

# Audley Health Centre

## 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

|                                            |             |                                                                                       |
|--------------------------------------------|-------------|---------------------------------------------------------------------------------------|
| <b>Overall rating for this service</b>     | <b>Good</b> |  |
| Are services safe?                         | <b>Good</b> |  |
| Are services effective?                    | <b>Good</b> |  |
| Are services caring?                       | <b>Good</b> |  |
| Are services responsive to people's needs? | <b>Good</b> |  |
| Are services well-led?                     | <b>Good</b> |  |

# 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 Audley Health Centre (also known as Stepping Stone Practice) on 27 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed and generally well managed. We noted there were opportunities for the improvement of coordination and management of risk management activity with other building occupants.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review and improve the management and segregation of significant event and complaint records.

# Summary of findings

- Consider the development of systems and processes to gain assurance that all building related risks are identified and mitigated.
- Clarify and record responsibilities for shared areas of the practice building. Consider the development of systems and processes to gain assurance that appropriate checks of shared equipment in these areas are completed to ensure the equipment remains fit for use.
- Consider the development and implementation of systems and processes to ensure clinical audit activity is fully completed and effective.
- Review and improve practice policy review activity.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as comparable to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However, we noted records of complaints were held in a number of different systems and formats and there was some confusion of complaint and significant event records. This had the potential to reduce effective communication within the practice.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, we noted practice activity was not always consistent with practice policy following the development of new systems and processes.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. We noted reliance was placed on the building owners to monitor and identify risks related to building management. However, the practice did not have an effective system in place to gain assurance identified risks were appropriately mitigated.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Members of the PPG told us the practice listened to and acted on the views of patients and the PPG.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice actively monitored patients at risk of hospital admission and discussed their needs at integrated team meetings.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was between 80% and 98% and this was comparable to the national average range of 78% to 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



# Summary of findings

- Cervical screening uptake data from 2014/15 for women aged 25-64 years was 82%, which was higher than the CCG average of 80% and the same as the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations for patients unable to attend the practice.
- The practice offered 'flu' vaccination clinics outside of normal working hours.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours

Good





# Summary of findings

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

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published 7 July 2016. The results showed the practice was performing below local and national averages. A total of 350 survey forms were distributed and 112 were returned. This was a response rate of 32% and represented approximately 2% of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 75% and national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average and national average of 85%.
- 76% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.

- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patients said that staff were very friendly, helpful and always treated patients with respect and dignity. A number of the cards included positive references to staff by name.

We spoke with three patients and two members of patient participation group that were also patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Published results of the Friends and Family Test indicated that 73% of patients would recommend the practice to others.

## Areas for improvement

### Action the service SHOULD take to improve

- Review and improve the management and segregation of significant event and complaint records.
- Consider the development of systems and processes to gain assurance that all building related risks are identified and mitigated.
- Clarify and record responsibilities for shared areas of the practice building. Consider the development of systems and processes to gain assurance that appropriate checks of shared equipment in these areas are completed to ensure the equipment remains fit for use.
- Consider the development and implementation of systems and processes to ensure clinical audit activity is fully completed and effective.
- Review and improve practice policy review activity.

# Audley Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Audley Health Centre

Audley Health Centre (also known as Stepping Stone Practice) is located in Longton Close, Blackburn, BB1 1XA and provides general medical services and minor surgical services for people of all ages from a purpose built single storey building owned by NHS Property Services. The practice shares the building with other health care providers including a podiatrist and a treatment room managed by a local NHS Foundation Trust.

The practice is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG) and provides services to approximately 5200 patients under a Personal Medical Services (PMS) contract with NHS England.

The average life expectancy of the practice population is comparable to the local average and slightly below the national average (80 years for females, compared to the local average of 80 and national average of 83 years, 74 years for males, compared to the local average of 76 and national average of 79 years).

The age distribution of the total practice's patient population is broadly in line with local and national averages although it is noted there is a higher percentage of patients under the age of 18 years (28%) when compared

to the CCG and national averages (25% and 21% respectively). There is also a lower percentage of patients over the age of 65 years (12%) when compared to the CCG and national averages (14% and 17% respectively).

The practice has a higher proportion of patients experiencing a long-standing health condition than the CCG and national averages (62% compared to the CCG and national averages of 56% and 54% respectively). The proportion of patients who are in paid work or full time education is lower (51%) than the CCG average of 57% and national average of 62% and the proportion of patients with an employment status of unemployed is 4% which is lower than the CCG average of 7% and the national average of 5%.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by three GP partners (Two male and one female) and two sessional GPs (one male and one female). In addition the practice employs two practice nurses and one healthcare assistant. Clinical staff are supported by a practice manager and a team of administration and reception staff.

The practice is open between 8.30am - 8pm Monday, 8.30am – 7.30pm Tuesday and between 8.30am – 7pm Wednesday, Thursday and Friday. The practice is part of a federation of GP practices and patients are also able to attend appointments at a number of other local health centres as part of this arrangement.

Outside normal surgery hours, patients are advised to contact the out of hours service by dialling NHS 111, offered locally by the provider East Lancashire Medical Services.

# Detailed findings

## 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 27 October 2016. During our visit we:

- Spoke with a range of staff including GP partners, nursing staff, practice management and administrative staff. We also spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written and/or verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out regular analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. However, we noted there were opportunities for improvement in the way significant event records were maintained and managed as current records were often held with complaint records and not consistently accessible in a timely manner.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level 3.

- A notice in the waiting room 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. A GP partner was the infection control clinical lead who was supported by the practice manager. The GP and the practice manager used online resources to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration

## Are services safe?

with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we noted the practice did not consistently retain interview records.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, we noted there was a lack of clarity between the practice and NHS Property Services over who held responsibility for such as routine monitoring of health and safety and environmental issues.
- The practice had or had access to a variety of other risk assessments in place 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).
- The building owners had a dedicated office within the practice building and the practice placed reliance on the building owners for the assessment and mitigation of building management risks but we noted there were no effective systems in place for the practice to obtain

assurance in relation to related activity. We noted records held by the building owners did not provide full assurance risks related to electrical systems were mitigated.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 9% overall clinical domain exception reporting (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). The practice overall clinical domain exception reporting rate was similar to the national average and lower than the local Clinical Commissioning Group (CCG) average. However, the practice had identified higher than average clinical exception reporting rates for a small number of individual indicators and we were told action was ongoing to confirm the accuracy of the data and identify opportunities for improvement.

Data from 2014/15 showed:

- Performance for diabetes related indicators was higher than national averages. For example:
  - 98% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.
  - A record of foot examination was present for 98% of patients compared to the national average of 88%.

- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was within recommended levels was 80% compared to the national average of 78%.
- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was within recommended levels was 86% compared to the national average of 81%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was within recommended levels was 81% compared to the national average of 84%.
- Performance for mental health related indicators was higher when compared to national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 94% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 88% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been 11 clinical audits completed in the last two years and records indicated two of these were completed audits where the improvements made were implemented and monitored.
- The practice worked closely with the local medicines management team to complete medicine audits and findings were used to improve outcomes for patients. For example, the practice had identified a high use of antibiotics due to historical prescribing patterns and high patient demand. As a result the practice implemented improvement actions and a medicines management progress report issued in September 2016 confirmed the practice had reduced antibiotic use and achieved an associated target.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff 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 training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- We were told the practice had provided workshops for patients on the subject of dementia and had also facilitated diabetes awareness sessions.

The practice's uptake for the cervical screening programme was 82%, which was higher than the CCG average of 80% and the same as the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There



## Are services effective? (for example, treatment is effective)

were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were higher or similar to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 96% and five year olds from 94% to 100%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 19 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.

We spoke with two members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 96% 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%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.

- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% to the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

- Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 84% 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%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average and national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

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

## Are services caring?

- A number of staff within the practice were also able to talk to patients in other languages and one member of staff had received training in British Sign Language.
- Information leaflets were available in easy read format.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as carers (approximately 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. We were told the practice had recently allocated the role of carers champion to two members of the reception team to increase the support available for carers.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments from 8.30am to 8pm on Monday's and from 8:30am to 7.30pm on a Tuesday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- We were told the practice facilitated workshops and awareness sessions to increase health awareness. For example for those living with dementia or diabetes.

### Access to the service

The practice was open between 8.30am - 8pm Monday, 8.30am - 7.30pm Tuesday and between 8.30am - 7pm Wednesday, Thursday and Friday. The practice was part of a federation of GP practices and patients were also able to attend appointments at a number of other local health centres as part of this arrangement. Extended hours appointments were offered on a Monday until 8pm and Tuesday until 7.30pm. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 78% and 76% respectively.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 75% and 73% respectively.

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

The practice had a system in place to assess:

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

Practice staff were able to describe the system in place to assess the urgency of need when patients called to make an appointment. Staff were able to offer telephone consultations and would liaise with the GPs if a home visit was requested. 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 in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example the practice had a complaints policy and a dedicated leaflet was available in the reception area.

We looked at eight complaints received in the last 12 months and found these were satisfactorily handled. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. However, we noted complaint records were not consistent with the templates detailed within the practice complaints policy and there was some confusion between the complaint and

## Are services responsive to people's needs? (for example, to feedback?)

significant event records. While records were maintained, the way in which the records were maintained and managed made it difficult for the practice to communicate a clear understanding of related issues and the actions taken in a timely and effective manner.

# 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 staff knew and understood the values of the practice.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However, we noted the practice did not maintain complaint records in the format detailed within the complaints policy. We were told this was due to an oversight when the practice policy was reviewed in August 2016 and following the introduction of an electronic record system.
- A comprehensive understanding of the performance of the practice was maintained
- Clinical audit was used to monitor quality and to make improvements but we noted the practice did not consistently complete additional audit cycles to identify further improvement opportunities or check improvements made had been effective.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice placed reliance on the building owners to identify and mitigate risks associated to the practice building but there was no system in place for the practice to gain assurance all building risks were mitigated effectively. For example we noted records held by the building owners did not provide full assurance risks related to electrical systems were mitigated. We were advised immediate action would be taken to gain the required assurance and set up systems to obtain regular assurances in the future.
- There were systems in place to check and monitor equipment and single use items within the practice. However, we noted there was a lack of clarity between

building occupants over who held responsibility for areas and associated equipment checks. The practice placed reliance on other building occupants completing some checks in shared areas without gaining associated assurance the checks had actually been completed.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had appointed a dedicated PPG lead and the PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had discussed issues related to patient access and as a result the practice had introduced a text messaging service to reduce the number of calls to the practice.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and provided personal development support to staff to enable staff to increase their knowledge and skills and as a result improve outcomes for patients.

Practice staff regularly represented the practice at meetings with the CCG and other locality meetings.

We were told the practice offered opportunities for school, medical and pharmacy students to undertake work experience placements within the practice.