

# The Crane Surgery

## Quality Report

Rectory Fields  
Cranbrook  
Kent

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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?

Requires improvement 

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 Crane Surgery on 9 June 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 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 found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure that medicine checking systems are improved, in order to help ensure that medicines which expired are replaced at appropriate intervals.

# Summary of findings

- Ensure that the processes for the prevention and control of infection, includes annual infection control audits.

The areas where the provider should make improvements are:

- Continue to review the processes for obtaining Disclosure and Barring Service (DBS) checks for staff.

- Continue to review the processes for maintaining personnel files.
- Review the business continuity plan in order to ensure it is current and contains up to date information.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

Requires improvement



- There was an effective system 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.
- In order to ensure the practice does not run out of routine stock medicines, checking systems needed to be improved, as medicines which expired were not being replaced at appropriate intervals.
- In order to ensure that all reasonably practicable action is taken to assess the risk of, and prevent, detect and control the spread of, infections; the practice need to implement annual infection control audits.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safeguarded from abuse. However, not all staff had received a Disclosure and Barring Service (DBS) check or had an appropriate risk assessment completed. Annual infection control audits had not been undertaken. Personnel files for nurses were not up to date with checks in relation to their registration with the appropriate professional body. We raised this with the practice manager who sent us information following the inspection to confirm these issues had been addressed.

Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. However, comparison of QOF data to national standards was not possible during this inspection due to changes in the provider's registration with CQC in the last 12 months.
- Staff assessed needs and delivered care in line with current evidence based guidance.

# Summary of findings

- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The provider was rated as requires improvement for safe services and rated as good for providing effective, caring, responsive and well-led services.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.

The practice were aware of the high number of patients aged 65 years of age and over and the impact this had on the services provided. Staff were proactive in seeking updates in new care and treatments that would benefit this population group.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The provider was rated as requires improvement for safe services and rated as good for providing effective, caring, responsive and well-led services.

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

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. The provider was rated as requires improvement for safe services and rated as good for providing effective, caring, responsive and well-led services.

Good



# Summary of findings

- There were systems 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.
- 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.
- 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)**

The practice is rated as good for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safe services and rated as good for providing effective, caring, responsive and well-led services.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

Good



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

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe services and rated as good for providing effective, caring, responsive and well-led services.

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe services and rated as good for providing effective, caring, responsive and well-led services.

- 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 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 January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and twenty six survey forms were distributed and 124 were returned. This represented 6% of the practice's patient list. Comparison of national patient survey data to clinical commissioning group (CCG) and national averages was not possible during this inspection, due to changes in the provider's registration with CQC in the last 12 months.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. General themes that ran through the comments included the caring attitude of all staff and the availability of appointments.

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

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that medicine checking systems are improved, in order to help ensure that medicines which expired are replaced at appropriate intervals.
- Ensure that the processes for the prevention and control of infection, includes annual infection control audits.

### Action the service **SHOULD** take to improve

- Continue to review the processes for obtaining Disclosure and Barring Service (DBS) checks for staff.
- Continue to review the processes for maintaining personnel files.
- Review the business continuity plan in order to ensure it is current and contains up to date information.

# The Crane Surgery

## 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 and a practice manager specialist adviser.

## Background to The Crane Surgery

The Crane Surgery is a GP practice based in Cranbrook, Kent. There are approximately 1,934 patients on the practice list.

The practice is similar across the board to the national averages for some population groups. For example, 11% of patients are aged 0-14 years of age compared to the CCG and national average of 17%. They were lower for patients aged under 18 years of age, with 15% compared to the CCG and the national average of 22%. They were much higher for patients aged over 65, with 51% compared to the CCG average of 30% and the national average of 27%. The practice is in one of the least deprived areas of Kent.

The practice holds a General Medical Service contract and consists of one GP (male). The principal GP was supported by a locum GP (a former partner at the practice), a practice manager, two practice nurses (female), a two healthcare assistants and an administrative team. A wide range of services and clinics are offered by the practice including asthma and diabetes.

The practice building is arranged over two storeys, with all the patient accessible areas being located on the ground floor. The practice is accessible to patients with mobility issues, as well as parents with children and babies.

The Crane Surgery is open 8.00am to 6.30pm Monday, Tuesday, Thursday and Friday and 8.00am to 12.00pm and Wednesday 8.00am to 12.30pm. Morning appointments are from 9.00am to 11.30am and afternoon appointments are from 4.00pm to 5.50pm. There is an early morning clinic every Wednesday from 6.45am to 8.00am. The principal GP is contactable by telephone in order to ensure patients can access a GP when the practice is closed on Wednesday afternoons.

The practice is not a teaching or training practice (teaching practices have medical students and training practices have GP trainees and FY2 doctors).

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from:

- The Crane Surgery, Rectory Fields, Cranbrook, Kent, TN17 3JB

## 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 June 2016. During our visit we:

- Spoke with a range of staff (The principal GP, a locum GP, the practice manager, a practice nurse and three administrative staff) and spoke with six patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 42 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 the practice were participating in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Comparison of QOF data to national standards was not possible during this inspection due to changes in the provider's registration with CQC in the last 12 months.

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, changing the way in which faxes were received by the practice, in order to ensure urgent faxes were not stored in the memory of the machine and were instead printed.

### Overview of safety systems and processes

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

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

safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses were trained to level two.

- 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. However, not all had received a Disclosure and Barring Service (DBS) check or had an appropriate risk assessment completed. We raised this with the practice manager who sent us information following the inspection to confirm that risk assessments had been completed and DBS checks had been applied for all staff, within the required timescale. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice were in the process of establishing who would be designated as the infection control clinical lead, in order to ensure they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. However, annual infection control audits had not been undertaken. We raised this with the practice manager who sent us information following the inspection within the required timescale, to confirm that information had been obtained from the local CCG, in order for the audit to be conducted. Additionally, a practice nurse had been given the role of the designated lead.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Systems required improving in order to ensure that medicines which expired were replaced at appropriate intervals, in order to ensure the practice was not out of stock. We saw records that showed in the last three years that one routine stock medicine had expired on three occasions and the stock check list recorded the medicine to be out of stock. There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of

## Are services safe?

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 to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.
- We reviewed five personnel files and found that files were not always up to date with copies of recruitment checks that had been undertaken prior to employment. For example, personnel files for nurses were not up to date with checks in relation to their registration with the appropriate professional body. All other files did contain proof of identification, references and qualifications. We raised this with the practice manager who sent us information within the required timescale following the inspection, to confirm that personnel files had been reviewed and amended. Documentary and photographic evidence confirmed this.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures 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 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).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 oxygen with adult and children's masks available on the premises. The practice did not have a defibrillator to respond to cardiac emergencies. There was a risk assessment to show that the practice had access to a defibrillator located within a mile of the practice, as well as to identify that all staff had received training in the use of it. 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 did not have an up to date business continuity plan for major incidents such as power failure or building damage. We saw that the plan held on the practices intranet had not been reviewed within the last 12 months. The plan did however, include the correct 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 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 practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. However, comparison of QOF data to national standards was not possible during this inspection due to changes in the provider's registration with CQC in the last 12 months. The practice provided us with QOF data from 2015/16 (which has not yet been verified, published and made publically available) and these showed good progress was being made with QOF targets for this period.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits undertaken in the last two years, all of these were completed audits where the improvements made were implemented and monitored Findings were used by the practice to improve services. For example, recent action taken as a result of a safeguarding audit included reviewing internal processes to ensure staff were aware of the presence of reporting logs.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements For example, routinely reviewing patients on a certain medicine which had adverse cardiac (heart) side effects.

### 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 awareness, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. 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.

# Are services effective?

## (for example, treatment is effective)

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

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

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation, were signposted to the relevant service.
- Access to a counsellor and a podiatrist were available on the premises and smoking cessation advice was available from a local support group.
- The principal GP offered hypnotherapy sessions which were held at the practice.

The practice's uptake for the cervical screening programme was not possible to determine during this inspection due to changes in the provider's registration with CQC in the last 12 months. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, the uptake for these was not possible to determine during this inspection, due to changes in the provider's registration with CQC in the last 12 months.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients receiving childhood immunisations. However, comparison of this data was not possible during this inspection due to changes in the provider's registration with CQC in the last 12 months.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

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

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Comparison of national GP patient survey data to clinical commissioning group (CCG) and national averages was not possible during this inspection, due to changes in the provider's registration with CQC in the last 12 months.

### 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.

Comparison of national GP patient survey data to clinical commissioning group (CCG) and national averages was not possible during this inspection, due to changes in the provider's registration with CQC in the last 12 months.

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.

### 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 29 patients as carers (1% of the practice list). There was a section on the practice's new patient registration forms where patients record whether they were or have a carer. Written information was available to direct carers to the various avenues of support available to them, in the form of a poster in the waiting room and forms to submit to the practice.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered an 'early morning clinic' on a Wednesday morning from 6.45am until 8.00am for working patients who could not attend during normal opening hours.
- 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 as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

### Access to the service

The Crane Surgery was open 8.00am to 6.30pm Monday, Tuesday, Thursday and Friday and 8.00am to 12.00pm and Wednesday 8.00am to 12.30pm. Morning appointments were from 9.00am to 11.30am and afternoon appointments are from 4.00pm to 5.50pm. **The principal GP is contactable by telephone in order to ensure patients can access a GP when the practice is closed on Wednesday afternoons.**

In addition, patients could book appointments up to six weeks in advance, urgent appointments were also available for people that needed them.

The practice used results from the national GP patient survey to monitor patient's satisfaction with how they could access care and treatment. Comparison of national GP patient survey data to clinical commissioning group (CCG) and national averages was not possible during this inspection, due to changes in the provider's registration with CQC in the last 12 months. The PPG carried out patient surveys which showed positive responses in relation to how patients accessed the service. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

### Listening and learning from concerns and complaints

The practice had an effective system 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, as well as a deputy, who handled all complaints in the practice.
- Information was available to help patients understand the complaints system in the form of leaflets, notices and material on the practices website.

We looked at the one complaint received by the practice in the last 12 months and found that it had been dealt with in a timely, open and transparent way. Records demonstrated that the complaint was investigated, the complainant had received a response, the practice had learned from the complaint and had implemented appropriate changes.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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 principal GP 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 GPs were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 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 and staff felt supported by management.
- Staff told us the practice held regular team meetings and that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the principal GP and practice manager 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 (in relation to accessing the service and patient satisfaction) and submitted proposals for improvements to the practice management team. For example, implementation of the appointment text reminder service.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

# Are services well-led?

Good 

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking in order to improve outcomes for patients in the area. For example, consistently reviewing data and new care and treatment for their patients aged 65years and over.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure that there were sufficient quantities of medicines were available to ensure the safety of service users and to meet their needs.</p> <p>In that:</p> <ul style="list-style-type: none"><li>• Not all stock medicines were ordered and replaced before they expired with one medicine recorded as being as out of stock.</li></ul> <p>The registered person did not do all that was reasonably practicable to assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated.</p> <p>In that:</p> <ul style="list-style-type: none"><li>• Annual infection control audits had not been undertaken.</li></ul>