

# Crosland Moor Surgery

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this service

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

# 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 Crosland Moor Surgery on 29 June 2016. Overall the practice is rated as requires improvement.

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. However, learning from incidents was shared informally and not embedded into updated policies and procedures.
- Risks to patients were mostly assessed and well managed. However, not all recruitment checks were consistently completed and the provider had not undertaken a recent fire drill.
- 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 on request and easy to understand.
- 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 management. The practice proactively sought feedback from staff and patients.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

The provider must make improvements in order to operative effective governance systems. This includes improving records of meetings within the practice and embedding learning from significant events into revised policies and procedures. They must also develop, and

# Summary of findings

operate effectively, systems to monitor staff training, the scheduling and completion of fire drills, records of cleaning and be able to demonstrate quality improvement activity, including clinical audits.

In addition the provider should:

- Review the current fire safety procedures.
- Review their recruitment arrangements to assure themselves that all necessary employment checks are completed for all staff prior to them commencing employment with the practice.
- Review the provision of information about the complaints procedure in reception.
- Review working arrangements across the clinical team to facilitate the provision of practice protected time and attendance at internal governance meetings is enabled for all relevant staff.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

- 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; however these were shared verbally and not embedded into revised written policies and procedures.
- 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 mostly assessed and well managed. However, not all recruitment checks were consistently completed and the provider had not undertaken a recent fire drill.
- We observed the premises to be clean and tidy and a comprehensive cleaning schedule had been developed. However, the practice did not maintain a written record of cleaning activity within the building.

Requires improvement



### 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.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, we saw staff had not undertaken training in information governance and that whilst attendance at some mandatory training was monitored by the provider, self-directed learning through the e-learning modules was not centrally recorded.
- 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



# Summary of findings

- However, there was no evidence that quality improvement or audit activity was driving improvement in patient outcomes.
- Multidisciplinary working was taking place but record keeping was limited.

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

Good



## 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. Extended hours had been suspended at the surgery with the agreement of the CCG; however GPs would see patients until 6.20pm if required.
- 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.
- Patients could get information about how to complain in a format they could understand. We saw that complaints were sensitively responded to. However, there was no evidence that learning from complaints had been shared with staff.

Good



## Are services well-led?

The practice is rated as requires improvement 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.

Requires improvement



# Summary of findings

- 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, the minutes of these meetings were limited.
- There was a partially developed governance framework which supported the delivery of the strategy and good quality care. However, clinical audits were incomplete and were not driving improvements in outcomes for patients.
- 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. The patient participation group was active. However, the provider had yet to develop an action plan in response to patient survey feedback.

# 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 requires improvement for the care of older people. The provider was rated as requires improvement for providing safe and well led services. The issues identified as requires improvement overall affected all patients including this population group.

- 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 identified older patients on multiple medications and reviewed their needs with the community pharmacy team.
- The practice worked closely with the Community Matron and hospital discharge coordinator to support older patients.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for providing safe and well led services. The issues identified as requires improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.

Requires improvement



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for providing safe and well led services. The issues identified as requires improvement overall affected all patients including this population group.

Requires improvement



# Summary of findings

- 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 with rates between 96-100%.
- 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.
- Uptake for the cervical screening programme was 92%, which was higher than the CCG average of 85% and the national average of 82%. However, the clinical exception rate for screening was 20%, which was higher than the local and national average of 6%.
- 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 and health visitors.

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

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as requires improvement for providing safe and well led services. The issues identified as requires improvement overall affected all patients including this population group.

- The practice offered a full range of health promotion and screening that reflected the needs for this age group including smoking cessation and weight management support.
- Health checks were offered to new registrations and those aged over 40.
- The age profile of patients at the practice is mainly those of working age, students and the recently retired but accessibility to services did not fully reflect the needs of this group. A limited number of appointments were available to be booked on line. Telephone lines to the practice were closed to patients between 12.30-1.30pm Monday to Friday unless the patient had an urgent query.
- The practice did not currently offer any extended hours for early or late appointments. However, we saw that the practice would offer appointments at either end of the working day to accommodate patients that could not attend during the day. Patients could not order repeat prescriptions online.

**Requires improvement**



# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for providing safe and well led services. The issues identified as requires improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including people experiencing homelessness or temporary living arrangements 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.

Requires improvement



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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for providing safe and well led services. The issues identified as requires improvement overall affected all patients including this population group.

- 95% of patients with a serious mental illness had their care reviewed in the previous 12 months, which was higher than the national average of 88%.
- 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.
- 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.

Requires improvement



# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia. This included phoning and/or texting patients to remind them of upcoming appointments.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line or higher than local and national averages. There were 299 surveys distributed and 127 were returned. This was a response rate of 42% and represented 3% of the practice's patient list. Some of the results showed:

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% 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%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 81% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were, with one exception, highly positive about the standard of care. Patients told us that clinical staff were compassionate and good at listening. Reception staff were helpful and maintained a clean and welcoming environment.

We spoke with four patients during the inspection. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. A patient survey during December 2015 had gathered 110 responses with high levels of satisfaction.

# Crosland Moor Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist adviser.

## Background to Crosland Moor Surgery

Crosland Moor Surgery, 11 Park Rd West, Crosland Moor, Huddersfield, HD4 5RX provides services for 4200 patients. The surgery is situated within the Greater Huddersfield Clinical Commissioning Group and provides primary medical services under the terms of a personal medical services (PMS) contract. The area is more deprived than average and the population is mainly White British. There are a small number of Black African-Caribbean or South Asian ethnicity patients and the practice is currently supporting several refugee families from the Syrian conflict.

Crosland Moor surgery is registered as a partnership between Dr Chandrakala Sodagam Rao and Dr Michael Taylor. However, Dr Taylor has taken retirement and we have advised the practice that they must make the necessary application to correct their registration with us without delay and following the inspection, an application has been received.

Services are provided within a purpose built and accessible building. The premises are currently leased from NHS Property Services. There are two full time GPs (male and female). An advanced nurse practitioner works 2 days a week and a practice nurse is available for 23 hours a week.

The practice has two health care assistants who work the equivalent of one full time health care assistant and five part time reception staff. The practice employs a cleaner who attends daily.

The practice is open Monday to Friday from 8.30am to 6pm. The practice closes for lunch each day between 12.30-1.30pm however urgent calls can be made to practice staff during this time. Out of hours treatment is provided by Local Care Direct.

## 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 29 June 2016. During our visit we:

- Spoke with a range of staff including a GP, advanced nurse practitioner, practice nurse, receptionists and the practice manager. We also spoke with patients who used the service.
- Observed how patients were being spoken to by reception staff as they attended the surgery.

# Detailed findings

- Reviewed several 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 evidence of effective systems in place for reporting and recording significant events. However, systems for effectively implementing and monitoring outcomes required improvement.

- 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 analysed significant events and shared learning with staff. We were told that significant events were discussed at practice meetings and saw evidence referencing them in meeting notes. However, we saw that learning was implemented verbally across the staff team and not by written amendments to policy or procedures when this was required.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. However, we saw that notes of meetings lacked sufficient detail in recording discussion and the agreed action points.

We saw evidence that patient safety alerts were shared across the clinical team in a safe, effective and timely way.

### 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. We saw that the child safeguarding policy was included within the locum

pack provided at the practice. However, the policy for safeguarding adults was absent from the locum pack. 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 safeguarding level three.

- A notice in the waiting room and in clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, we saw that the staff member with responsibility for managing complaints did not have a DBS check, and that no risk assessment had been undertaken in relation to this decision. We advised the practice that this should be reviewed and following the inspection a DBS was undertaken and evidence confirming this was sent to us.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and a comprehensive cleaning schedule had been developed. However, the practice did not maintain a written record of cleaning activity within the building. The practice nurse 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 undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, we saw that curtains used in clinical rooms to maintain patient privacy were changed on an annual basis (or sooner if soiled) and we advised the provider this did not reflect the latest guidance.
- 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).

## Are services safe?

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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Mentorship and support was provided by the medical staff for this extended role. However, we were told that there was no practice protected time available for the clinician and they did not attend any practice meetings. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions.

- Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction (PSD) or prescription. A PSD is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by a prescriber.
- We reviewed three personnel files and found that in one case, adequate references had not been sought. In the other two cases 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 up to date fire risk assessments. However, the practice had not undertaken a fire drill within the last year. 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 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 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 95% of the total number of points available. This was 1% lower than the local average and the same as the national average. The clinical exception rate was 8% which was similar to the local and national average which was 9%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was similar or higher than the national averages. 80% of newly diagnosed diabetic patients were referred to a structured education programme within nine months following diagnosis. This was 14% higher than the national average. 86% of diabetic patients had received a foot examination to check for nerve or skin damage associated with their condition. This was 5% higher than the national average.
- Performance for mental health related indicators was higher than the national average. 95% of patients with a serious mental illness had a comprehensive care plan in

place. This was 8% higher than the national average. 93% of patients with a serious mental illness had a record of their blood pressure taken in the last year. This was 11% higher than the national average.

There was some evidence of quality improvement including some partially completed clinical audit activity.

- There had been two clinical audits begun in the last two years. However, we saw that neither of these audits had been repeated and there was no evidence that learning or improvements had been implemented and monitored.
- The practice participated in local audits and national benchmarking. For example, the practice had reviewed the prescribing of antibiotics and achieved a reduction of 8% against the previous year.

### 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. However, we saw staff had not undertaken training in information governance and that whilst attendance at some mandatory training was monitored by the provider, self-directed learning through the e-learning modules was not centrally recorded. We looked at two training records for non-clinical staff and saw that one was completed and the other had omissions including fire safety and infection prevention and control.
- 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. We saw evidence that nursing staff attended regular study days on areas of special interest and relevance.
- 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.

# Are services effective?

## (for example, treatment is effective)

- 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. However, one member of the clinical team did not have access to practice protected time within their contracted hours of work and they did not attend practice meetings. We saw that there was facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

### 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. However, we saw that the notes for these meetings lacked detail and did not record who was in attendance.

### 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.

The practice's uptake for the cervical screening programme was 92%, which was higher than the CCG average of 85% and the national average of 82%. However, the clinical exception rate for screening was 20%, which was higher than the local and national average of 6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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 similar or higher to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds achieved 100%. Local averages ranged from 95-98% and national averages ranged from 93-95%.

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 told us that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Telephone calls were usually dealt with in a private area away from the reception desk which afforded more privacy.

All except one of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were 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 above average 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 local average of 91% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the local average of 89% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the local average of 96% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 88% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 92% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the local 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 and that the clinical team made good use of best practice treatment plan templates on the computer system.

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:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation and translation services were available for patients who did not have English as

## Are services caring?

a first language. The practice website contained health information a number of languages and the electronic patient check-in system was programmed to offer Polish and a number of South Asian language options.

### **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 70 patients as carers (2% of the practice list). The practice had identified a carers champion and publicised awareness in reception and opportunistically, for example during annual reviews. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, they would contact the family if appropriate. 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 had ceased to offer any extended hours consultations since revising its local contracting arrangements. We were told that working patients could, by prior negotiation, arrange an appointment up until 6.20pm if required.
- 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 required 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 interpretation and translation services available. Some appointments could be booked online.

### Access to the service

The practice was open between 8.30am and 6pm Monday to Friday, with phone lines closing for lunch between 12.30-1.30pm. Callers during this time were advised via a recorded message to ring an alternative number for emergency queries, which was answered by the practice. Appointments with a GP were from 9am to 11am every morning and either 3pm to 5pm or 4pm to 6pm in the afternoon. 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. The practice retained a number of same day appointments for urgent matters for both morning and afternoon surgeries and were able to see children and vulnerable patients on the same day. However, the practice confirmed that urgent appointments were only offered after the morning surgery.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with or higher than the national averages, with data being collected before the extended hours clinic was withdrawn.

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. We saw that appointments were available at the practice for the following day and that both GPs had routine appointments available within seven days.

The practice referred requests for home visits to an on call clinician who determined if the request was clinically necessary.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns and a record was kept of both verbal and written complaints.

- 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 if a patient wished to complain, they were given a form and a summary of the policy. We were told that patients were also encouraged to raise any concerns directly with the designated lead. However, we saw that there was no information about the complaints procedure on display in the reception area.

We looked at two complaints received in the last 12 months and found that the practice had responded in an open and thoughtful way. For example, in a response letter, we saw that the practice had acknowledged that communication between agencies could be improved and an apology was offered. However, we did not see evidence to demonstrate that the practice had reviewed this complaint or

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

implemented any changes as a result. We also saw that the practice had not advised the patient of their right to refer the complaint on to the Parliamentary and Health Service Ombudsman, as they are required to do so.

# Are services well-led?

Requires improvement 

(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 devised a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had a partially developed governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place; however there were also a number of areas that required improvement:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, there was a lack of provision of practice protected time and attendance at internal governance meetings by all relevant staff.
- Some systems relating to patient safety were ineffective, for example in recording of cleaning activity, lack of fire drills and incomplete recruitment checks.
- Practice specific policies were implemented and were available to all staff.
- A partial understanding of the performance of the practice was maintained, however the practice did not maintain a complete register of training undertaken by staff or have a system in place to be assured that online training modules had been completed.
- The practice used several quality tools to evaluate practice performance. For example, the practice participated in a review of antibiotic prescribing and reduced their prescribing rate by 8% against local benchmarking. However, we saw that there was a lack of completed clinical audit and consequently a lack of information to drive quality improvements.
- There was an open culture for the reporting of significant events and the recording of complaints.

However, we saw that the analysis of incidents and any implementation of learning was not consistently undertaken or that procedures were changed as a result.

### Leadership and culture

On the day of inspection the provider described their aspirations to provide high quality care. The practice had been through a period of considerable upheaval and were adjusting to changes in the leadership and management team. However, the provider had not made the necessary applications to us in relation to the retirement of Dr Taylor and the consequent cancellation of partnership to that of a sole provider under the leadership of Dr Rao.

Staff told us the GPs and practice manager 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 practice 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 said they felt respected, valued and supported, particularly by the lead GP and practice manager. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

# Are services well-led?

Requires improvement 

(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 from the patient participation group (PPG) and through a patient survey undertaken in December 2015. Feedback was also reviewed through the friends and family test and complaints received. The PPG had eight regular members and met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, we were told

that recent suggestions included sharing the impact of missed appointments in the surgery waiting room and the development of a staff team information board for patients. We were told that both ideas were being considered by the provider. However, we did not see that an action plan had been developed following the most recent patient survey.

- The practice had gathered feedback from staff through regular informal gatherings that took place during the lunchtime closure. We saw that the provider was working to develop teamwork and strategic focus following a change in the partnership arrangements.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p data-bbox="810 663 1385 734">Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p data-bbox="810 757 1458 864"><b>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Good governance</b></p> <p data-bbox="810 943 1321 976"><b>How the regulation was not being met:</b></p> <p data-bbox="810 999 1522 1402">The provider did not do all that was reasonably practicable to operative effective governance systems. This included the provision of sufficiently detailed records of meetings within the practice. Learning from significant events was not embedded into revised policies and procedures. Training records of staff were not accurately maintained and a fire drill had not been undertaken within the last year. Cleaning records were not maintained and there was limited evidence of quality improvement activity, including incomplete clinical audits.</p> <p data-bbox="810 1480 1493 1592">This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>