

# Eaves 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 Eaves lane Surgery on 4 July 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance and had been trained to provide them with the skills and knowledge to deliver effective care and treatment. Clinical education events were run at the practice's sister surgery every two months for any local clinicians who wanted to attend.
- Patients we spoke to and comment cards that we received said that they felt the practice offered an excellent service and that staff were helpful, caring and treated them with dignity and respect. They also indicated improvements in the service since the new GPs had taken over.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. Patients were able to access appointments at three different surgery sites including daily walk-in clinics and Saturday appointments.
- The practice was aware of the limitations of the surgery premises and was looking to relocate to a new surgery site that it was planning to have built in the locality.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

# Summary of findings

- The practice had undergone a period of change which had resulted in improved services for patients. The practice had a strong vision, which focused on working with patients to ensure high quality care and treatment as its top priority.
- The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- The practice monitored and analysed trends in significant events, complaints and performance indicators as a tool to drive continuous improvement.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents. These arrangements had been thoroughly tested and monitored.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- The Quality and Outcomes Framework (QOF) data referred to in this report refers to data collected between April 2015 and March 2016. The current GP was registered in September 2016 to provide GP services. Therefore the QOF 2015/16 data referred to in this report does not reflect the practice's performance since that time.
- Unverified data from the practice showed that outcomes for QOF indicators had improved since the practice had changed hands. Overall achievement for the QOF had risen from 90% in 2015/16 to 97% in 2016/17.
- Staff were aware of current evidence based guidance and used this to inform practice.
- Clinical audits demonstrated quality improvement and other service-related audits were used to make improvements in services offered.

# Summary of findings

- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. Staff training was prioritised and well-supported by management.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Results from the national GP patient survey published July 2017 showed patients rated the practice in some aspects of its service delivery lower than that of the local and national average however, this was during a period of significant change at the practice. The practice had reviewed data from the 2016 survey and had implemented actions in response to the results.
- Patients we spoke to and comments that we received 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 accessible and available in different formats.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. They had increased access for working patients by making appointments available at a sister surgery on Monday evenings and on some Saturdays.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. They said that the walk-in service offered at the practice's sister surgery was excellent.

# Summary of findings

- The practice had refurbished the building and replaced equipment to make it more suitable for patient treatment and was aware of the limitations of the premises. It had done everything it could in relation to these limitations to make services accessible to patients.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. High standards were promoted and owned by all practice staff and teams worked together closely.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- A thorough structure of internal and external meetings was embedded and ensured information and learning was disseminated and feedback was gathered proactively.
- An overarching governance framework supported the delivery of the strategy and good quality care in all areas of service delivery. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- There was a high level of constructive engagement with staff. Staff told us that they were encouraged to make suggestions and recommendations for practice development and there was a quarterly staff survey to collect staff opinion. Staff who had been with the practice prior to the change of provider GPs told us that they had experienced many changes for the better and felt supported by the new managers.
- The practice proactively sought feedback from patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was given protected time by managers.

# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels. A new health centre was planned to relocate the practice in the local area.

# 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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Patients had access to a nurse practitioner based at a sister practice who was responsible for co-ordinating care for all patients aged over 75 years of age.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. They used a mobile computer system to inform care and treatment during home visits.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice shared information with the out of hours service regarding patients nearing the end of their lives. This included when a do not attempt cardiopulmonary resuscitation (DNACPR) order was in place.
- The practice followed up on vulnerable older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services including the out of hours service.
- The practice first floor treatment room was accessed by a steep set of stairs. Staff were aware of patients who were unable to use these stairs and offered a consultation in the ground floor room if necessary.

### People with long term conditions

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

Good



- Nursing staff were trained in the management of patient long term conditions and patients at risk of hospital admission were identified as a priority.

# Summary of findings

- The practice offered a daily point of care service for blood monitoring for patients who were taking blood-thinning medications for heart conditions.
- Quality and Outcomes Framework (QOF) for 2015/16 for diabetic indicators showed the practice performed below that of the local and national averages. However this data reflected the service provided by the previous registered GP practice. We were shown unverified data for 2016/17 that showed that performance for diabetic indicators had increased from 75% overall to 97%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- There was a comprehensive system in place to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccinations given in 2015/16 were generally lower than national averages, however, the practice told us that they expected these figures to improve with increased nursing provision and better patient recall systems in place.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 86%, which was higher than the local average of 84% and the national average of 81%.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Good



# Summary of findings

- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

## **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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours until 8pm on Monday and Saturday appointments which were available at the practice sister surgery.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Telephone appointments with clinicians were available in addition to face-to-face appointments.

**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 homeless people, travellers and those with a learning disability. They had developed policies for the recognition and care of patients who were military veterans and for homeless patients.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability and with complex needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had developed a new comprehensive process for care planning for vulnerable patients which was led by a nurse practitioner.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may

**Good**



# Summary of findings

make them vulnerable. They 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.

## 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 carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than local and national averages.
- Patients experiencing mental health problems were able to be referred directly to a local mental health service.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 93% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the local average of 92% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was generally performing lower than local and national averages. A total of 366 survey forms were distributed and 91 were returned (25%). This represented 4% of the practice's patient list. This however was a period of significant change at the practice.

- 71% of patients described the overall experience of this GP practice as good compared with the local average of 87% and the national average of 85%.
- 71% of patients described their experience of making an appointment as good compared with the local average of 76% and the national average of 73%.
- 55% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 82% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Patients said that staff were helpful and professional and three of the cards commented that they had seen recent improvements in the service offered.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The latest published results of the Friends and Family test showed that of 12 responses, 75% would be extremely likely or likely to recommend the practice to a friend or family member.

# Eaves Lane Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Eaves Lane Surgery

Eaves Lane Surgery is situated at 311 Eaves Lane, Chorley, Lancashire PR6 0DR. It is housed in a small Victorian terraced house and disabled access is enabled by a ramp to the front door. There is one treatment room on the first floor which can only be accessed by a steep flight of stairs. Staff ensure that all patients unable to manage the stairs can be seen in a room downstairs.

The practice is situated on a busy main road with on-street parking available and easy access to public transport.

The practice is part of the NHS Chorley and South Ribble Clinical Commissioning Group (CCG) and services are provided under a general medical service (GMS) contract with NHS England.

From September 2016 the practice became part of a wider group of practices including Buckshaw Village surgery and Adlington Medical Centre, both in the East suburbs of Chorley. Services at Eaves Lane are provided by the principal male GP assisted by one male salaried GP and one male locum GP. There is a practice nurse and a health care assistant based at the surgery and administration is provided by a practice manager, an office co-ordinator and three members of reception and administration staff. Staff working at other practices in the group assist the surgery

when needed including both clinical and non-clinical staff. There is a business director for the group, one other practice manager and a medicines co-ordinator, all of whom assist the surgery.

The surgery is open to patients between 8am and 6.30pm on weekdays and appointments are offered from 9.45am to 12.05pm and 3.30pm to 5.50pm on Monday, Tuesday and Thursday, and from 8.15am to 12.20pm and 3.30pm to 5.20pm on Wednesday and Friday. Patients are also able to attend extended hours appointments at Buckshaw Village surgery on a Monday evening from 6.30pm to 7.50pm and on some Saturdays from 8.30am to 2.20pm. In addition to these appointments, patients are also able to access walk-in clinics at Buckshaw Village surgery from 8am to 11am and 3pm to 5pm on weekdays. When the practice is closed, patients are able to access out of hours services offered locally by the provider GotoDoc by telephoning NHS 111.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits.

The practice provides services to 2091 registered patients and all patients are able to visit any of the practices in the group. There are lower numbers of patients aged over 65 years of age (11%) than the national average (17%) and higher numbers of patients aged under 18 years of age (23%) than the national average (21%). The practice also has noticeably more male patients aged between 25 and 54 years of age (26%) than the national average of 21%.

Information published by Public Health England, rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Life expectancy is the same for males as the national figure, 77 years of age, and slightly lower for females, 82 compared to

# Detailed findings

83 years of age. There are 47% of patients with a long-standing health condition compared to the national average of 53%. A total of 9% of patients are unemployed compared to the national average of 4%.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 July 2017. During our visit we:

- Spoke with a range of staff including the principal GP, the salaried GP, the practice nurse, the group practice business director, the practice manager, another group practice manager and three members of the practice administration team including the group medicines co-ordinator.
- Spoke with two patients who used the service one of whom was a member of the practice patient participation group (PPG). Because the PPG was a combined membership of patients across the surgery group, we also spoke to two other members of the PPG who had not attended appointments at the practice.

- Observed how staff interacted with patients in the waiting area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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 a system for reporting and recording significant events. The practice had a comprehensive practice policy for dealing with significant events and a flowchart to demonstrate the process.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed as a standing agenda item. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident in which a patient was taken ill while visiting the practice, a new procedure was put in place to alert the on-call GP at Buckshaw Village when there were no GPs at Eaves Lane and the telephone system was replaced to give better communication between sites.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns

about a patient's welfare. In addition, the practice had produced flowcharts for staff for reporting safeguarding concerns and also for handling communications from the local safeguarding team. There was a lead member of staff for safeguarding and a deputy lead. GPs told us that they attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and other clinical staff were trained to child protection or child safeguarding level three. Notices in the waiting rooms and in all treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. When the practice had a change of provider in September 2016, it had been redecorated throughout, patient safety features improved and equipment updated.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines.

## Are services safe?

Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice medicines co-ordinator carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The practice had detailed checklists in place to ensure that all relevant documentation in the files was completed.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice maintained an overview of building and equipment safety checks and when they were next due.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice was able to use staff employed at the other two sister surgeries to cover staff absence.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. These arrangements had been thoroughly tested and monitored.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/16 were 90% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. Clinical achievement for these indicators was 87% compared to the CCG average of 94% and the national average of 95%.

The practice supplied unverified data for 2016/17 to show that overall achievement had risen to 97% and to 99% for clinical indicators.

Exception reporting for 2015/16 was 6.9% which was lower than the local CCG level of 10.7% and national average of 9.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was lower than the local and national averages. For example, blood measurements for diabetic patients (IFCC-HbA1c of 64 mmol/mol or less in the preceding 12 months) showed that 66% of patients had well controlled blood

sugar levels compared with the CCG average of 82% and national average of 78%. The practice had only exception reported 5% of patients for this indicator compared to the CCG average of 12% and national average of 13%. Also, the percentage of patients with blood pressure readings within recommended levels (150/90 mmHG or less) was 85% compared to the CCG average of 92% and national average of 86%. Exception reporting for these patients was also lower (3%) than the CCG average of 5% and the national average of 6%. However, the practice showed us unverified data for 2016/17 that indicated a 97% achievement overall for the management of diabetes related indicators compared to 75% in the previous year.

- Performance for mental health related indicators was generally higher than or comparable with the local and national averages. For example, 93% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the CCG average of 92% and national average of 89%. Also, 100% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the CCG average of 91% and national average of 84%. The practice had not exception reported any patients for this indicator. Unverified data for 2016/17 showed an overall achievement of 96% for mental health related indicators and 100% for dementia related indicators compared to 95% and 88% in 2015/16.

There was evidence of quality improvement including clinical audit:

- Since the new provider had taken over the practice in September 2016, there had been two clinical audits both of which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had noted that the uptake of the offer of retinal screening for diabetic patients had been very low during 2015/16. The practice increased nursing capacity and introduced a recall system for patients and as a result increased the numbers of patients screened from three patients in 2015 to eight in 2016 and 26 in 2017. This work was ongoing.
- The practice also audited other areas of service such as the quality of data on the patient computer system, patients not attending booked appointments and patient attendances at A&E.

# Are services effective?

## (for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as ensuring that patients taking a cholesterol-lowering medicine were being prescribed the medicine appropriately. All patients on this drug were recalled to the practice for a review with a GP.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice nurse had trained in foot screening for diabetic patients and was regularly updated in providing advice and vaccination for patients travelling abroad.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice and local meetings. The group practice managers also organised clinical education events on a Saturday every two months for GPs in the local area. On average about 30 clinicians attended each event. Recent events included training in paediatric problems, rheumatology and gynaecology. Training was delivered by invited clinicians and was free of charge for attendees.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months and new staff were reviewed regularly following and during their induction period, with a formal review after six months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house and external training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice shared information with the out of hours service regarding patients nearing the end of their lives. This included when a do not attempt cardiopulmonary resuscitation (DNACPR) order was in place.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health and social care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### 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 (MCA). Clinical staff had trained in the MCA and also Deprivation of Liberty Safeguards (DoLS).

# Are services effective?

## (for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The practice nurse was aware of relevant legislation when patients were under the age of 16 years such as the Gillick competency and Fraser Guidelines. (Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent and to help assess whether a child has the maturity to make their own decisions).
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients experiencing memory loss. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 86%, which was higher than the CCG average of 84% and the national average of 81%. There was a policy to

offer written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer by displaying posters in the practice waiting areas. They planned that the newly appointed member of staff with responsibility for the recall of patients for health reviews at the practice, would also contact patients who did not engage with the cancer screening services.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccinations given in 2015/16 were generally lower than national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 87% compared to the national averages of 73% to 95% and for five year olds from 65% to 89% compared to the national averages of 81% to 95%. The practice told us that they expected these figures to improve with increased nursing provision and better patient recall systems in place.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs or take them into a quiet area of reception.
- The practice was aware that it was sometimes more difficult for patients to be treated by a clinician of the same sex. Female GPs were available at the practice sister surgeries and the practice was hoping that more permanent provision of a female GP could be made at Eaves Lane in the future.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Three of the cards commented that they had seen recent improvements in the service offered.

We spoke with two patients who visited the practice. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required and that they could find no fault with the service offered.

The national GP patient survey published in July 2017 was conducted during a period of significant change at the practice. It showed patients had some reservations about the way that they were treated by some practice staff. The practice was generally lower than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 86%.
- 95% of patients said the nurse was good at listening to them compared with the CCG average of 94% and the national average of 91%.
- 93% of patients said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 99% and the national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

When the practice had been taken over by the new team of staff and GPs, they had reviewed the results of the GP patient survey results that were published in July 2016. They had produced an action plan that addressed all of the areas of low achievement. At the time of our inspection, they had completed most of the identified actions and were monitoring those that were ongoing. The results of the survey published in July 2017 were similar to those for July 2016 but the survey had been conducted during a time in the practice while changes were being implemented.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients told us that they were able to make longer

## Are services caring?

appointments if needed and there were notices in the waiting areas to confirm this. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the latest national GP patient survey showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mixed when compared with local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 94% and the national average of 90%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and national average of 85%.

The practice had reviewed the results and related areas of poor performance to the fact that much of the patient care had previously been supplied by short-term locum GPs. The practice had stopped using locum GPs when it was acquired by the neighbouring group practice and only used permanent GP staff.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.

- Information leaflets were available in easy read format.
- The NHS e-referral system was used with patients as appropriate. (The NHS e-referral system is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice had policies in place for the care and treatment of patients with hearing or sight loss. These policies ensured that patients with these difficulties were flagged on the electronic patient record system and that preferred methods of communication were recorded on patient notes. They also provided access for staff to support services and information sources suitable for these patient groups.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 patients as carers (2.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them and all were invited for an annual flu vaccination.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours at Buckshaw Village on a Monday evening until 8pm and on some Saturdays from 8.30am to 2.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The new provider had implemented the use of a computer tablet that they had previously developed in 2012/13 at one of their other practices, that gave clinicians mobile access to the patient computer record system. This tablet could be used during patient home visits and when away from the surgery premises.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning and results of these conversations were shared with the practice out of hours service.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments to patients.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice first floor treatment room was accessed by a steep set of stairs. Staff were aware of patients who were unable to use these stairs and offered a consultation in the ground floor room if necessary.
- The practice had acknowledged that patients who were armed forces veterans were entitled to priority access to NHS hospital care for any condition related to their service. They had produced a covenant that gave staff guidelines on honouring this obligation.
- The practice had also produced a protocol for staff on registering patients who were homeless to ensure that these patients could receive appropriate care and treatment.
- The practice offered a daily point of care service for blood monitoring for patients who were taking blood-thinning medications for heart conditions. This service used new technology attached to the practice mobile tablet and in house computer system so that patients could be monitored, assessed and issued with an appropriate prescription all at the one appointment or home visit. This avoided delays in the issuing of prescriptions to patients and reduced the administration associated with the monitoring process.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients received information in formats that they could understand and received appropriate support to help them to communicate.
- Patients had access to a newly-appointed nurse practitioner based at Buckshaw Village who was responsible for co-ordinating care for all patients aged over 75 years of age. They had developed a new comprehensive process for care planning for vulnerable patients.
- Patients experiencing mental health problems were able to be referred directly to a local mental health service.

### Access to the service

The surgery was open to patients between 8am and 6.30pm on weekdays and appointments were offered from 9.45am to 12.05pm and 3.30pm to 5.50pm on Monday, Tuesday and Thursday, and from 8.15am to 12.20pm and 3.30pm to 5.20pm on Wednesday and Friday. Patients were also able to attend extended hours appointments at Buckshaw Village surgery on a Monday evening from 6.30pm to 7.50pm and on some Saturdays from 8.30am to 2.20pm. In addition to these appointments, patients were also able to access walk-in clinics at Buckshaw Village surgery from 8am to 11am and 3pm to 5pm on weekdays. These walk-in clinics provided five-minute appointments for patient acute medical problems. Pre-bookable

# Are services responsive to people's needs?

## (for example, to feedback?)

appointments could be booked up to six weeks in advance and on-line appointment booking was available. The practice had a protocol for patients booking appointments with the group of surgeries that showed how appointments were made available. We saw that the next routine appointment with a GP was available on the day of our inspection.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally lower than local and national averages. These results however were based on a period of change at the practice before new access arrangements had been implemented and a new telephone system installed.

- 76% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 71%.
- 78% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 84%.
- 77% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 81%.
- 71% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 73% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 66% and the national average of 58%.

The new practice management had introduced a completely new appointment system since this survey had been carried out. They had made extended hours appointments and walk-in clinics at Buckshaw Village available to all patients at Eaves Lane. A new telephone system had also been installed that made up to six telephone lines available into the practice.

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

The practice had a system to assess:

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

Staff recorded patient requests for home visits and passed them to the GPs who telephoned patients or their carers before they visited. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns and had produced a flowchart for staff that clarified this system.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- One of the practice managers was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a complaints poster displayed in the patient waiting area and complaints leaflets available for patients in reception and on the practice website.

We looked at seven complaints received in the last 12 months and found they had been dealt with in a timely way and with openness and honesty. Both written and verbal complaints were recorded. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken as a result to improve the quality of care. For example, following a change of a patient appointment when the practice had been unable to contact the patient, practice staff had been reminded of the importance of checking with patients that the contact details held by the practice were up to date.

# 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 and statement of purpose which were displayed in the waiting areas and staff knew and understood the values. The mission statement said “We are committed to maintaining and enhancing our good reputation for being a caring and innovative practice”.
- The practice’s objectives to provide safe and effective GP services to patients were driven by the GP provider and the management team. There was a clear understanding by all staff of the standard of service that was expected. Feedback from staff, patients and the meeting minutes we reviewed showed regular engagement took place to ensure all parties knew and understood the vision and values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. These plans were comprehensive and covered such areas as the practice built environment, staffing issues, IT development, quality assurance and financial planning.

### 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. There were good governance arrangements in relation to having an overview of staff training, medical indemnity and membership of professional bodies. There were weekly senior management meetings to review practice achievements, progress and issues such as significant events and patient complaints.
- Practice specific policies were implemented and were available to all staff on the practice shared computer drive. These were often summarised into flowchart form to enable staff to follow them more easily and were updated and reviewed regularly.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. Patients were central to the provision of care and services and protocols were implemented to ensure patients received comprehensive care and support.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice development plan was regularly reviewed and action taken to address any identified risks such as the standardisation of contracts across all of the provider sites and risks associated with the practice premises.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. Discussions of these at senior management meetings were fed back to staff at monthly whole practice meetings and meeting minutes were kept on the staff intranet.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs were approachable and always took the time to listen to all members of staff. Staff who had been with the practice prior to the change of provider GPs, told us that they had experienced many changes for the better and felt supported by the new managers.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The GPs encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

# Are services well-led?

Good 

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

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social care workers to monitor vulnerable patients. GPs, where required, met or communicated with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. The practice had introduced an “employee of the month” scheme to reward staff for good practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice funded a practice social event at least twice a year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us that training was a priority for the practice and was supported and encouraged by the managers.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a combined group of patients from all three GP surgeries who met regularly, were consulted on future practice developments and submitted proposals for improvements to the practice management team. For example, the group was consulted regarding the plans for relocation of the practice to a new site locally. A member of the PPG told us that this open attitude of the practice towards future development helped to restore confidence among the local population. It had been the PPG who had proposed to the practice that they use social media to promote its services and make use of

modern technology to promote patient self-help, which the practice had done. Members of the PPG told us that they had noticed a great improvement in services after the practice was taken over by the new GPs.

- the NHS Friends and Family test, complaints and compliments received. The practice monitored the results of these and recorded patient comments to feed back to staff and make improvements where indicated.
- staff through a quarterly staff survey, appraisals and discussion. Staff surveys revealed high levels of staff satisfaction and highlighted areas of team development which the practice used to focus future work. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said that they felt that there was an open-door policy in the practice that enabled them to speak freely and told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was forward thinking and had implemented many changes to improve outcomes for patients in the area.

- The practice team was forward thinking and all aspects of service delivery were included in regular future development discussions. A standardised approach to best practice service delivery had been used across all three practices in the group.
- The GPs had installed a new IT network in the practice with a dedicated high-speed internet line and a new telephone system to allow patients better access to the practice and give staff better communication systems.
- The surgery premises had been redecorated and new noticeboards had been installed to give better information to patients.
- Practice equipment and white goods had been renewed and the front of the practice re-branded with additional signage.
- Security at the practice was improved with new door locks and safer fire precautions.

The provider was looking to build a new health centre close to the practice which would allow Eaves Lane to relocate to better, fit-for-purpose premises. They had consulted with patients as to their preferred site for relocation and what was important for them, for example, car parking, access to

## Are services well-led?

Good 

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

public transport, whether other services should share the building and if a pharmacy should be included. They had used the results of this survey to focus on a preferred site for relocation and were working on ensuring that this would happen.