

# Lingwell Croft 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 inspection of Lingwell Croft Surgery on 14 October 2014 as part of our comprehensive programme of inspection of primary medical services.

We have rated the practice as providing a good service overall. Details of these findings are in the following report, but in summary our key findings were as follows:

- Information from NHS England and the clinical commissioning group (CCG) indicated that the practice had a good track record for maintaining patient safety.
- Care and treatment was being delivered in accordance with current published best practice guidelines. Patient needs were consistently met and referrals to secondary care were made in a timely manner.
- All the patients who completed CQC comment cards, and those we spoke with during our inspection, were complimentary about the care they received.

- The practice had an effective complaints policy and responded appropriately to complaints.
- The leadership team were effective and had a clear vision and purpose. There were systems in place to drive continuous improvement.

We found that patients who worked had good access to the practice. There were good infection control processes. Patients were treated with kindness and respect. Patients' needs were met and effective communication with patients appeared to be the priority for the practice.

Sincerely,

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 safe. Information from NHS England and the Clinical Commissioning Group (CCG) indicated the practice had an effective track record for maintaining patient safety. Effective systems were in place to oversee the safety of the building and patients. Staff took action to learn from incidents that occurred within the practice. Staff were aware of the relevant procedures and how to make safeguarding and child protection referrals.

Good



### Are services effective?

The practice is effective. Care and treatment was being delivered in accordance with current published best practice guidelines. Patient needs were consistently met and referrals to secondary care were made in a timely manner. Healthcare professionals ensured patient's consent to treatment was obtained appropriately at all times. Staff made effective use of clinical audit tools, clinical supervision and staff meetings to ensure they worked collaboratively with other agencies to improve the service.

Good



### Are services caring?

The practice is caring. All the patients who completed CQC comment cards and those we spoke with during our inspection were complimentary about the practice. They found the staff to be kind and compassionate and felt they were treated with dignity and respect. The practice had a patient forum group. Patients from this group told us they were actively involved in ensuring patient centred approaches to care services were at the forefront of the practice.

Good



### Are services responsive to people's needs?

The practice is responsive to patients' needs. The practice had an effective complaints policy and responded appropriately to complaints about the service. The practice was proactive in seeking the views of patients and had responded to suggestions that improved the service and improved access to the service.

Good



### Are services well-led?

The practice is well-led. The leadership team were effective and had a clear vision and purpose. There were systems in place to drive continuous improvement. Governance structures were in place and there was a good system in place for managing risks.

Good



# 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 provided weekly visits to three care homes. Two named GPs lead on these visits. Palliative care staff were invited to the practice for care meetings and patient review meetings. Leeds carers held a surgery once a week at the practice. The practice had been nominated as an exemplary practice in supporting carers in 2013.

The practice had links with the integrated health and social care teams. The practice participated in the CCG bowel cancer screening initiative. The practice had a good promotion of flu vaccines with a high uptake in over 65's which was 79% in 2013. The practice also offered scanning for abdominal aortic aneurysms for men over 65 years of age.

Good



### People with long term conditions

The nurses managed and reviewed patients with long term conditions; they include diabetes, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD) and review clinics for patients with multiple conditions. The practice lead COPD nurse had setup a Leeds wide respiratory network. The practice also provided home visits for housebound patients with long term conditions (LTC). Health care assistants had been trained by the practice to enable the nurses to concentrate on seeing patients with long term conditions. The practice had a high Quality and Outcome Framework (QOF) score 537 out of 604 which was 89 percent.

Good



### Families, children and young people

The safeguarding lead GP had regular monthly meetings with the health visitors and linked with social care services. The practice also offered baby checks and provided a dedicated room for midwife clinics four days a week. The practice had a high childhood immunisation uptake rate. The practice provided a full family planning service and well women clinics. The cervical cytology rates were high at the practice, 82% in 2013 -14 compared to other practices in the area. The practice had effective links with 'Willow Young Carers' for under 18's who cared for a family member.

Good



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

The practice offered extended access by opening at 8:30am every day and remaining open until 8pm on Mondays and Tuesdays. Nurse appointments were offered until 7pm on Mondays and Tuesdays.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

The practice provided a GP medical service to two community units for learning disabilities at a local centre and the practice had an effective relationship with staff there. There was also a referral service for deaf patients with mental health issues.

A GP at the practice worked closely with 'St. Martins' drug and substance misuse patients. Weekly workshops were organised at the practice for patients and counsellors.

Five alcohol and drugs misuse prevention workers were based at the practice between four and five days a week.

The practice used language line for patients whose first language was not English.

The practice offered sms, text, fax and email facilities for communication with patients with hearing impairments.

Good



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

The practice offered regular physical reviews for patients with mental health problems so that this patient group could be managed safely and to the best standards of care.

The practice checked for early signs of Dementia via the NHS health check service. Regular searches which were carried out for patients identified as high risk resulted in an alert which was put on their electronic patient record (762 patients had been identified).

Substance misuse patients who suffered with mental health problems were seen by a GP and the alcohol and addiction staff.

Good



# Summary of findings

## What people who use the service say

We received 15 Care Quality Commission (CQC) comment cards and spoke with seven patients on the day of our visit. We spoke with people from different age groups and with people who had different physical needs and those who had varying levels of contact with the practice as well as relatives. We also saw a copy of an 'Improving Practice' survey which looked at 345 completed questionnaires.

The patients were complimentary about the care provided by the staff; the overall friendliness and behaviour of all staff. They felt the GPs were very competent and knowledgeable about their treatment

needs. The patients felt that they were given a very professional and efficient service. They told us that their long term health conditions were monitored and they felt supported.

Patients reported that they felt that all the staff treated them with dignity and respect and told us that the staff listened to them and were very well informed.

Patients told us that the practice was always clean and tidy.

Patients we spoke with and CQC comment cards recorded that they would recommend this practice to their friends and family.

# Lingwell Croft Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector and the team included a GP.

## Background to Lingwell Croft Surgery

Lingwell Croft Surgery is registered with CQC to provide primary care services, which includes access to GPs, family planning, surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures.

The practice is open 8:30am to 8:00pm on Monday and Tuesday, 8:30am to 6pm on Wednesday to Friday; and closed on a weekend. Patients could book appointments in person, via the phone and online. When the practice is closed patients access the out of hours NHS 111 service.

The practice is part of NHS Leeds South and East CCG. It is responsible for providing primary care services to 14,021 patients. The female patient population of the practice made up 51% of the practice population and 17% of all patients are over 60 years of age. The practice is meeting the needs of an increasingly elderly patient list size.

This practice is well-established and has 10 GPs, nine of whom are partners. There are six male and four female GPs.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme covering Clinical Commissioning Groups throughout the country. Lingwell Croft surgery is part of the Leeds South and East CCG and was randomly selected from the practices in the Leeds South and East Clinical Commissioning Group (CCG) area.

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. This 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 in accordance with the Care Act 2014.

## How we carried out this inspection

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

- 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

# Detailed findings

- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Before our inspection we carried out an analysis of the data from our intelligent monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We reviewed the policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We reviewed all areas of the practice including the administrative areas. We sought views from patients through face-to-face interviews and via comment cards completed by patients of the practice in the two weeks prior to the inspection visit. We spoke with the GPs, practice manager, practice nurse, administrative staff, receptionists and the clinical lead for infection control.

We observed how staff treated patients visiting and phoning the practice. We reviewed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run their service.

# Are services safe?

## Our findings

### Safe Track Record

The practice had a good approach towards safety and performance. This was demonstrated by the way in which significant event audits were both encouraged and organised. During the last year there had been 17 significant event audits (SEA) which we reviewed during the inspection and of these three were analysed in detail through to the underlying patient records. We saw action had been taken to minimise these events in the future.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last year and we were able to review these. Significant events was a standing item on the practice meeting agenda and a dedicated meeting was held monthly to review actions from past significant events and complaints. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms and sent completed forms to the practice manager. They showed us the system she used to manage and monitor incidents. We tracked a sample of three incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result (e.g. medication reviews). Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

National patient safety alerts were disseminated in team meetings to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at team meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

### Reliable safety systems and processes including safeguarding

The practice demonstrated that it identified, appropriately, safeguarding issues and could show how they responded

in such circumstances. They had a clear understanding of the safeguarding issues with respect to both children and adults. We saw where they felt they had to act in the best interests of the patient using the Mental Capacity Act guidelines.

An on-line training matrix containing staff training records was made available to us and we asked members of the medical, nursing and administrative staff about their most recent training. Staff knew their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours.

A chaperone policy was in place and notices were visible in the waiting room. Chaperone training had been completed for all nursing staff. All the GPs had completed level 3 safeguarding training.

### Medicines Management

We checked medicines stored in the treatment rooms and fridges and found that they were stored and monitored appropriately. Immunisation training for staff had included how to maintain the cold chain. Emergency medicines for cardiac arrest, anaphylaxis and hypoglycaemia were available and all staff knew their location. The standard operating procedure for controlled drugs showed that they were handled in line with legal requirements. We saw records of practice meetings that noted actions taken in response to prescribing data received from the CCG medicines management pharmacist.

The practice had a protocol for repeat prescribing which was in line with General Medical Council (GMC) guidance; we saw a copy of the repeat prescription policy which was reviewed in January 2014. Patient reviews took place annually or monthly dependant on the patients requirements. The practice prescribing lead attended regular prescribing meetings with the CCG. The practice worked closely with the local pharmacists who managed the prescriptions.

### Cleanliness & Infection Control

We noted that the infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures and to comply with relevant legislation. The practice had a lead for infection control, who had undertaken training in infection control to enable them to provide advice on the practice infection control policy.

# Are services safe?

We saw evidence the practice had carried out audits annually for the last three years and that any improvements identified for action were completed on time. Minutes showed that the findings of the audits were discussed at practice meetings. There had been no reported incidents from sharps injuries or spillages. All staff had received induction training about infection control and thereafter annual updates.

An audit on infection prevention and control measures conducted by 'Leeds Community Healthcare' on 28 May 2014 scored the practice at 92%. The action plan had been completed and the practice was compliant with all the seven infection control standards.

We observed the premises to be clean and tidy with appropriate sharps boxes that were not over filled.

## Equipment

The practice had negotiated the use of an innovative Chronic Obstructive Pulmonary Disease (COPD) assessment device to support the care of their patients.

We checked the practice equipment as follows. The ECG machine which had an annual check and log was working correctly. The defibrillator battery was fully charged and there were in date adult defibrillator pads. There was a logbook of checks for all of the emergency trolley equipment. The oxygen cylinder was full and in date and there was a second oxygen cylinder available if necessary. The anaphylaxis shock boxes were up-to-date and contained all of the three essential components i.e. adrenaline, hydrocortisone and chlorpheniramine. There were logbooks in the front of the shock boxes which were present in every room and also available for doctors bags. These bags were checked by the health care assistant in the practice on a regular basis. We checked a single example of doctors bags and found the drugs to be all in date and comprehensive.

## Staffing & Recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Newly appointed staff had this expectation written in their contracts.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

## Monitoring Safety & Responding to Risk

A system was in place to respond to safety alerts from external sources which had implications or risk for the practice. These included NHS England, medicines and healthcare products regulatory agency (MHRA) and national patient safety agency (NPSA). Staff were informed of the alerts via email and in meetings. The practice used a computerised system to store all documents including the alerts and the system provided a reading list for each staff member. The practice manager monitored when staff had accessed the reading material.

The staff had also received training in health and safety, manual handling. Fire safety procedures and environmental and fire risk assessments were in place and these had been regularly reviewed.

## Arrangements to deal with emergencies and major incidents

There were good business continuity plans in place to deal with emergencies that might interrupt the smooth running of the practice such as power cuts and adverse weather conditions. We saw a copy of the 'Disaster Plan' dated October 2014 which showed how the practice would be managed and continue to operate under exceptional and adverse circumstances.

We found that the practice ensured the clinical staff received regular cardiopulmonary resuscitation (CPR) training. Staff who used the defibrillator were regularly trained to ensure they remained competent in its use. Emergency medicines and equipment were accessible to

## Are services safe?

staff. Systems were in place to alert GPs and nurses in the event of an emergency. Information relating to the emergency procedures and access to equipment was included in the induction for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. For example, GPs told us this supported all staff to continually review and discuss new best practice guidelines for the management of respiratory disorders.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

The practice was committed to the local enhanced services i.e. admission avoidance for the most vulnerable patients. Local care home staff, Macmillan nurses and district nurses were all invited to the palliative care meetings held on a regular basis. There was also local carers support services and the lead carers held a meeting once a week at the practice. We were advised the practice was nominated as an exemplary practice for supporting carers in a 2013 case study.

### Management, monitoring and improving outcomes for people

The 'Quality and Outcomes Framework' (QOF) figures were very good for chronic disease management with high attainment given the level of deprivation in the practice population.

GPs in the surgery undertook minor surgical procedures in line with their registration and best practice guidance. They were appropriately trained and kept up to date. In addition they clinically audited their results and used these in their learning.

### Effective staffing

We saw evidence that confirmed all GPs had undertaken annual appraisals and they had either been revalidated or had a date for revalidation.

All staff had been appraised in the last year and had identified their learning needs and had plans to address these. Examples included diabetes and safeguarding. The practice manager showed us a learning matrix that demonstrated this.

We discussed with the GP senior partner about how they would manage poor performance within the practice so that either there was improvement in the practice or the person was required to leave. It was evident that the practice had procedures in place in order to manage performance so that risk to patients were minimised.

### Working with colleagues and other services

The practice had extensive links with other carers both Macmillan nursing, community matron services district nursing services, carer groups social services and drug and substance abuse teams. They also liaised closely with the out of hours providers. There was also several examples of safeguarding and communication with safeguarding teams.

### Information Sharing

There was a strong palliative care lead with GPs and we looked at several examples of acting in best interests for patients in nursing homes that they care for. Health promotion advice was a strong part of the nursing ethos in the practice based on leaflets posters and outcomes that we looked at.

# Are services effective?

## (for example, treatment is effective)

The practice had a commitment to the three care homes which it managed from a medical viewpoint. Two GPs visited regularly. One of these homes was a nursing home that cares for people who have dementia.

There were structured templates for each of the patients and the information was also cascaded to the out of hours provider who could usually see the practice's IT system notes but who also received faxed copies of special notes for each of these patients where appropriate. This demonstrated a good level of communications with other providers.

### **Consent to care and treatment**

We found that staff were aware of their responsibilities with respect to the Mental Capacity Act 2005 and the Children's Act 1989 and 2004.

We were told how young people, those with learning disability, those with mental health problems and those with dementia were supported to make decisions. When patients did not have capacity to make their own decisions the staff we spoke with gave us examples of how the patients' best interest was taken into account. We saw a copy of the consent policy.

Staff could not recall an instance where restraint had been required and were aware of the distinction between lawful and unlawful restraint. We saw a copy of the restraint guidance document.

### **Health Promotion & Prevention**

The practice also participated in the national campaigns for flu vaccinations in which it had a high uptake of 79 per cent in 2013 and also in the national bowel cancer screening service. They also offered screening for abdominal aortic aneurysm (An abdominal aortic aneurysm (AAA) is a swelling (aneurysm) of the aorta – the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body) in the over 65 male population at the practice, this was also a national initiative.

The practice offered all new patients registering with the practice a health check with the health care assistant or practice nurse. The GPs were informed of all health concerns detected. There was a clear process in place to follow up any patients identified as having potential health problems. Flu vaccination was offered to all over the age of 65, those in at risk groups and pregnant women.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was above average for the CCG, and again there was a clear policy for following up non-attenders by the named practice nurse.

# Are services caring?

## Our findings

### **Respect, Dignity, Compassion & Empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and a survey of 345 patients undertaken by the practice's patient satisfaction questionnaires. The evidence from these sources showed patients were satisfied with how they were treated and that this was implemented with compassion, dignity and respect. For example, data from the current survey in 2014 showed that 88 per cent of the practice rated it good, very good or excellent.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 15 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with seven patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. The practice switchboard was located away from the reception desk which helped keep patient information private. We observed a system had been introduced (as a result of feedback from the patient forum) to allow only one patient at a time to approach the reception desk. This prevented patients overhearing potentially private conversations between patients and reception staff. We observed this system in operation during our inspection and noted that it was effective in maintaining confidentiality.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected they would raise these with the management team. The practice manager told us they would investigate these and any learning identified would be shared with staff.

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

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

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 that this service was available.

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

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area.

Notices in the patient waiting room and practice website also signposted people to a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood 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 had an active patient forum group to help it to engage with a cross-section of the practice population and obtain patient views. We spoke with two representatives of the group who explained their role and how they worked with the practice. There was evidence of meetings with the group every three months throughout the year. The practice had implemented improvements and made changes to the way it delivered services as a result of the feedback. The members were actively involved in new developments of services such as confidentiality at the reception desk, fencing and management of the car park.

The practice worked collaboratively with other agencies and regularly updated shared information to ensure good, timely communication of changes in care and treatment.

The practice was proactive in meeting the needs of different population groups, for example:-

1. For working age people there was extended access opening at 8:30am every day with late opening on Mondays and Tuesdays and the possibility of working with other practices to extend opening hours even further.
2. Nurse appointments were available until 7pm on Mondays and Tuesdays
3. Telephone surgeries were available with telephone triage for urgent patient requests and all requests for children under the age of five were accepted for face-to-face review.
4. There was online and telephone and face-to-face booking of appointments.
5. There was online ordering of prescriptions and electronic prescribing service from pharmacies although no telephone repeat prescribing was now available.
6. A new telephone answering system with the ability to encourage people to be placed on hold and not feel as if the phone was not being answered was being installed on the day of our visit. This had a much greater capacity than the old system and also had the facility to inform on the callers position in the queue.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services e.g. services for asylum

seekers, those with a learning disability, travellers, unemployed and carers. For example, the practice had arrangements in place which ensured annual health checks for all people with learning disabilities.

We saw a copy of the 'Patient Dignity Policy' which was reviewed in July 2013.

### Access to the service

The appointment systems in place allowed for a responsive approach to risk management. For example, we were told anyone requesting to see a GP on the same day would always be seen. A GP was on duty to see the patients requesting a same day appointment and they would be supported by the other GPs where necessary. Home visits were provided where required. We were told they always tried to arrange for the same GP to visit a patient especially where the patient was receiving palliative care.

Patients we spoke with were generally happy with the appointment system. Appointments were available in a variety of formats including pre-bookable appointments, a telephone triage system, on-line booking system and a daily 'duty doctor' system. These ensured patients were able to access healthcare when they needed to.

The practice website outlined how patients could book appointments and organise prescriptions online. Patients could also make appointments in person to ensure they were able to access the practice at times and in ways that were convenient to them.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. This was provided by an out-of hours service. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances.

The practice was situated on two floors of the building. Lift access was provided to the first floor. We noted the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Toilet facilities were available for all patients of the practice.

A new GP partner who was Romanian and spoke Russian, Rumanian and French told us that they were they were able

# Are services responsive to people's needs?

## (for example, to feedback?)

to communicate effectively with patients who first language was not English. The practice also used language line where necessary responding to the diversity of the practice.

### **Listening and learning from concerns & complaints**

The practice have a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handled all complaints in the practice.

We discussed complaints with the GP particularly in response to the complaint that generated the significant event audit (SEA) and we talked about the way in which this complaint was handled with the son of the elderly patient concerned

The complaints process was adequate. In addition the practice correctly treated complaint as an opportunity to develop and SEA showing their robust attitude to learning opportunities.

Accessible information was provided to help patients understand the complaints system. Evidence seen from reviewing a range of feedback about the service, including complaint information and supporting operational policies for complaints and whistleblowing, showed that the practice responded quickly to issues raised.

The practice also analysed complaints on an annual basis to ensure they could detect themes or trends and improve the service patients received as a result of feedback.

### **Details of the Ombudsman were available on the practice leaflet.**

There was evidence of shared learning from complaints with staff and other stakeholders. Feedback on complaints was used within staff meetings.

We noted from minutes of team meetings that complaints were discussed to ensure all staff were able to learn and contribute to determining any improvement action that might be required.

# Are services well-led?

(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. We found details of the vision and practice values were part of the practices culture. The practice values were “We believe that the health and wellbeing of our patients is our first consideration” and “We believe that staff should deal with patients, their families and each other in a friendly way, with courtesy, professionalism, integrity and respect”.

The practice was developing strategies to deal with an expansion from a new housing development. In order to achieve this the practice was increasing the room availability by two clinical rooms by working with local practices in order to both offer extended hours and seven-day working opportunities.

We spoke with members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these.

### Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff. We looked at a number of these policies which were up to date.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The practice had good arrangements for identifying, recording and managing risks. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented. A system was in place to respond to safety alerts from external sources which had implications or risk for the practice. The practice used a computerised system to store all documents including any alerts. The staff had also received training in health and safety and infection control. Fire safety procedures and environmental and fire risk assessments were in place and these had been regularly reviewed.

### Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. For example there was a lead for infection control and the senior partner was the lead for safeguarding. We spoke with members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued and well supported and they knew who to go to in the practice with any concerns.

We saw from minutes that team meetings were held regularly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example restraint, study and training and infection control which were in place to support staff. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from users, public and staff

The practice had an active patient forum. The forum had representatives from various population groups; including older people. The forum had carried out quarterly surveys and met every quarter.

The practice had gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff.

### Management lead through learning & improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at two staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive.

The practice had completed reviews of significant events and other incidents and shared these with staff via meetings to ensure the practice improved outcomes for patients.