

# Lever Chambers 1

## Quality Report

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Date of inspection visit: 18/01/2017  
Date of publication: 17/03/2017

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 Lever Chambers 1 on 18 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. However there was no annual review of all significant events.
- Risks to patients were assessed and well managed.
- 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.
- Most patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- One staff member had the role of patient liaison officer. They provided additional support to a range of patients. They attempted to contact all patients who had not attended a cancer screening

# Summary of findings

appointment to offer advice and additional support if required. They also contact patients with a new cancer diagnosis and contacted patients on the palliative care register on a monthly basis to offer non-clinical support.

The areas where the provider should make improvements are:

- The provider should carry out an annual review of significant events so trends can be identified and learning needs assessed.
- The provider should consider the need for meetings involving the whole practice team.

**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. However although there were periodic reviews no annual review took place.
- 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 usually assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were variable when compared to CCG and national averages.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with others for most aspects of care.
- The practice had a patient liaison officer to help support patients and encourage attendance to appointments. They telephoned all patients on the palliative care register each month to ask if any additional non-clinical support was required. They provided additional support to patients who had not attended screening appointments.

# Summary of findings

- Homeless patients were able to easily register with the practice and were provided with support to access food and shelter.
- 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Most patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

# Summary of findings

- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- 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.
- There was a named GP for the over 75s and care plans were in place.
- The patient liaison officer telephoned all patients on the palliative care register each month to ask if any additional non-clinical support was required.

### People with long term conditions

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

Good



- 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 83%. This was below the CCG average of 88% and the national average of 90%. The practice had held a diabetic event to encourage engagement by patients with diabetes.
- 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.

### Families, children and young people

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

Good



- 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.

# 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 above the CCG average of 82% and the national average of 81%.
- Appointments were available outside of school hours, including during weekends at a nearby practice, and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The patient liaison officer supported patients who had not attended routine cancer screening appointments. They telephoned patients to find out why they had not attended, explained procedures if required and gave support to make new appointments where possible.

**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 and those with a learning disability.
- Additional support was available for homeless patients to be able to register with the practice and access local services.
- 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.

**Good**



# Summary of findings

- 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.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- 4% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 5% and the national average of 7%.
- 78% of patients with schizophrenia or other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the CCG and national average of 89%.

Good



# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 301 survey forms were distributed and 105 were returned. This was a completion rate of 35% representing 2% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 80% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and 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. We received 43 comment cards which all contained positive comments about the standard of care received. Patients stated staff were patient and understanding. They said they felt listened to and that clinicians explained things to them. Ten of the 43 patients also included less positive comments. Most of these mentioned difficulty accessing appointments or information.

We spoke with two patients during the inspection. They told us they were happy with the care they received, and said they were treated respectfully. We also spoke with two members of the patient participation group (PPG) by telephone. They said they were able to access appointments when required. They said the practice kept them informed of any changes happening within the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- The provider should carry out an annual review of significant events so trends can be identified and learning needs assessed.

- The provider should consider the need for meetings involving the whole practice team.

## Outstanding practice

- One staff member had the role of patient liaison officer. They provided additional support to a range of patients. They attempted to contact all patients who had not attended a cancer screening appointment to offer advice and additional support

if required. They also contact patients with a new cancer diagnosis and contacted patients on the palliative care register on a monthly basis to offer non-clinical support.

# Lever Chambers 1

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Lever Chambers 1

Lever Chambers 1, also known as Dr Lyon and Partners, is located in Bolton town centre. The practice is located on the first floor of a building housing other NHS and community services. There is a public car park and public transport links close by.

At the time of our inspection 6273 patients were on the practice list. The practice is a member of Bolton Clinical Commissioning Group (CCG). It delivers commissioned services under a General Medical Service (GMS) contract.

The practice age and gender profile is similar to the national averages, with a slightly below average of patients in the 10 to 19 and under five age groups. The proportion of patients registered who have a long standing health condition is above the CCG and national average (69% compared to the CCG average of 57% and the national average of 54%). The practice also has an above average number of patients who are unemployed. The practice is in the second most deprived decile and life expectancy rates are below average for males and females.

There are five GP partners, two male and three female. There is also an advanced nurse practitioner, a practice nurse. Members of the clinical team are supported by a practice manager and administrative and reception staff.

The practice is open from 8am until 6.30pm Monday to Friday. Appointment times are 8.45am until 11.30am and 2pm until 5.30pm each day, although there is the facility for earlier or later appointments if these are required. Patients can also book an appointment at a nearby practice from 9am until 1pm on Saturdays and bank holidays and from 10am until 1pm on Sundays. There is an out of hours service available when the practice is closed, provided by BARDOC, the out of hours provider.

The practice is a training 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 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 18 January 2017. During our visit we:

- Spoke with a range of staff including GPs, the practice nurse, the practice manager and reception staff.
- We spoke with four patients which included two members of the patient participation group (PPG).

# Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a number of policies and processes.

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.

- All staff were aware of how to report a significant event 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 discussed significant events in meetings. They were also put on the agenda for the following month to discuss the actions taken. However, at the time of the inspection there was no annual review of 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.

### Overview of safety systems and processes

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

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

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses 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 practice nurse and practice manager were the infection control leads 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. These included proof of identity, 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 practice which identified local health and safety

## Are services safe?

representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. 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, for 2015-16, were 92% of the total number of points available. This was below the clinical commissioning group (CCG) and national average of 95%. The clinical exception rate was 11%, which was above the CCG average of 7% and the national average of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice had one target outlier. The percentage of patients with diabetes, on the register, whose last measured total cholesterol between 01/04/2015 and 31/03/2016 5 mmol/l or less was 61%, which was below the CCG average of 75% and the national average of 80%. We saw evidence that the current figure had improved to 66%. The practice demonstrated that they were taking action to address this, for example by holding events for diabetic patients. However their patient population meant it was sometimes difficult to engage with some patients.

Date for 2015-16 showed:

- Performance for diabetes related indicators was 83%. This was below the CCG average of 88% and the national average of 90%.
- Performance for mental health related indicators was 80%. This was below the CCG average of 92% and the national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been at least two completed clinical audits completed in the last two years, where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, one audit was around lithium monitoring (Lithium is a medicine used in the treatment of bipolar disorder), which was particularly relevant to the practice population, and was initiated by a NICE alert. The practice was actively encouraging patients prescribed lithium to attend for blood tests to ensure their medicines were correctly managed.

### 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 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

# Are services effective?

## (for example, treatment is effective)

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, and all training was well-monitored.

### 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.

The practice was taking part in a Bolton initiative called Staying Well. This was a joint project involving organisations such as the council, public health, and adult social services. The aim was to identify patients aged 65 and over with a high risk of developing future health and social care needs. A coordinator attended the practice to work directly with patients. The coordinator reviewed the holistic needs of patients and feedback to the practice. For example, they found out patients' hobbies and interests so they could direct them to social groups, they assessed if medicines were being taken correctly, and they could contact council officers if there was any issues with patients council tax or benefits.

### 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 Patients were signposted to the relevant service.
- Weight management was provided by a CCG health trainer who attended the practice twice a week. Smoking cessation was available locally, as were drug and alcohol services.
- There was a weight, body mass index (BMI) and blood pressure machine in the reception area for patients to use.

The practice's uptake for the cervical screening programme was 88%, which was above the CCG average of 82% and the national average of 81%. One of the practice nurses worked at the GP practice in the hub where patients could pre book weekend appointments. They offered patients cervical screening appointments during the weekend. In addition the practice's patient liaison officer telephoned all patients who did not attend their appointment to explain the procedure and rebook if possible.

Childhood immunisation rates for vaccinations given to two year olds were the same as the national average, 90%. For five year olds the practice was in line with the CCG and national average for the number of patients received the first and second MMR vaccination.

## 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. The practice also attempted to contact all patients who were homeless and offer them an annual health check.

# 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.

All of the 43 patient Care Quality Commission comment cards we received were positive about the caring aspect of the service they experienced. Patients said they felt the practice offered an excellent service and most staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We spoke with two other patients who gave similar views.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 89% 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 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 CCG average of 87% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% 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:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

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

## Are services caring?

- Two GPs spoke Gujarati, and a member of the reception team also spoke a language spoken by some of the patients.
- The senior receptionist was in the process of creating prompt cards in a range of languages to help patients articulate their need at reception if they did not speak 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 446 patients as carers (7% of the practice list). The practice told us they asked about caring responsibilities when carrying out annual reviews and health checks. There was also a carer's notice board that gave information in languages spoken by the practice population that gave information about support, including the Asian Carers' Forum. They explained that identifying carers was part of their contract so they had proactively done this. Written information was available to direct carers to the various avenues of support available to them. Carers were offered an annual health check. Between April and December 2016 129 carers had attended for a health check. The practice explained although these patients were invited for a health check there was not a high take up rate. To engage with this group of patients they held carers' afternoons to provide specific information and advice, and the Citizen's Advice Bureau had also attended to signpost patients to support groups.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. If a family member notified the practice of a bereavement they were offered a GP appointment.

A patient liaison officer role had evolved within the practice. As part of the role a staff member contacted patients on the palliative care register each month to offer non-clinical support. Following a new cancer diagnosis the patient liaison officer wrote to patients to provide their contact details in case the patient had any questions.

The practice had developed a patient liaison officer role approximately 12 months prior to the inspection and this was evolving. The office manager was the patient liaison officer, who gave non-clinical support to patients. They told us that at first they provided additional support for new mothers. From there they had provided additional support to patients who had not attended routine cancer screening appointments. They telephoned women who had not attended a cervical or breast screening appointment, asked if they had any concerns, explained the procedure and encouraged them to book a new appointment. They also telephoned patients who had not returned their bowel screening kits. They told us that some patients found the kit difficult to use and they provided advice, gave out additional disposal gloves, and other items as appropriate. The patient liaison officer explained that there was no formal evidence of attendance improvement to date but this would be analysed. They were continually looking for additional ways to provide non-clinical support to their patients.

Another role of the patient liaison officer was to provide support for patients diagnosed with cancer or who were on the palliative care register. Following a patient receiving a new cancer diagnosis the patient liaison officer wrote to the patient to say they were sorry to hear of their diagnosis and providing their contact details for if any additional support could be provided. The practice thought that having a named non-clinician would benefit patients who required practical, not medical, support. The patient liaison officer also made a courtesy telephone call to patients on the palliative care register each month to see how they were and ask if there was anything they needed. They liaised with the GPs where required.

The practice had 13 homeless patients registered with them. It was based in a non-residential area of the town centre and had a higher than average number of homeless patients registered. The practice signposted patients to organisations who could provide shelter and food, and they had food collections for a local homeless charity. Where a patient did not have an address they could use for correspondence they directed them to the Salvation Army nearby. They had liaised with the Salvation Army who would allow patients to use their address as a postal address.

# 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 was part of a hub of GP practices where pre-bookable weekend appointments were available.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had procedures in place so patients with no address could register. Patients were encouraged to contact the Salvation Army, register using that address, and have post directed there.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointment times were routinely 8.45am until 11.30am and 2pm until 5.30pm. However, earlier and later appointments were available if there was an urgent need for this. The practice was part of a hub of GP practices in the area that offered pre-bookable appointments from 9am until 1pm on Saturdays and bank holidays, and 10am until 1pm on Sundays. We saw that these weekend appointments were well-utilised. In addition to pre-bookable appointments that could be booked up to several months in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the CCG and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 78%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.

Patients we spoke with they were able to get appointments when they needed them. However some of the CQC patient comments cards said access was sometimes difficult.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at the complaints that had been received by the practice and found they had been dealt with in a timely and satisfactory manner, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. Complaints were discussed in meeting so learning could be disseminated to all staff.

# 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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had a set of practice values that staff were aware of.
- The patient participation group (PPG) was in the process of putting a set of practice values in place, and we saw this was being discussed at their meetings.

### 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.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

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

- The practice gave affected people reasonable support, truthful information and a verbal and 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 meetings. There were weekly clinical and business meetings and reception staff met monthly. There were no full team meetings as the practice was not able to close during the contracted hours Monday to Friday.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG). The PPG met approximately every two months, and five patients usually attended. We spoke with two members of the PPG. They told us that the current members were retired and we saw the practice was advertising the PPG on the website and in the waiting area to encourage new members to join. The PPG members told us the practice

# Are services well-led?

Good 

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

was open with them and kept them up to date with developments within the practice. They were able to make suggestions. They were also involved in deciding question that were asked in the practice patient surveys.

- The practice had carried out its most recent patient survey in October 2016. They received 143 responses. Responses were discussed at a PPG meeting and a plan was in place to monitor areas for improvement.
- 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 part of local pilot schemes to improve outcomes for patients in the area.

The practice was a training practice. We spoke with the trainee GP who told us they had tutorials three times a month and regularly met with the GP trainer who was very supportive.