caring?

The practice is rated as good for providing caring services.

- We observed a strong patient-centred culture.
- Data showed that patients rated the practice higher than others for some aspects of care.
- The practice proactively sought patient stories and opinions online and through forms which were available in the waiting room. The practice used patients' stories as part of its staff training programme.
- 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.
- Staff were involved in supporting and nominating local community groups, projects and charities to receive Locala funding.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example, the substance misuse service worked closely with local support groups and services.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- People could access appointments and services in a way and at a time that suited them. For example, online or pre-bookable telephone and web-based consultations.
- A daily telephone GP triage service was provided, same day face to face appointments were offered as appropriate.
- The practice had good facilities at ground floor level with disabled access and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

- Information about how to comment or complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had analysed the national patient survey results and carried out its own surveys of patients to assess satisfaction and plan services.
- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The medicines management team told us that the practice engaged well and participated in local audits.
- Patients said they did not find it easy to make an appointment with a named GP and that there was not always continuity of care, the practice were aware of this issue and a new GP had been employed.
- Urgent appointments were available the same day.
- The practice had an active website and social media accounts which were updated regularly to inform patients of services and news.

## 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.
- Locala was employee owned and we found constructive engagement with staff and high levels of staff satisfaction.
- 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, identify risk and share lessons and good practice across all the Locala practices.
- The provider was aware of and complied with the requirements of the Duty of Candour. However, it had not applied the Duty of Candour to significant events. The management team and GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients through surveys, online information, and social media, which it acted on. The patient participation group was active and the practice encouraged new membership.
- There was a strong focus on gathering patient stories, 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

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

- Patients over 75 had a named GP coordinating their care, were seen at least annually and offered a review of their care and medication.
- Staff proactively offered influenza, pneumonia and shingles vaccines to those at risk in this category. Flu vaccination rates in the over 65s was 76% compared to the CCG and national averages of 73%
- A risk assessment tool was used to identify vulnerable older people and offer them additional support.
- 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.

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.
- Patients with long term conditions (LTCs) were offered medication reviews annually or more frequently if required.
- Clinical staff worked together to offer reviews for multiple LTCs in one appointment.
- The practice quality and outcomes framework (QOF) indicators for diabetes were 69% which was below the CCG average of 91% and the national average of 89%. To improve they had joined a local initiative (ASPIRE) to improve care for patients with diabetes.
- The practice engaged with specialists to improve care for patients with complex needs, such as diabetic, heart failure and respiratory specialist nurses and the community matrons.
- 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

Good





# Summary of findings

named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, e-consultations were used with specialist consultant-led services to support more timely care and reduce the need for outpatient appointments.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice offered sexual health services. For example, cervical screening, contraceptive advice and chlamydia testing. Seventy eight per cent of women aged 25 to 65 had a cervical screening test performed in the preceding five years compared to the national average of 82%
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



## 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.
- Pre-bookable appointments were 15 minutes long to cover complex or multiple issues and allow time for opportunistic health promotion.
- The triage system allowed patients to be called at a pre-agreed time to fit in with their work schedule.
- The practice were piloting the use of web-based systems for virtual consultations.
- ECGs and 24 hour monitoring of blood pressure were offered in house which reduced the need to refer to hospital.

Good



# Summary of findings

- The practice was proactive in offering and monitoring use of online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## 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 homeless people, travellers and those with a learning disability.
- Longer appointments of 20-30 minutes were offered for people with a learning disability and non-English speakers to meet their needs.
- Practice staff could speak Urdu and Punjabi. A telephone translation service was used for other languages.
- The practice held alcohol and substance misuse clinics, and offered support to vulnerable and homeless patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations. For example, services to support people experiencing domestic violence and housing associations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

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

- The practice held a register of patients with severe mental health problems whom were offered an annual health check of both their physical and mental health.
- The practice had undertaken a review of dementia care in 2014. 77% of people diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months.
- Patients with mental health issues such as depression and anxiety were supported in a variety of ways. For example, GP support, signposted to self-help resources and prescribed exercise groups.

Good



# Summary of findings

- The practice encouraged patients to self-refer to the local Improving Access to Psychological Therapies (IAPT) service.
- The practice regularly worked with multi-disciplinary 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 was a registered dementia friendly location and proactively sought to identify patients with dementia by utilising a memory screening tool. The six item cognitive impairment test (6CIT) which is a screening tool used in primary care.
- The practice had told patients experiencing poor mental health 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. Staff telephoned dementia patients an hour before their appointment if they had previously forgotten to attend.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. A total of 381 survey forms were distributed and 126 were returned giving a response rate of 33%. This represents 3% of the patient population.

Of these:

- 74% found it easy to get through to this surgery by phone compared to a CCG average of 66% and a national average of 73%.
- 82% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 94% said the last appointment they got was convenient (CCG average 93%, national average 92%).

- 72% described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 65% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Comments included that patients felt that staff were caring, helpful and that they were treated with courtesy and respect. Four people commented that it was sometimes difficult to get an appointment.

We spoke with six patients during the inspection. All six patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. One patient told us a GP at the practice had supported them through difficult times.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure the Duty of Candour applies to the procedure for responding to significant events.

## Outstanding practice

We saw three areas of outstanding practice:

- The service had a shared care specialist drug and addiction service. The GPs and specialist nurse worked closely with other local support services and safeguarding teams to support patients' recovery and help them to regain their independence.
- The practice had a bespoke clinical information system that assured staff had prompt access to safety alerts, clinical guidelines, information and to report incidents.
- A community fund was available to support local groups and initiatives. For example, the practice were supporting a request from the Patient Participation Group and looking to provide funding for free swimming lessons to underprivileged children. The practice held an annual raffle to raise funds for local charities.

# Broughton House GP Practice

## 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, a practice nurse specialist advisor and a practice manager specialist advisor.

## Background to Broughton House GP Practice

Broughton House GP Practice is part of Locala Community Partnerships independent Community Interest Company which is a social enterprise. Locala provides NHS community services to over 400,000 people in Kirklees and the surrounding areas. Services are delivered at home and in clinics, schools and health centres by teams of GPs, nurses, health visitors, district nurses, therapists and other health care professionals.

The practice is commissioned by NHS England to provide primary care services under a Standard Alternative Provider Medical Services Contract.

The surgery is purpose built with all services on the ground floor, it is open to all patients living within the practice boundary in Batley and the surrounding areas.

The practice serves 3850 patients. The patient list includes asylum seekers and 7% of the patient list are from black minority ethnic populations.

The team is made up of three GP's, one female and two male. There is a nurse practitioner, a substance misuse shared care nurse, a practice nurse, two healthcare assistants and an administrative team.

Staff have access to the Locala head office management team who oversee the management, performance and governance of the practice.

The practice offers a full general practice service which includes minor surgery, ante-natal and post-natal care.

Opening hours are from 8am to 6pm Monday to Friday.

Appointments are from 8am to 5pm Mondays, 8am to 5.30pm Tuesdays, Wednesdays and Thursdays and 8am to 5pm Fridays. Between 6 and 6.30pm calls are transferred to Local Care Direct.

When the practice is closed out of hours services are provided by Local Care Direct and NHS 111.

## Why we carried out this inspection

We inspected this service as part of our 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, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 December 2015. During our visit we:

- Spoke with a range of staff including GPs, nurses and administrative staff and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and/or family members
- Reviewed the systems for providing personal care or treatment 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 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 or near misses 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 and lessons were shared with staff.

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, in response to a minor surgery service book being mislaid a decision was made at a practice meeting to create an electronic version which could be accessed by all staff as a failsafe. All incidents were reviewed by Locala's quality and safety manager.

The practice had not applied the Duty of Candour to handling significant event investigations. Not all people received reasonable support, truthful information, a verbal and written apology and told about any actions to improve processes to prevent the same thing happening again. The practice provided assurance that it would review the policy and procedures.

### 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 GP 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 access to safeguarding and domestic violence policies. Staff had received training relevant to their role. GPs were trained to Safeguarding level three.

- A notice in the waiting room advised patients that healthcare assistants would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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).
- The practice maintained appropriate standards of cleanliness and hygiene which were audited regularly. 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 infection prevention teams and Locala's senior nurse to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The last one was undertaken in October 2015 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the North Kirklees CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing and the practice were piloting a repeat dispensing action plan.
- 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.

## Are services safe?

- 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. Regular safety inspections were undertaken and we saw evidence that actions were taken as a result. The practice had up to date fire risk assessments and carried out regular fire drills. Staff had received up to date fire training including the operation of fire extinguishers and were clear about their responsibilities in the event of a fire. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice were producing a development plan to ensure good staffing levels and a new GP was due to start in January 2016.

### **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 reception office.
- 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. Locala had introduced technology that ensured and monitored staff 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 91% of the total number of points available, with 7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- 5% of the patient population had a diagnosis of diabetes, performance for diabetes related indicators were below the CCG and national average. The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was 84% compared to the CCG average of 89% and the national average of 88%. The practice was working with the University of Leeds ASPIRE team throughout 2015/16 to assess and improve practice performance, identify patients to target for review and educate staff.
- Performance for mental health related indicators were 77% which was below the CCG average of 94% and the national average of 93%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 77% which was below the CCG average of 83% and the national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, both of these were completed audits and we saw evidence that these had been discussed at clinical meetings and further study of head and neck conditions had taken place. However, there was no planned programme of audits designed to improve outcomes that reflected practice need.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme and staff handbook 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 e.g. 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, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- 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 and could describe their responsibilities in relation to these areas.

### 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

# Are services effective?

## (for example, treatment is effective)

accessible way through the practice's patient record system and their intranet system, Access to information was monitored to ensure that all staff were consulting guidance and procedures.

- This included care and risk assessments, care plans, medical records and 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. For example, the practice used e-consultations with specialist diabetic consultants to plan care for patients. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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. Mental Capacity Act prompt cards were available to staff in reception.
- When providing care and treatment for children and young people, staff carried out and documented assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### 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. Patients were then signposted to the relevant service.
- Smoking and alcohol cessation teams were hosted at the practice, 100% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months compared to the CCG and national average of 87%.
- The practice offered a substance misuse service. The substance misuse nurse worked closely with social services, other local substance misuse services and safeguarding teams to support patients recovery in the community and ensure support was in place. Homeless patients were supported to find emergency accommodation through close links with the local housing association. We saw feedback from patients who had been supported through structured recovery programmes. One had become a champion of recovery and assisted others in their recovery.

The practice had a failsafe 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 79%, which was slightly below the CCG average of 82% 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 92% to 100%. Flu vaccination rates for the over 65s were 76% which was above the national average of 73%, and at risk groups 46% which was below the national average of 53%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 25 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Others commented that staff always listened when they had a problem and they felt welcome at the surgery.

We were unable to speak with any members of the patient participation group. 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 above average compared to CCG and national averages for several satisfaction scores on consultations with doctors and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 85%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).

- 82% said they found the receptionists at the practice helpful (CCG average 83%, national average 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

The practice proactively sought patient stories and opinions online and through forms which were available in the waiting room. These could be posted free of charge. The practice used patients' stories as part of its staff training programme.

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:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 79% , national average 81%)

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

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, local carer and palliative care support 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.

# 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, ECGs and 24 hour blood pressure monitoring was offered in house, reducing the need to refer to hospital.

- The practice offered out of hours appointments for patients who were unable to attend during opening hours and was evaluating whether it would improve access to have late opening on specific nights.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, bilingual staff and translation services available.
- The practice offered pre-bookable telephone and web-based consultations for patients who were unable to attend the surgery
- A community fund was available to support local groups and initiatives. For example, the practice were supporting a request from the Patient Participation Group and looking to provide funding for free swimming lessons to underprivileged children.
- The practice held an annual raffle to raise funds for local charities.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8am to 5pm Mondays, 8am to 5.30pm Tuesdays, Wednesdays and Thursdays and 8am to 5pm Fridays.

Pre-bookable appointments could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

People told us on the day that they were were able to get appointments when they needed them, although not always with the GP of their choice. The practice acknowledged this and had employed a new GP to start in January 2016.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 74% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).
- 72% patients described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 65% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67%, national average 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. All complaints were reviewed by Locala head office who undertook analysis of complaints investigations and themes of complaints.
- We saw that information was available to help patients understand the complaints system. For example, posters, leaflets and forms were available in the waiting room and information was available on the practice website.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, an audit had been undertaken of the patient triage service and a review of appointment procedures in response to patient complaints and feedback about access to the service.

# 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.

- Staff knew and understood the vision and values of the practice and the organisation.
- 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 and procedures were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- Clinical and internal audits had been undertaken to monitor quality and to make improvements. We suggested the practice should plan a programme of continuous clinical audits.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The GPs in the practice and Locala head office had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The management team were visible in the practice and staff told us that they were approachable and always took 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 management team encouraged a culture of openness and honesty. However, the practice had not applied the principles of the Duty of Candour to the significant events process. Locala's operational manager gave assurance that the process

would be reviewed. The practice provided assurance that the policy and process would be reviewed to meet the standard. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gives 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.
- 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. All staff were involved in discussions about how to run and develop the practice, and the management team 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.

- It had proactively encouraged and gathered feedback from patients through the patient participation group (PPG) and through surveys, complaints and comments 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, information that should be made available to patients in the newsletter, on the website and in the waiting room.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. All staff members had personal development plans and individual objectives were agreed. Staff told us they

# Are services well-led?

Good 

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

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 had identified areas where improvements were required. For example, diabetes care and access to the service. It engaged well with the local community. The Locala community fund raised funds and supported local groups and initiatives, for example, free swimming lessons for underprivileged children.