

# Great Eccleston 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

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Great Ecclestone Health Centre on 11th January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were generally assessed and well managed. On the day of inspection, we found some areas which needed addressing, and the practice did so immediately.
- 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 named 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 the management team.
- 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.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were generally assessed and well managed. On the day of inspection we found some issues which needed addressing; the practice did so immediately and sent us evidence to show the improvements made.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey, published in July 2016, showed patients rated the practice higher than others for some aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice took a proactive approach to identifying carers. There was a carers' lead who offered support, and the practice had identified 2.8% of their list as carers.

## 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 named GP and there was continuity of care, with urgent appointments available the same day.
- A working group had been established to improve access to appointments. The telephone triage system they had put in place had freed up 400 slots for routine appointments in January 2017.
- 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.

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.
- 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

Good



# Summary of findings

and identify risk. Where improvements were needed, management at the practice acted quickly to make sure these were made as soon as possible, and put systems in place to ensure they were regularly monitored.

- 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..
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice established working groups with members of staff from across the practice team to look for improvements, and monitor new systems which were put in place.

# 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 their population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Performance for conditions associated with older patients, such as heart failure, was better than the national average. The practice achieved 100% of the total Quality and Outcomes Framework points available for this condition, compared to the national average of 98.1%.

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 better than the national average. The practice achieved 99.5% of the total QOF points available, compared to the national average of 89.8%. However, the exception reporting rate was higher than the national average (22.2% compared to 11.6%).
- 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.

Good



# Summary of findings

- 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.
- The practice's uptake for the cervical screening programme was 88%, which was slightly higher than the local and national average of 82%.
- A child psychologist operated from the practice once a week.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered an in-house sexual health clinic for teenagers and young people.
- 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 reflected the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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 experiencing poor mental health (including people with dementia).

- Performance for mental health related indicators was better than the national average. The practice achieved 96.3% of the total QOF points available, compared to the national average of 92.8%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- 83% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months. This was in line with the national average of 84%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A third-party counselling service offered one session a week from the practice. A child psychologist also operated from the practice once a week.

Good





# Summary of findings

## What people who use the service say

The National GP Patient Survey results, published in July 2016, showed the practice was performing above local and national averages. 217 survey forms were distributed and 126 were returned. This represented a 58% response rate and approximately 1.7% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by telephone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the 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. Unfortunately on this occasion we received no comment cards.

We spoke with six patients during the inspection. All of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Great Eccleston 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, a practice manager specialist adviser and a pharmacist specialist advisor.

## Background to Great Eccleston Health Centre

Great Eccleston Health Centre is registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately 7,500 patients from one location at Raikes Rd, Great Eccleston, Preston, PR3 0ZA. We visited this location on this inspection.

The practice is based in a purpose-built surgery building which is owned by the partners. It has level access and all patient services for the surgery are available on the ground floor.

The practice has 40 members of staff, including four GP partners (two female, two male), one salaried GP (male), one nurse practitioner (female), four practice nurses (female), one pharmacy superintendent, one pharmacist, 12 dispensing staff (including two drivers), a practice manager, nine reception staff, and six administration staff, including a Medicines Manager.

The practice is part of Greater Preston clinical commissioning group (CCG). Information taken from Public

Health England placed the area in which the practice was located in the second least deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice population profile consists of above average numbers of patients for all age brackets over 45. All age brackets under 45 have lower than average numbers of patients, with particularly lower-than-average numbers in the age groups between 20 and 39 years old.

The surgery is open from 8am to 6.30pm, Monday to Friday, with extended opening hours until 7pm on Mondays. The practice is also open from 8.30am to 12pm on Saturday. It is closed on Sunday. Telephones at the practice are answered from 8am until 6.30pm, Monday to Friday. Outside of these times a message on the telephone answering system redirects patients to out of hours or emergency services as appropriate. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and GTD Healthcare.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

## 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

# Detailed findings

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 11 January 201. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was 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 apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough 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. For example, the practice reviewed their management of patients with learning difficulties following a significant event. This led to changes such as extra training for staff and the use of notes on the patient's electronic record.

### 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 were trained to child safeguarding level three.

- 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. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were carried 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 clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems 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.
- On the day of inspection, we found medicines in some of the doctors' bags which had passed their expiry dates. Since the inspection we have seen evidence that the practice now has a system in place whereby medicine bags for home visits are stored at the dispensary and managed by the pharmacy team so that they can be checked regularly for out of date stock.
- There was a superintendent pharmacist responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and

## Are services safe?

development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). The practice subscribed to the Dispensary Services Quality Scheme (DSQS) and had completed the 2015/2016 DSQS audit.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had an up-to-date fire risk assessment 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. The practice had 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).

- 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 showed the practice had achieved 94.6% of the total number of points available, compared to the clinical commissioning group (CCG) average of 93.7%, and the national average of 95.3%. The practice exception reporting rate was above local and national averages at 14.1% (CCG average 9.6%, national average 9.8%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice were aware that this was above average and showed us more recent data to suggest that this was coming down.

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

- Performance for diabetes related indicators was better than the national average. The practice achieved 99.5% of the total points available, compared to the national average of 89.8%. However, the exception reporting rate was higher than the national average (22.2% compared to 11.6%).

- Performance for mental health related indicators was better than the national average. The practice achieved 96.3% of the total points available, compared to the national average of 92.8%. The exception reporting rate was 16.3% compared to the national average of 11.3%.
- Performance for asthma related indicators was better than the national average. The practice achieved 100% of the total points available, compared to the national average of 97.4%. The exception reporting rate was 4.3% compared to the national average of 7%.
- Performance for conditions associated with older patients, such as heart failure, was better than the national average. The practice achieved 100% of the total points available for this condition, compared to the national average of 98.1%. The exception reporting rate was 9.3% compared to the national average of 9.2%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, and peer review.

Findings were used by the practice to improve services. For example, recent action taken as a result included reducing the number of patients taking aspirin unnecessarily while they were also taking warfarin (both are medicines which are used to prevent blood clots).

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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



# Are services effective?

## (for example, treatment is effective)

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 monthly 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.
- Other services, such as counselling, were available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 88%, which was better than the CCG and national averages of 81%. 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 ensuring a female sample taker was available. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England from 2014/15 showed that:

- 81% of females, 50-70, were screened for breast cancer in last 36 months, compared to the national average of 72%.
- 64% of people, 60-69, were screened for bowel cancer within 6 months of invitation, compared to the national average of 58%.

There were failsafe 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 better than national averages. For example, the practice scored 9.7 (out of 10) for their vaccination rate in under two year olds (national average 9.1).

## Are services effective?

(for example, treatment is effective)

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 very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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.

We spoke with six patients, including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey, published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was in line with averages for satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 87% and the 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 98% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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 in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 90% say the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.

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.
- 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 213 patients as carers (2.8% of the practice list). The practice had a carers' lead who was in the process of putting together a carers' pack, containing information such as health promotion, financial and social care advice, and information about respite care. Other written information was available to

## Are services caring?

direct carers to the various avenues of support available to them. There was a poster in the waiting area with a photograph of the carers' lead so that patients knew they could be approached for help. They had written an article in a local magazine to raise awareness about support for carers. They were building links with the local carers' organisation to identify and support 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 on a Monday evening until 7pm and a Saturday morning from 8.30am to 12pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them, including those 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.
- The practice employed drivers to deliver medications from the dispensary to patients in their own homes. The practice was located in a rural area, where a number of patients did not have ready access to transport.
- Patients were able to receive travel vaccinations available on the NHS, and some that were only available privately.
- The practice provided medical care to three care and residential homes in the area, accounting for approximately 100 patients.
- A third-party counselling service offered one session a week from the practice. A child psychologist also operated from the practice once a week.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a sexual health clinic for teenagers and young adults.
- The surgery offered an International Normalised Ratio (INR) clinic for patients prescribed warfarin. (The INR is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose).
- Patients could order repeat prescriptions and book GP appointments online.

- The practice allowed other services to use rooms at the surgery to offer services that would benefit their patients. This included physiotherapy and district nursing services.

### Access to the service

The surgery was open from 8am to 6.30pm, Monday to Friday, with extended opening hours until 7pm on Mondays. The practice was also open from 8.30am to 12pm on Saturday. It was closed on Sunday. Telephones at the practice were answered from 8am until 6.30pm, Monday to Friday. Outside of these times a message on the telephone answering system redirected patients to out of hours or emergency services as appropriate. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

In response to patient feedback concerning access, the practice set up a working group to look at ways to improve. This involved staff members from every area of the practice (management, GPs, nurses, admin and reception) so that the whole process of booking appointments could be reviewed. The outcome was the introduction of a telephone triage system, with patients being triaged by a GP or nurse practitioner. Staff were given additional training in managing a triage system, and a new text messaging service to remind patients of their appointment was introduced. The practice were auditing the new system to measure improvement. Figures for January 2017 shared with us after the inspection showed that of 750 patients triaged, 350 required same-day appointments, freeing up 400 slots for routine appointments. Patients we spoke to on the day told us that they felt the new system was working well.

Results from the national GP patient survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was in line with, or above, the local CCG and national averages.

- 88% of patients said they could get through easily to the practice by telephone compared to the national average of 73%.
- 76% of patients were satisfied with the practice's opening hours compared to the national average of 76%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.

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

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

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

- Their 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, such as a summary leaflet.

- The practice responded to compliments and concerns raised by patients on the NHS Choices websites, and took action to address concerns where relevant. For example, staff had received additional triage training as a result of feedback from NHS Choices.

We looked at a sample of the 26 complaints logged during 2016, and found these were dealt with in a timely way, with openness and transparency when dealing with the complaint. Both formal and informal complaints were logged and followed up. Lessons were learnt from individual concerns and complaints, and also from analysis of trends, and action was taken as a result to improve the quality of care. Examples of improvements made as a result of complaints received included the establishment of the working group for access, as well as additional training for staff and changes to the system for managing prescriptions in the practice.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

### Governance arrangements

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

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

On the day of inspection we found some areas which required improvements. For example, a clerical error had led to one of the clinical staff not being covered by medical indemnity without their knowledge. Once we highlighted this error to the practice, they acted immediately to ensure the member of staff was provided with the correct cover, and that they did not carry out any clinical duties with patients until cover was in place. We also saw that some inventories and checklists to monitor the working order of equipment and the cleanliness of the practice needed improving. This was done immediately and the practice sent us evidence to show that new systems were now in place. We saw other evidence on the day to show that on the whole the practice had good governance arrangements in place and these oversights were genuine.

### Leadership and culture

On the day of inspection, the management and 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 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. They 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

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 their patient participation group (PPG), the surveys they carried out and complaints received. There was a virtual PPG with 30 members, who completed

# Are services well-led?

Good 

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

surveys and submitted proposals for improvements to the practice management team. Examples of this ranged from helping to improve the system for ordering prescriptions online to making improvements to the layout and information available in the waiting area.

The practice was attempting to form a group within the PPG which would attend meetings, and had put an article in a local community magazine to raise awareness of the PPG and their work, in order to attract members. Members of the PPG also attended practice events (such as influenza clinics) to raise awareness of the group.

- The practice had gathered feedback from staff 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 participated in local pilot schemes to improve outcomes for patients in the area. For example:

- The practice established working groups to look for improvements within the practice. These involved staff members from all departments, to help ensure that a full overview of practice systems and procedures was gained. These groups were set up when improvements were identified, either internally or via patient feedback. A working group established to improve access to appointments had led to the creation of a system that freed up 400 slots for routine appointments during the month of January 2017.
- A member of staff had recently taken on the role of carers' lead, and was in the process of formalising the role. The practice had plans to extend these "lead" roles to other areas, such as a lead for supporting patients with cancer.