

# The New Hall Lane 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.

## 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 The New Hall Lane Practice on 15 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording 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.
- Patients said they could make an appointment with a named GP and there was continuity of care, although these appointments may not be available at short notice. We saw urgent appointments were 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.

There were some areas where the practice SHOULD make improvements. The practice should:

- Continue to refer safeguarding queries to safeguarding teams, even though these are flagged up immediately to health visitors and midwives.

# Summary of findings

- Review levels of phone traffic to the practice to enable implementation of an improved phone system to address problems in this area.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, by piloting podiatry services available at the practice for diabetes patients and by holding warfarin clinics in-house. The practice is also a pilot site for arthritis care, having mobility exercise classes delivered by health professionals to those with arthritis.
- Patients said they could make an appointment with a named GP and there was continuity of care. Patients said that these appointments would have to be booked in advance but said urgent appointments with a duty doctor were 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality 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. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



# Summary of findings

- 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.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice kept a register of patients vulnerable to unplanned hospital admission and care plans were in place for these patients.
- Staff knew they could offer longer appointments to these patients to ensure their health care needs were met. Where appropriate, carers of these patients were encouraged to attend appointments.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for care interventions with patients with diabetes were in line with local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- The practice worked positively with midwives, health visitors to raise any concerns about children quickly. However, this was not always followed up with a referral to safeguarding teams, which would provide a record of these concerns that is shared more widely.
- 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.
- Results for cervical screening interventions were in line with local and national averages. The practice had improved its performance in this area by increasing patient attendance at these appointments.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

Good



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.
- Although the practice did not offer extended hours surgeries, clinic times were staggered to provide access to appointments throughout the day.

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

Good



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.
- 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.

# 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).

- 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the CCG average of 88% and the national average of 89%.
- 90% of patients with schizophrenia, bipolar disorder and other psychoses had a comprehensive, agreed care plan documented in their record within the past 12 months, compared to the CCG average of 88% and national average of 89%.
- 95% of patients with schizophrenia, bipolar disorder and other psychoses had a record of alcohol consumption recorded in their records within the past 12 months, compared to the CCG average of 88% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below national averages for patient satisfaction in some key areas, such as phone access, access to clinicians and opening times of the practice. The practice distributed 349 survey forms and 126 were returned. This represented a 36% response rate, representing the views of approximately 2% of the practice's patient list.

- 52% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 56% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 71% of patients were very satisfied or fairly satisfied with their GP practice opening hours, compared to the national average of 77%.
- 54% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

The practice told us they were aware of access issues by phone and to appointments and were implementing improvements following appointment audits. For

example, staff had very recently been trained to conduct a 'slot search' on the practice appointment system. This would identify the next available appointment with any GP or advanced nurse prescriber, for patients who need to be seen soon and did not have a GP preference. We saw this in practice on the day of inspection and noted appointments were available within 36 hours. The practice were researching alternative telephone systems and recognised that telephone traffic at peak times is heavy.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Several patients commented that they used to struggle to get an appointment but that this had improved recently. Other patients commented on the high quality of care they received from GPs at the practice.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some patients did express frustration at not being able to get through to the practice by phone at peak times.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to refer safeguarding queries to safeguarding teams, even though these are flagged up immediately to health visitors and midwives.

- Review levels of phone traffic to the practice to enable implementation of an improved phone system to address problems in this area.

# The New Hall Lane Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The New Hall Lane Practice

The New Hall Lane Practice is a four partner GP practice located in central Preston and sits within Greater Preston Clinical Commissioning Group (CCG). The practice is located in a purpose built facility, shared with another GP practice and community based clinicians and services. The building is owned by NHS Property Services. Car parking is available on site and the building is fully accessible to people with limited mobility, wheelchair users and parents with prams/pushchairs. All patient areas for the practice are located at ground floor level. The practice hosts a number of other clinicians to deliver additional services, for example antenatal and post-natal care clinic and a child health immunisation and baby clinic.

The partnership is made up of four partners, three male and one female. The practice partners are supported by two long term locum GPs. The practice is a training practice hosting GP Registrars, one male and one female. The nursing team is led by an Advanced Nurse Practitioner who can prescribe medicines for a wide range of conditions; there are four practice nurses who each take a lead in an area of clinical care. One of these nurses is a Nurse Practitioner who can prescribe in their own field of specialism, for example, respiratory illness. All services are delivered under a General Medical Services (GMS) contract.

The practice is located in an area of social deprivation, where life expectancy is lower than the national average, with men expected to live to 75 years of age, compared to the national average of 79 years and where women are expected to live to 78 years of age, compared to the national average of 83 years.

The practice is open between 8am and 6.30pm each week day. Patients ringing when the practice is closed will be diverted by phone to the NHS 111 service, who in turn will refer people to the locally appointed out of hours provider, Go to Doc.

## 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 the practice 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 15 December 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, the practice manager and reception and administrative staff. We spoke with five patients who used the service.

# Detailed findings

- Observed how staff interacted with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### 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.
- We noted that the practice GPs worked well with health visitors and midwives in cases where there were concerns regarding a child's welfare, sharing information and asking for input in cases where there may be concerns. However, we noted that this was not always formally recorded on a safeguarding referral to local authority safeguarding teams. This meant that

these initial concerns may not be formally logged or linked to other incidents outside the knowledge of the immediate clinical and community health team, for example, information from teachers or childminders.

- The GPs attended safeguarding meetings when possible and 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 protection or 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)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. This nurse received mentorship and support from the medical staff for this extended role.

## Are services safe?

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had 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. We reviewed GP cover for leave periods and found this was well managed within the practice, without having to rely on unplanned locum cover.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 98% of the total number of points available. The overall exception reporting rate in clinical domains for the practice was 8%, which was lower than the CCG average of 10% and the national average of 10%. We also noted that in all clinical domains the exception reporting rate was either in line with (in one area) or below (in other clinical areas) the CCG and national averages. This means that more people who were eligible were receiving these clinical care interventions to support their health. (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 was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

- Performance for diabetes related indicators was in line with local and national averages. For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90, was 92.5%, compared to the CCG average of 91% and national average of 91%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 was 80%, compared to the CCG average of 75% and national average of 78%.
- The percentage of patients with diabetes, on the register, whose last measured cholesterol (measured within the preceding 12 months) was 4mmol/l or less was 76%, compared to the CCG average of 78% and national average of 80%.
- The percentage of patients with diabetes on the register, in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 73%, compared to the CCG average of 78% and national average of 78%.
- The percentage of patients with diabetes on the register, in whom the last IFCC-HbA1c was 75mmol/mol or less in the preceding 12 months was 82%, compared with the CCG average of 86% and national average of 87.5%.

Performance for mental health related indicators was in line or slightly better than the local and national average. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had an agreed comprehensive care plan documented in their record, in the preceding 12 months was 90%, compared to the CCG average of 89% and national average of 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of blood pressure in the preceding 12 months was 95%, compared to the CCG average of 90% and national average of 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of alcohol consumption in the preceding 12 months was 95%, compared to the CCG average of 89% and national average of 89%.

There was evidence of quality improvement including clinical audit.

# Are services effective?

## (for example, treatment is effective)

- There had been approximately eight clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the tracking of all pregnant women through to postnatal checks to confirm any mortality rate in new-born children and to report these as required to other agencies.

Information about patients' outcomes was used to make improvements. For example, the practice conducted audits on patients' final place of care to monitor whether a patient's wishes, where recorded, were observed and followed by all involved in the multi-disciplinary care team.

### 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. We saw that the nursing team at the practice had good access to training in specialist areas of chronic disease management that they covered, including respiratory illness and diabetes care and management.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

# Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through patient records audits, particularly for surgical procedures carried out at the practice.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients experiencing poor mental health. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 81% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability. They ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for

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

Childhood immunisation rates for the vaccinations given to children aged two years and under, were comparable to CCG and national averages at 90%, and in line with national expectations of practices. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 96% which is above the national expected achievement of 90%. Rates of immunisations given to five year olds were from 88% to 95%, which was comparable with the CCG average of 84.5% to 96% and national average achievement of 88% to 94%..

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were fully closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

There were no members of the patient participation group (PPG) available to speak to us on the day of our inspection. However, we did speak with five patients visiting the surgery on the day of inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us they were aware of the PPG and that they could submit queries to the practice, for the attention of the group. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 87%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97.5% and the national average of 97%.

- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 73% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice had targeted work to improve patients experience and perceptions of service at the practice. For example, in response to patients saying they did not think GPs gave them sufficient time within consultations, the practice had displayed posters and updated the practice website to explain that GP appointments are ten minutes in duration. If any patient was attending with more than one problem this should be made clear to reception staff who will seek to offer a double appointment. The same was explained for appointments with the advanced nurse prescriber. Nurses conducting disease management clinics could offer appointments for comprehensive consultations on long term condition management, of up to an hour in length where necessary.

The practice had also addressed access issues raised by patients. For a number of years, GPs had conducted telephone triage, to ensure that any person who required an appointment on the day would be seen. Patients we spoke to said that they appreciated this service. The practice continues to monitor patient feedback on these issues through practice surveys and comments made on the Friends and Family Test.

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

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

## Are services caring?

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:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

When GPs and nurses were interviewed, all said that continuity of care could be a problem in periods of peak demand, and that satisfaction scores on patient involvement could be a reflection of this.

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.
- Information leaflets were available in easy read format.

- A hearing induction loop was available for those patients with limited hearing.
- Patients who wished to bring a family member or carer with them to their appointments were encouraged to do this if it could support their understanding of next steps to any procedures or following a referral to a specialist.

### **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 50 patients as carers (1% of the practice list). Staff were familiar with these patients and would be aware when offering appointments of time constraints that may make attending the surgery at certain times more difficult. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. As a result, the practice was participating in a number of pilot services, for example, podiatry services for diabetes patients and diabetes education sessions delivered at the practice, as well as running warfarin clinics at the practice. The practice had also been involved in developing the Lancashire and Preston Record Exchange Service, which facilitated the timely sharing of information on patients being discharged from hospital.

- 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.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 6pm daily. In addition to pre-bookable appointments that could be booked up to ten days 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 comparable to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 52% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and national average of 73%.

Although all feedback from patients on the 19 CQC comment cards we received was positive, patients we

spoke to said getting through to the practice by phone was problematic, especially at peak times such as first thing in the morning. The practice told us they were aware of this and were looking at any measures possible to ease telephone traffic at peak times. There were posters around the practice asking patients to call at later times for queries about test results or to order repeat prescriptions.

People told us on the day of the inspection that they were able to get appointments when they needed them, but that appointments with a named GP may mean they would have to wait longer to see that GP.

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.

All requests for home visits were recorded by staff and these were shared between the GPs each day, with consideration given to continuity of care, especially for patients with complex needs. GPs also carried out telephone triage for those patients who could not get a same day appointment. 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. Steps patients should take to make a complaint were set out clearly in the practice leaflet and on the practice website.

We looked at four complaints received in the last 12 months and found all had been handled in line with the practice complaints policy. We saw that the practice offered an apology quickly to any patients who felt that a service they had received had not met their expectations. In

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

complaint investigations, we saw lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken as a result to improve the quality of care.

# 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 staff shared in the vision of offering an evidence based holistic approach to all patients, and staff understood the values and behaviours that underpinned the achievement of this.
- The practice had a strategy and supporting plans which reflected the vision and were these were regularly discussed in practice meetings.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of 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 robust 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 team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- All staff were involved in discussions about how to 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) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, on patient feedback on the GP triage system and telephone appointments, which have been welcomed by patients and have eased some access issues at the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

# Are services well-led?

Good 

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

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

to improve outcomes for patients in the area. For example, there had been education lessons on diabetes management delivered to patients by the practice, within the practice premises. Podiatry clinics were in place at the practice to assist with foot care and there was a regular warfarin clinic held at the practice. The practice used these regular clinics to help communicate other health messages, such as highlighting upcoming screening campaigns, such as bowel and breast cancer screening.