

# Crofton and Sharlston Medical Practice

## 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.

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# Summary of findings

## Overall summary

Crofton and Sharlston Medical Practice is located in purpose built facilities in the villages of Crofton and Sharlston near Wakefield. As part of this inspection we visited both locations.

The patients we spoke with and those who completed the Care Quality Commissions (CQC) comment cards (25) at reception were very complimentary about the care provided by staff at the practice. Patients reported that staff always treated them with dignity and respect.

The buildings are well-maintained, clean and complied with the Equality Act. Systems were in place for the management of medication.

Clinical decisions followed best practice guidelines.

The leadership team were approachable and visible. We found appropriate governance and risk management measures in place.

The practice is registered with the CQC to deliver care under the following regulated activities: treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services, diagnostic and screening procedures and family planning.

# 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 Crofton and Sharlston Medical Practice were safe. The practice was clean and well-maintained. Systems were in place to ensure the safety of the building. The medicines held within the service were stored and checked appropriately. Patients were supported by practice staff, who were able to ensure they received appropriate treatment and support.

Systems were in place to investigate and learn from incidents that occurred within the practice.

### **Are services effective?**

The practice was effective. Care and treatment was being considered in line with current published best practice guidelines. Patients' needs were consistently met and referrals to secondary care (hospitals) were made and supported as required in a timely manner.

Staff ensured that patient's consent to treatment was obtained and recorded appropriately. Processes were in place to monitor and support staff performance within the practice. The practice was a teaching practice and supported trainee doctors.

### **Are services caring?**

The service was caring. The patients who responded to CQC comment cards, and those we spoke with during our inspection, were complimentary about the service. They said the staff were kind and compassionate and they were treated with dignity and respect. The practice had a well-established patient participation group (PPG).

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

The service was responsive to patients' needs. The practice had a clear complaints policy and responded appropriately to complaints about the service. The practice was proactive and sought the views of patients. We found they responded to suggestions which improved the service provided and provided better access to the service. We were told by patients and members of the PPG we spoke with that the practice was very responsive to the changing needs of its patients. They told us how they had changed systems because of feedback from patients at the practice.

# Summary of findings

## **Are services well-led?**

The practice was well led. The practice provided a service that met patient's needs. There was a robust system that managed risks and we found governance structures were in place.

# Summary of findings

## The six population groups and what we found

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

### Older people

The service made appropriate provision which ensured care for older people was safe, caring, responsive and effective. This included a named GP for all patients in the practice population who were aged 75 and over. This included those who had good health and those who may have one or more long-term conditions. Good information was available to carers. Older people were represented on the PPG.

### People with long-term conditions

The service made appropriate provision to ensure care for people with long term conditions was safe, caring, responsive and effective. There was a service of 'call and recall' for patients with long term conditions which was managed effectively and all patients were monitored appropriately. Healthcare professionals were skilled in specialist areas and their ongoing education meant that they were able to ensure best practice was being followed.

### Mothers, babies, children and young people

The service made provision to ensure care for mothers, babies and young people was safe, caring, responsive and effective. There was a GP lead for safeguarding and child protection. There were systems in place which monitored any nonattendance of babies and children at vaccination clinics.

### The working-age population and those recently retired

The service made provision to ensure care for the working age population and those recently retired was safe, caring, responsive and effective. The practice had extended their surgery hours to facilitate patients who could not attend during normal surgery hours.

### People in vulnerable circumstances who may have poor access to primary care

There was provision which ensured care for people in vulnerable circumstances who may have poor access to primary care was safe, caring, responsive and effective. The practice had arrangements in place for longer appointments to be made available where vulnerable patients required it.

# Summary of findings

## **People experiencing poor mental health**

The service made provision which ensured care for people who had experienced mental health problems was safe, caring, responsive and effective. There was a lead GP with specialist expertise for people who presented with mental health problems. Patients described positive experiences when they presented at this practice.

# Summary of findings

## What people who use the service say

We received 25 completed CQC comment cards and spoke with six patients on the day of our inspection.

We spoke with people from different age groups, which included parents with children, and other patients who had different contact with GPs and nurses.

The patients we spoke with were complimentary about the care provided by the fantastic staff. They spoke passionately about their friendliness and competency and the fact they would do anything to make it a positive experience. All patients said the doctors and nurses were extremely competent and knowledgeable about their

treatment needs. They said the service was brilliant and some had recommended the practice to other people. Patients we spoke with felt that their views were valued by the staff.

Patients reported staff treated them with dignity and respect and always allowed them time, they did not feel rushed.

The practice had commissioned an independent organisation to provide a survey of the practice and provided extensive feedback. Generally the comments were very positive including access to appointments, opening times and staff.

## Areas for improvement

# Crofton and Sharlston Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP, a practice manager and an expert by experience.

### Background to Crofton and Sharlston Medical Practice

The practice had two sites one at Crofton and the other at Sharlston both located on the outskirts of Wakefield. They had four GP partners and two salaried GPs working within the practice. Working alongside the GPs were a GP registrar, a Foundation Year 2 doctor, five practice nurses, three health care assistants, a practice manager, plus receptionists and administration staff. The practice was a training practice for doctors who wished to become GPs.

Surgery opening times were Monday to Friday between 8am and 6.30pm with additional appointments offered on Tuesday, Wednesday and Thursday mornings from 7am to 8am. The practice was supported with out-of-hours provision from the 111 service by Local Care Direct which provided cover when the practice was closed. There was also provision for patients to attend the NHS Walk In Centre situated at Kings Street Medical Centre in Wakefield.

The practice had a patient register of approximately 10,200 patients. The patient population under 16 years of age was 19% and 16% of patients were over 65 years of age.

### Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

### How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health.

Before we visited the practice at Crofton and Sharlston, we had reviewed a range of information we held about the

## Detailed findings

service and asked other organisations to share with us what they knew about the service. We asked the surgery to provide a range of policies and procedures and other relevant information before the inspection to allow us to have a full picture of the surgery. We carried out an announced inspection visit on 8 July 2014. During our inspection we spoke with a range of staff which included GPs, practice nurses, administration, reception staff and

the practice manager. We spoke with six patients who used the service and spoke with five members of the PPG and emailed another two members of the PPG who could not attend on the day. We observed how people were being cared for and talked with carers or other family members. We reviewed 25 CQC comment cards where patients and members of the public shared their views and experiences of the practice.

# Are services safe?

## Our findings

The Crofton and Charlston Medical Practice were safe. The practice was clean and well-maintained. Systems were in place to ensure the safety of the building. The medicines held within the service were stored and checked appropriately. Patients were supported by practice staff, who were able to ensure they received appropriate treatment and support. Systems were in place to investigate and learn from incidents that occurred within the practice.

### Safe patient care

The practice had systems in place to monitor all aspects of patient safety. Information from the quality and outcomes framework (QoF), which was a national performance measurement tool, showed that in 2012-2013 the practice was appropriately identifying and reporting incidents.

Staff told us they actively reflected on their practice, felt supported to discuss any issues with the GPs and this had a positive impact on the care they provided.

From our discussions we found that GPs and nurses were aware of the latest best practice guidelines and incorporated this into their day-to-day practices.

The practice had a complaints policy in place and we saw that complaints were investigated and managed appropriately.

### Learning from incidents

The surgery had an open approach to how they investigated incidents which occurred within the practice. We saw evidence that thorough and rigorous internal investigations were conducted when any significant events occurred. Incidents and events leading up to the significant event were discussed as a team at weekly clinical meetings or monthly team meetings. At these meetings the team identified and actioned any learning required and discussed measures to implement change. All of the clinical staff we spoke with discussed the action they and the non-clinical staff took to ensure systems and their practices improved as a result of the analysis. This assisted staff to minimise the risk of the incident occurring again.

We reviewed the minutes of monthly clinical meetings and minutes from the PPG. These confirmed that learning was shared which identified that learning was taking place.

Staff and members of the PPG we spoke with detailed how the service had improved following learning from incidents and reflection on their practices.

Policies and procedures were available to staff to assist them to carry out their roles in a safe manner.

The surgery had a comprehensive process for reviewing and actioning safety alerts and we were able to discuss with the practice manager the latest alerts and how the practice had addressed and recorded the actions required for the future reference of staff.

### Safeguarding

Staff we spoke with demonstrated an understanding of safeguarding patients from abuse and the actions to take should they suspect anyone was at risk of harm. There were comprehensive policies and protocols for safeguarding vulnerable adults and children in place to support staff in how they recognised and reported safeguarding concerns to the appropriate lead GP within the practice and within the local safeguarding team. Any concerns regarding the safeguarding of patients were passed on to the relevant authorities by staff as quickly as possible. The contact number of the local safeguarding team and locations were available throughout the practice for staff to access. This ensured staff had appropriate information should they wish to raise a concern.

We saw evidence staff had received appropriate training in safeguarding adults and child protection. The surgery had an alert system on their computer system which alerted staff of any safeguarding issues for individual patients who attended for a consultation.

### Monitoring safety and responding to risk

The practice had developed clear lines of accountability for all aspects of patient care and treatment. The GPs and nurses had lead roles such as palliative/end of life care, mental health and infection control. Each clinical lead had systems which monitored their areas of responsibility, such as routine checks that ensured staff used the latest guidance and protocols.

The practice was able to respond to safety alerts from external sources which may have implications or risk for the practice. These included NHS England, Medicines and Healthcare Products Regulatory Agency (MHRA) and National Patient Safety Agency (NPSA). Staff were informed of the alerts.

# Are services safe?

The staff received training in health and safety, manual handling and fire safety procedures. We saw evidence that environmental and fire risk assessments were in place and these were regularly reviewed.

We found that the practice ensured that the clinical staff received annual cardiopulmonary resuscitation (CPR) training and training associated with the treatment of anaphylaxis shock. Staff who were trained to use the defibrillator received regular updated training which ensured they remained competent in its use.

## Medicines management

There were appropriately stocked medicine and equipment bags ready for doctors to take on home visits. We saw evidence the bags were regularly checked to ensure the contents were intact and in date. Whilst checking at the practice we found an out of date easibreat placebo inhaler this was pointed out to a member of staff and was disposed of.

Arrangements for the storage and recording of controlled drugs, which were medicines that require more rigorous controls in their handling and use, were followed. The records showed that the controlled drugs carried by the GPs were stored, recorded and checked appropriately. There was a template system in place for the GPs bags which were always checked by two nurses and any items used or out of date would be replaced immediately and a record made of this. The practice also had medication delivered to the two sites at Crofton and Sharlston. If medication had to be taken by staff from Crofton to Sharlston we saw how the medication was transported in appropriate cool boxes. We did however note that only the date the medication was transported was recorded. We discussed with the GP and practice manager about recording the times the medication left and the time the medication was received at the other location. They agreed to add the times and would rectify this immediately.

Medicine fridge temperatures were checked and recorded daily. The fridge was adequately maintained and the staff were aware of the actions to take if the fridge was out of temperature range.

There were standard operating procedures (SOP) in place for using certain drugs and equipment. The nurses used patient group directives (PGD). PGD's were specific written instructions which allowed some registered health professionals to supply and/or administer a specified

medicine to a predefined group of patients, without them having to seek further approval from a doctor. For example flu vaccines and holiday immunisations This ensured all clinical staff followed the same procedures safely. The SOPs and PGDs we reviewed were in date and clearly marked which ensured staff knew it was the current version.

When changes had been requested to the prescription for medication for patients by other health professionals such as NHS consultants and/or following hospital discharge the surgery had a system which ensured these changes were carried out in a timely manner. The request was highlighted for the attention of the medicines manager by the GP and who then actioned the change on the electronic system. The lead GP for medicines assured us all GPs checked repeat prescription requests with the electronic patient medication record to ensure all changes requested had been made before they issued the prescription.

Information gained from the service website indicated patients could request repeat prescriptions on line. We spoke with a patient who indicated they had lost their medication. They contacted the surgery and within three hours their medication had been replaced. Other patients we spoke with had no problems about how they received repeat prescriptions and generally had them within 24 hours.

## Cleanliness and infection control

We observed all areas of the practice to be clean, tidy and well maintained. All treatment areas had hard floor covering and this was appropriately sealed to reflect infection prevention and control (IPC) guidance. We were shown the IPC policy for the practice which had a lead infection control nurse responsible for the practice. We were told staff were trained in infection control which ensured they were up to date in all relevant areas. Personal protective equipment such as aprons and gloves were available in all treatment areas as was hand sanitiser. The consulting couches had paper rolls protecting them

The practice had access to spillage kits which enabled staff to deal safely with any spillage of body fluids. We saw there was a daily, weekly, monthly cleaning schedule for all areas of the practice which was followed by the cleaners and then audited by the practice. There were appropriate procedures in place to protect staff and patients from dangers associated with sharp equipment such as needles. The sharps bins were stored out of the reach of children.

# Are services safe?

We spoke with staff who told us they were trained in infection control. We saw evidence of audits for infection prevention and control and saw where areas of improvement had been identified. The audits included timescales to complete the improvements. We saw evidence of how and when the clinical waste was disposed of.

Good standards of infection control and cleanliness meant patients and staff could be confident that the risk of them contracting an infection whilst on the premises was reduced.

## Staffing and recruitment

Crofton and Sharlston Medical Practice had a recruitment policy and process in place. There had been a very low turnover of staff and the majority of staff had been employed for a number of years. We looked at a staff file for the most recent staff member employed and found it to be comprehensive and well up to date. All appropriate checks were carried out before the staff member started working within the practice.

All staff and new staff to the practice had full Disclosure and Barring Service checks (DBS) checks carried out in line with the recruitment policy.

We checked four staff files and found they contained appropriate curriculum vitae and references for the person to be employed. We also saw evidence of entitlement to work in the UK and professional registrations for the GPs and nurses. Checks were undertaken of GPs and nurses with their respective registration bodies General Medical Council (GMC) and the Nursing and Midwifery Council (NMC). We spoke with the practice manager who told us of the process which ensured clinical staff continued to be registered with the GMC and NMC. Each file contained health and personal checks to ensure the person was of fit character to carry out their role.

We discussed with the practice manager who showed us evidence of how they addressed staffing rotas to provide in-house flexibility and how this was flexible enough to cover unexpected emergencies. The practice review of the rota allowed for a mix of male and female doctors; and sufficient nursing; healthcare assistants and administration support to be on site at all times.

## Dealing with Emergencies

We reviewed the business continuity plan for the practice. The plan identified management plans for dealing with potential foreseeable risks. This ensured systems were in place to monitor the safety and effectiveness of the service in the event of an incident to reduce the risk of patients coming to harm.

We found all staff were trained to a minimum of basic life support to support patients who had an emergency care need. All emergency equipment was checked and readily available for staff to access in an emergency. We spoke with staff and we saw records which confirmed to us that all staff had received training in first aid and resuscitation techniques.

## Equipment

Emergency equipment which included a defibrillator and oxygen was easily available for use in a medical emergency and checked each day to ensure it was in working condition.

A maintenance log of clinical/emergency equipment was in place and this showed to us when any items identified as faulty were repaired or replaced and included the calibration of equipment.

We saw that all of the equipment had been tested and the provider had contracts in place for portable appliance tests to be completed where needed, or when they took possession of new equipment.

# Are services effective?

(for example, treatment is effective)

## Our findings

The practice was effective because care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met and referrals to secondary care were made and supported as required in a timely manner. Staff ensured that patient's consent to treatment was obtained and recorded appropriately. Processes were in place to monitor and support staff performance within the practice.

### Promoting best practice

The staff we spoke with were keen for the service to be as family centred as possible. Patients were involved in decisions about care and treatment. The clinicians were familiar with and used current best practice guidance.

New guidance from NICE was reviewed at the regular clinicians' meetings and where appropriate, a plan made to implement it. The practice provided a service for all age groups. GPs, apart from having the overall competence to assess each person also had a lead on specific lead areas, for example patient experience, safeguarding vulnerable patients, COPD, asthma and dementia.

The practice used standardised local/national best practice care templates as well as practice designed self-management care plans for patients with long term conditions. This supported the practice nurse to agree and set goals with patients which were monitored at subsequent visits.

Practice nurses gave good accounts of how they managed clinical areas such as minor injuries, asthma and diabetes.

### Management, monitoring and improving outcomes for people

The GP partners and the practice manager had a variety of mechanisms in place to monitor the performance of the practice and to ensure the clinician's adherence with best practice.

The medicine lead GP monitored prescriptions which ensured GPs used the most efficacious medication for the patient in line with good practice.

The monitoring mechanisms ensured the team made effective use of clinical audit tools, clinical supervision and

staff meetings to assess the performance of clinical staff. Appraisals were up to date for all staff. The nurses for the current year asked for a 'team appraisal' although they could also have had an individual appraisal.

Staff said they could openly raise and share concerns about clinical performance. They discussed how as a group they discussed areas where this could be improved as well as good practice. Monthly meetings and individual staff group meeting minutes demonstrated a commitment to an open and transparent team working ethos.

Patients told us they were happy with how the doctors and nurses at the practice managed their conditions and if changes were needed they really felt part of the discussion before any decisions were made.

### Staffing

Records demonstrated that staff were recruited and appointed using recognised procedures and processes. New staff were provided with induction training on appointment. They were supported and monitored very closely during their first few weeks in post. The induction training included reading the policies and procedures of the practice and meeting with their line manager to confirm their suitability for the role. This covered a wide range of topics such as dignity and privacy, equality and diversity as well as mandatory training and relevant surgery information. All staff were able to access relevant up to date policy documents on the practice's computers. We saw evidence staff had a job description and staff we spoke with confirmed this.

Regular meetings took place for each staff group and minutes were taken as necessary, there were also practice meetings which all staff attended.

All staff were supervised and annual appraisals were recorded in writing. Clinical staff had clinical supervision recorded and felt that this was a valuable process. We saw from a review of four staff files that annual appraisals were completed for all nursing, health care and administration support staff. Appraisals were completed by the person's line manager or named GP for staff. It included the individual's review of their own performance, feedback from the line manager and plans for future development.

Staff had opportunities to receive training over the course of the year and all statutory training had been completed. Nurses had support with their ongoing professional education, GPs had protected learning time and GP

# Are services effective?

(for example, treatment is effective)

revalidations had been completed. They also had time to meet with their external appraisers and to reflect on their practice. The practice has clear expectations that all refresher training was completed in a timely manner. This expectation was in line with national guidance.

The practice ensured all staff readily updated both mandatory and non-mandatory training. We saw evidence from the training matrix that staff had received the mandatory training which included fire awareness, safeguarding adults and children and basic life support. Staff also had access to additional training related to their role and could request this at any time.

## Working with other services

All GPs worked with other specific health services and agencies as required, some were located in the health centre. We saw that there were regular clinical meetings for all the GPs, health visitors, community psychiatric nurse (CPN) and district nurses where reviews were undertaken or specific education and training on specific clinical topics. These included end of life care and mental health needs. The practice shared clinical information which supported good patient care and records updated.

The practice worked closely with the local NHS hospital and the walk in centre located at King Street Wakefield. The practice was supported with the out of hours provision from the 111 service provided by Local Care Direct.

The staff proactively gathered information on the types of needs patient's presented with and understood the number and prevalence of conditions being managed by the practice.

Information received from other agencies, for example hospital departments, were read by a GP and actioned on the same day. Patient pathways were also in place to reduce the number of admissions to the accident and emergency department.

## Health, promotion and prevention

We saw that new patients were offered a consultation and assessments were undertaken. Life style risk factors were considered and the practice gave advice and support in relation to risk factors such as diet, smoking and drinking alcohol. For patients and families in need of end of life care, protocols were in place and multi-disciplinary care provided.

Patients were supported to manage their health and well-being by information, clinical systems and advice given by the practice. These included national screening and vaccination programmes, long term condition reviews and healthy living information. We saw evidence of asthma and diabetes screening and assessments were undertaken. The practice routinely wrote to all registered patients with long term conditions for example asthma and invited them for an annual review. One patient stated they had to wait four weeks for an appointment but saw this as being very positive as others had also taken up the offer and was more than happy to wait the required time for their appointment.

The practice provided a range of supporting information and leaflets to patients and carers in relation to services, advice and support networks available in the community. This included an NHS Choose well poster which explained depending on their condition who to contact for example, 999 or 111, Accident & Emergency, pharmacist or their GP.

New patients were being accepted by the practice. All new patients completed a questionnaire and were given a new medical patient appointment. This enabled the practice to provide individualised care and support.

# Are services caring?

## Our findings

The practice was caring. The patients who responded to comment cards, and those we spoke with during our inspection, were very complimentary about the service. They said the staff were kind and compassionate and they were treated with dignity and respect. The practice had a well-established patient participation group (PPG).

### **Respect, dignity, compassion and empathy**

Staff were familiar with the steps they needed to take to protect people's dignity. Consultations took place in purposely designed consultation rooms with an appropriate couch for examinations and curtains to maintain privacy and dignity. However we noticed that certain consulting rooms did not have curtains or tracks. We discussed this with nursing staff who told us if they needed to protect people's dignity they used a consulting room with curtains. Patients told us that they felt that all the GPs and nurses always maintained their privacy and dignity.

There were signs explaining that patients could ask for a chaperone during examinations if they wanted one. We spoke with members of staff who told us they had been trained in how to be a chaperone. This included non clinical staff. We read the Chaperone Policy and found it to be extensive, clear and well written. We found that notes of the consultation were made and recorded on the patients' notes. This was by the person who conducted the consultation as well as the person who acted as a chaperone.

We saw the reception staff treated people with respect and ensured conversations were conducted in a confidential manner. However one person we spoke with felt sometimes you could hear what was being discussed at the reception window and felt they should have used a private room. Reception staff we spoke with said they did have use of a room where private matters could be discussed.

We spoke with six patients on the day as well as contact with seven members of the PPG who told us they were very satisfied with the staff and felt clinicians were caring, considerate and compassionate.

### **Involvement in decisions and consent**

Patients told us that they felt involved when decisions were made about them and their treatment. Where consent was required patients said they were asked in an appropriate and proper way. Staff explained to us how patients were involved in decision making. All the staff we spoke with understood the principles of gaining consent including issues relating to capacity. They knew about how decisions should be made in keeping with the requirements of the Mental Capacity Act 2005, which included when best interest decision would be made and how. Also staff knew about how decisions should be made in keeping with the requirements of the Children Act 1989 and The Children's Act 2004. This included capacity assessments and Gillick competency assessments of children and young people, which check whether children and young people have the maturity to make decisions about their treatment and these, were an integral part of clinical staff practices. We saw that health promotion literature was available in the waiting room and patients told us when they needed written information or instructions this information had been made available to them.

The practice had a consent policy in place. This policy provided staff with information about when consent was required and how it should be recorded. We saw evidence of the Patient Consent Form which was extensive and required signatures of the clinician and also the patient/parent or guardian. People had the options to add their comments if they did not want the procedure carried out plus they had the opportunity to declare any allergies or medication they were currently on.

We spoke with patients who confirmed that their consent was always sought and obtained before any examinations were conducted. They all told us about how they were asked if they required a chaperone and had noticed signs in the consulting rooms offering this service, however no one we spoke with had used the service.

The patients we spoke with confirmed that they had been involved in decisions about their care and treatment. They told us their treatment had been fully explained to them and they understood the information given to them. This demonstrated a commitment which supported patients to make informed choices about their care and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The service was responsive to patients' needs. The practice had a clear complaints policy and responded appropriately to complaints about the service. The practice was proactive and sought the views of patients and responded to suggestions which improved the service provided and provided better access to the service. We were told by patients and members of the PPG we spoke with that the practice was very responsive to the changing needs of its patients. They told us how they changed systems because of feedback from patients at the practice.

### Responding to and meeting people's needs

The practice was accessible to patients with limited mobility such as wheelchair users. Entry to the building was via the double doors at the front of the building which also allowed access for all patients regardless of mobility. The consulting rooms were large with easy access for patients with mobility difficulties. There were also toilets for disabled patients and all patient areas were clean and well maintained. We saw there was a car park at the surgery which was free of charge.

Patients who attended the practice could alert staff of their arrival by registering on an electronic touch screen monitor situated in the waiting room or by notifying the staff at the desk. There was a large waiting area and this allowed people an area to sit and wait. There was an electronic information screen which displayed current information about the practice and also informed patients when they could go to their respective consulting room, all of which were located on the ground floor.

We found some reception staff but not all were aware of access to interpreter or translation services for patients who needed it and there was guidance about using interpreter services with contact details. The practice website also had translation services of their website available in six different languages. The staff had access to leaflets in a variety of languages and could access these electronically as required. This ensured patients were given information relating to their care for their reference.

The call and recall service at the surgery ensured timely recall for patients with long term conditions. This meant

that patients could be confident that, if they had a long-term health condition the GPs and clinicians would then recall them as appropriate. This helped to ensure all patients could achieve the best quality of life.

Patients with immediate or life limiting needs were discussed at the monthly clinical meeting to ensure all practitioners involved in the care delivery were aware of the up to date circumstances surrounding them. This meant care was planned and updated to reflect their changing needs.

### Access to the service

All surgery opening times were detailed in the practice leaflet which was available in the waiting room for patients and also on the practice's website. The practice had extended their surgery hours on a Tuesday, Wednesday and Thursday to facilitate patients who could not attend during normal surgery hours. A range of appointments were available which included telephone consultations and people could arrange these in person or by telephone. Home visits were available but these had to be agreed by the triage nurse or GP to see if they were required. The appointments system and arrangements to book an appointment were readily flexible and adaptable to patient's needs. For example, if a patient rang and could only get to the surgery for a routine appointment at 10am but this time slot was listed on the system as an 'urgent' slot then the reception team had the authority to change the 10am slot to 'routine' whilst updating the 'urgent' booking slot to another time within the same surgery.

Patients we spoke with said that they could make an appointment to see a named GP or if they wished and they did not mind waiting a few days to see a named GP of their choice. Appointments could be pre-booked up to two weeks in advance. Urgent cases were seen on the same day.

The practice had considered ways to address improvements to access of services. A new telephone number had been introduced after the practice listened to criticism from patients of not being able to get through on the practice recommended number. Online appointment booking was also being introduced and patients have to register initially for this service. Patients not requiring same day appointments were asked to contact the practice after 10am in order to pre book advanced appointments.

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

## Concerns and complaints

There was a complaints procedure in place. We reviewed the complaints log for the surgery and this showed they followed their practice's policy. We saw evidence of how the practice had investigated the complaints and had acknowledged the complaints in a respectful nature.

The patients we spoke with were aware of how to make a complaint and who to address it to. The practice manager investigated complaints. We saw that these investigations were thorough and offered advice on who else they could address their complaints to should it not be resolved to everyone's satisfaction. This meant areas where lessons

could be learnt were identified. The practice manager analysed all of the complaints and produced reports for the GP partners which we found were shared with the staff during their team meetings.

The practice used a telephone system which had a monitoring, recording tracking system whereby calls could be easily traced therefore giving some support to members of staff, for example if a patient claimed reception staff were rude, unhelpful, or didn't do as asked. This had been used to good effect when a complaint had been received about staff being rude and swearing. When it was played it showed this had been an unfounded complaint. The practice was shortly due to change its telephone system but this too will have a similar facility.

# Are services well-led?

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

## Our findings

The practice was well led. The practice had a purpose and a vision which provided a service that met patient's needs. There was a robust system which managed risks and we found governance structures were in place.

### Leadership and culture

There was an established management structure with clear allocation of responsibilities. Management systems, sometimes called 'governance', were in place and understood by the staff we spoke with. Staff spoke very positively about the practice and were clear about the values of the practice. We saw evidence which showed the partner GPs engaged with the local CCG on a regular basis to discuss current performance issues and how to adapt the service to meet the demands of local people.

Staff and the PPG members told us the leadership in the practice was visible and accessible. They told us there was a very open culture which encouraged the sharing of information and learning. Staff told us that any of the GPs helped as they were more than often always on site even if they were doing paperwork or on learning time. All members of staff told us they were very approachable and would have no hesitation in approaching them.

All the staff told us they have clear job descriptions and they described how they were very flexible to help each other out and provided cover when staff went off sick or annual leave. They gave examples of how this happened and how they were flexible in planning of holidays especially those with children of school age. Staff told us they were confident their views were listened to and acted upon by the management team and all the GPs and the practice manager operated a very friendly open door policy. There was a commitment to learn from problems, complaints and incidents and staff shared this commitment.

There were monthly staff meetings and support sessions, these helped to ensure a consistent approach to patient care across the service. There was a clear recruitment process that supported the employment of suitable staff. Comprehensive induction and training programmes were in place for all staff.

### Governance arrangements

There was a strong and visible leadership team with vision and purpose. The practice manager and GPs had created

comprehensive systems and decision making processes which monitored all aspects of the service and these were used to plan future developments and to make improvements to the service.

These were in keeping with current best practice approaches to clinical governance in primary care. These were used in a cycle of continuous improvement which is fundamental to the process of audit.

The practice manager and GPs actively encouraged patients and the PPG to be involved in shaping the service. We found that staff felt comfortable to challenge existing arrangements and looked to continuously improve the service being offered.

We found all staff had individual training plans which needed to be completed within certain time limits. Staff could request training from external sources if thought to be appropriate.

### Systems to monitor and improve quality and improvement

We also saw that the practice had a process in place for making sure there was a constant review of their clinical audits. We saw evidence of completed audit cycles where there had been recommendations for future practice actioned and were awaiting further audit in the future. Areas looked at included referrals to dermatology, gastroenterology and orthopaedics, plus the early diagnosis of cancers. We saw evidence the practice manager and GPs constantly reviewed and kept policies up to date and checked the accuracy of their current risk management tools.

The data collected by the practice for the quality and outcomes framework (QOF), and other national initiatives such as vaccination and screening, was also used to monitor patient outcomes. GPs were responsible and identified which audits to carry out. They also looked at which clinical audits to undertake following any significant events or complaints. We looked at the significant event records and saw that significant events were well described and the actions taken were followed up. This was then used by them to inform a lessons learned process which enabled improvements to be implemented.

Systems for monitoring the ongoing fitness of clinicians to practice were in place so routine checks that registrations remained current or scheduled supervision and appraisal had occurred were completed.

# Are services well-led?

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The practice reviewed its patients' A&E attendance to try and avoid unplanned admissions. This was designed to improve their services for vulnerable people. All attendances were reviewed and letters were sent to all patients who had attended A&E that they felt could have used the practice instead. They also contacted regular attenders either by letter or were seen by clinicians. They found that people with mental health issues or patients unwilling to acknowledge their own long term illnesses were significant attenders at A&E. This according to the practice was because of sickness rather than the illness. This identified to the practice that by assessing and managing their care, they hoped to reduce their risk of them being admitted to hospitals unnecessarily.

The practice actively encouraged patients to be involved in how the service was run and for any improvements. We found the GPs and staff constantly used the information from patients to look at how to improve the service being delivered.

## Patient experience and involvement

The surgery had a very active patient participation group. We either spoke with or contacted by email a total of seven patients from the PPG. They told us the practice valued their contributions to the smooth running of the service and listened to their views on patient experience. We were told the surgery was honest and open in their practice. Minutes of the meetings were sent to members who told us other patients would stop them in the street or contact them to find out about what had been discussed. The practice did not send out newsletters but had a regular column in two local newspapers which they used as one method to advise patients of changes.

There was an active PPG which met every three months to discuss issues and matters relating to the practice. We saw the minutes from these meetings and also spoke or contacted seven members of the group. We were told the practice was extremely proactive in how they supported their patients and would consider any suggestions made by the group.

We reviewed the comments from the PPG and it was obvious that the patients in the local area felt very happy with the service provided. They felt they were very well informed by the GPs and the practice manager. All

members received the minutes of the meetings and helped to cascade this to other patients when they enquired about the meetings. Others spoke of being stopped in the street to be asked for updates.

We received 25 completed CQC comment cards from a box on the reception desk at the practice and we spoke with six patients and had contact with seven members of the PPG as a result of our inspection. The patients were very complimentary about the care provided by the clinical staff and by the overall friendliness and behaviour of all staff. They all said the doctors and nurses were extremely caring, compassionate, competent and knowledgeable about their treatment needs. They said that the service was an outstanding practice and their views and suggestions were valued by the staff. They said the whole patient experience from the initial contact from the receptionists to being seen by a clinician was very positive and that the consultation was very much a two way interaction.

## Staff engagement and involvement

We spoke with members of staff and reviewed documents which confirmed they held and attended pre planned staff meetings. This provided staff the opportunity to discuss how the service was being delivered. We saw how the GPs used the meetings in order to share information about any changes or actions they were taking to improve the service and encouraged staff to discuss these issues.

Staff spoke highly of how they were engaged with and committed to the surgery and its patients. They spoke passionately about their roles and their patients and how they were supported to give patients the best care possible.

Staff felt valued and confident they could raise any issues they may have with either the GPs or the practice manager and it would be dealt with in an appropriate manner. We were told by all the staff we spoke with about how they worked well as a team and supported each other when needed.

## Learning and improvement

We saw that all staff had completed mandatory training or those returning back to work had dates already planned. The practice was committed to ongoing education, learning and individual development of people who worked at the practice. We saw examples of written personal objectives, and individual learning and

# Are services well-led?

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supervision records. The performance of people who worked at the practice was the subject of monitoring and appraisal at all levels which reflected the organisational objectives.

All staff had up to date appraisal documents available in their files and staff told us the process was a very supportive one. They felt listened to and were able to ask for relevant training for their role. All staff knew the policy for study and training and were granted protected learning time.

There were leading roles within the team for different aspects of the service. For example, a nurse led on infection control at the practice.

We saw the practice's training matrix for all staff which was up to date. The practice was able to identify what training each staff member had received, the dates they attended, when it was due to expire and when any refresher training was due.

The GP team met weekly to discuss any changes and any incidents that had occurred. The practice had a proactive approach to incident reporting. They discussed if anything however minor could have been done differently at the practice. All were encouraged to comment on the incidents. Staff told us this was done in a very positive manner.

## **Identification and management of risk**

We found appropriate risk assessments, such as those for fire, infection control and safety, are available and up-to-date.

Staff told us they felt confident about raising any issues and felt that if incidents did occur these would be investigated and dealt with in an appropriate manner.

The GP partners and the practice manager were effectively monitoring any potential risks and had contingency plans to deal with all eventualities. Findings were routinely fed back to the practice and GP partners.