

# Foxhill Medical Centre

## Quality Report

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Date of inspection visit: 3 November 2015

Date of publication: This is auto-populated when the report is published

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 Foxhill Medical Centre on 3 November 2015. 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, with the exception of those relating to recruitment checks.
- Data showed patient outcomes were comparable for the locality. Audits had been carried out and we saw evidence audits were driving improvement in performance to improve patient outcomes.
- All patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested. However, patients expressed difficulty getting through to the practice by telephone.

- The practice had a number of policies and procedures to govern activity.
- The practice had proactively sought feedback from patients and had an active patient participation group.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- The practice helped facilitate a weekly Art Group attended by patients with mental health issues and learning disabilities to reduce social isolation, improve mood and overall wellbeing.

The areas where the provider must make improvement are:

- The practice must ensure it reviews its system for controlling and recording the movement of handwritten prescription pads in line with the NHS Protect Safety of Prescription Forms Guidance.

The areas where the provider should make improvement are:

# Summary of findings

- The practice should review the process for healthcare assistants to administer influenza and pneumococcal vaccinations in accordance with current legislation and guidance.
- The practice should ensure adequate recruitment checks are completed.
- The practice should ensure adequate training updates that are necessary for staff to carry out their role and responsibilities are available.

**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 as there are areas where it should make improvements. For example, the practice did not have a system for controlling and recording the movement of handwritten prescription pads and not all employment checks to ensure staff were of good character had been obtained for all staff.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. There was an effective system in place for reporting and recording significant events (SEAs) and lessons were learned and communicated at practice meetings to support improvement.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were comparable for the locality. 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. However, evidence of appropriate training updates were not seen with regard to some of the duties staff were employed to perform. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



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

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and local Clinical Commissioning Group to secure improvements to services where these were identified. For example, piloting of a patient liaison nurse and auditing of referrals and admissions to hospital. The practice had good facilities and was

Good



# Summary of findings

well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However, patients told us they found it difficult to get through to the practice by telephone to make an appointment and we observed the next routine nurse appointment to be in three weeks. There was a drop-in clinic every morning for urgent problems and children under five were offered same day appointments.

## Are services well-led?

The practice is rated as good for being well-led. Although it did not have a business plan or mission statement in place, it had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. There was a clear leadership structure and staff felt supported by management, although we did see evidence that not all staff had received training updates required for their role. The practice held regular meetings and had a number of policies and procedures to govern activity.

The practice proactively sought feedback from patients and had an active patient participation group (PPG).

The practice worked closely with local charities to develop and help facilitate holistic services at the practice for patients of the practice and the wider community. For example, the art group and the healthy walks group.

Good



# 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 care of older people. The practice offered personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people and offered home visits when needed. The practice provided services for patients who resided in a local care home. Patients aged over 75 who had not been seen for over a year were invited in for a health check. The practice helped facilitate health walks from the practice in conjunction with a local charity to improve the health of patients and to prevent isolation.

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary 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. Data showed immunisation rates were higher than the Clinical Commissioning Group (CCG) average for all standard childhood immunisations. The practice told us that children under five were seen the same day as requested and we observed the premises were suitable for children and babies, with a breast feeding room, baby changing facilities and a childrens play area in the waiting room.

Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Good



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

The practice is rated as good for the care of working age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



# Summary of findings

to ensure these were accessible, flexible and offered continuity of care. The practice offered telephone advice appointments and extended hours one evening a week. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. The practice had an occupational health advisor for patients with work related health issues to obtain further advice and offered students the immunisations recommended for this age group.

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

The practice is rated as good for care of people whose circumstances may make them vulnerable. The practice offered longer appointments for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The health development nurse visited patients in their own home and vulnerable patients were told how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

**Good**



## **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 living with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia. It carried out advance care planning for patients living with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice helped facilitate a weekly Art Group available to all patients but particularly focussed on those patients living with dementia and patients experiencing poor mental health, learning disabilities or vulnerable patients living in isolation.

Staff had a good understanding of how to support people with mental health needs and dementia. The practice had their own in-house counsellor and also hosted an Improving Access to Psychological Therapies programme (IAPT) to support patients' needs.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. 360 survey forms were distributed and 127 were returned. This is a response rate of 35.3%. Some of the responses were rated higher than other practices located within the Sheffield Clinical Commissioning Group (CCG) and nationally:

- 93% found the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 96% said the last appointment they got was convenient (CCG average 91%, national average 91%).
- 92% said the last GP they saw or spoke to was good at giving them enough time (CCG average 87%, national average 86%).

The following responses were comparable or below the CCG and national average:

- 47% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.

- 44% usually waited 15 minutes or less after their appointment time to be seen (CCG average 61%, national average 64%).
- 57% described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 73% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Patients said they were treated with dignity and respect, staff were helpful and friendly and the practice was clean. There were a number of comments on the CQC cards reporting access to the practice by telephone was difficult as the line was often engaged.

We spoke with six patients during the inspection and nine members of the patient participation group. All said that they were happy with the care they received and thought that staff were approachable, committed and caring.



# Foxhill Medical Centre

## 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 advisor, a nurse specialist advisor and a practice manager specialist advisor.

## Background to Foxhill Medical Centre

Foxhill Medical Centre is based in a purpose built health centre located in Foxhill, Sheffield and accepts patients from Foxhill, Southey Green, Grenoside, Parson Cross and Ecclesfield. The practice catchment area is classed as within the group of the second most deprived areas in England.

The practice provides Primary Medical Services (PMS) under a contract with NHS England for 6222 registered patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as minor surgery, extended hours, learning disabilities, avoiding unplanned admissions and childhood vaccination and immunisations.

Foxhill Medical Centre has five GP partners (two male, three female), and one male salaried GP. The practice is a training practice and has one female Registrar. There are three female practice nurses and a female health development nurse, a female phlebotomist, a female health care assistant (HCA) and a female part time counsellor. These are supported by a practice manager and an experienced team of reception/administration staff.

The practice is open between 8.25am to 6pm Monday to Friday with the exception of Thursday when the practice is closed at 4pm. Appointments are offered from 8.30am to 11am with the exception of Wednesday when the last morning appointment is 10.30am and 4pm to 6pm Monday to Friday, with the exception of Thursday when there are no afternoon appointments. The practice offers extended opening hours 6.30pm to 8pm rotating weekly Monday to Wednesday. When the practice is closed between 8am and 8.25am and after 6.30pm, services are provided by the Sheffield GP Collaborative. When the practice is closed between 6.30pm and 8am, out of hours services are provided by calling the NHS 111 service.

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

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15, we noted the GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners at the practice. We were told this had been addressed prior to the inspection and notifications had been submitted along with an application for a new registered manager.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 registered provider is

# Detailed findings

meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations such as NHS England, Sheffield Healthwatch and Sheffield Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 3 November 2015. During our visit we:

- Spoke with a range of staff (three GPs, two practice nurses, one healthcare assistant, four administration staff and the practice manager). We also spoke with patients who used the service and nine members of the patient participation group.
- Observed communication and interactions between staff and patients, both face to face and over the telephone within the office area.
- Reviewed 25 comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relating to the management of the practice.

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 are provided for specific groups of people and what good care looks 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 also a recording form available on the practice's computer system. The most appropriate team within the practice carried out analysis of the significant events (SEAs) at their individual meetings. Outcomes and actions were documented on the SEA recording log sheet to monitor patterns and trends over time.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we were told how the procedure for taking a home visit request was reviewed and changed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. Briefings with staff to update them on the change to procedure were documented.

Safety was monitored using information from a range of sources, including National Patient Safety Alerting System (NPSAS) and National Institute for Health and Care Excellence (NICE).

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and adults from abuse that reflected relevant legislation. Local requirements and 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 practice discussed safeguarding concerns at team meetings as needed. We did not see evidence these discussions were minuted or documented. However, the safeguarding lead told us

this would be reviewed. Staff we spoke to demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level three. Alerts were used on patient records to identify those whose circumstances may make them vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Patients told us they found the practice clean. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff told us they had received in house training. There was a cleaning schedule seen but no record of daily cleaning checks recorded. The practice manager told us they would implement a daily recording check of cleaning. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording and handling). However, the practice did not comply with NHS Protect Safety of Prescription Forms Guidance as there was no system in place to record and monitor the movement of handwritten prescription pads. The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. HCAs administered influenza and pneumococcal vaccinations to a specific group of patients using a patient specific directive (PSD). However, the PSD lists were not clearly attributable to the GP and did not demonstrate individual consideration.
- We reviewed four personnel files and found most recruitment checks had been undertaken prior to employment. However, there was no evidence that a member of the clinical staff had had a DBS check completed. Since the inspection the practice manager provided evidence that they had applied for this.

### Monitoring risks to patients

## Are services safe?

Risks to patients were assessed:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available to staff. The practice had up to date fire risk assessments, carried out regular fire drills and had a risk assessment to monitor legionella. Infection prevention and control was audited annually. Electrical equipment had been PAT tested (portable appliance testing) to ensure it was safe to use and there was evidence clinical equipment had been checked to ensure it was working properly.
- 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.

### **Arrangements to deal with emergencies and major incidents**

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

- There were panic buttons in the consulting rooms which would sound an alarm in the reception office if there was an emergency and staff said they would respond immediately.
- All staff received annual basic life support training and there were emergency medicines available in the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage that included the emergency contact numbers of 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 peoples' needs.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 96.2% of the total number of points available, with 11.9% clinical exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was 4% above the CCG and 6% above the national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 1% below the CCG and national average.
- Performance for mental health related indicators was 0.3% above the CCG and 2% above national averages.
- Performance for dementia related indicators was 13% below the CCG and national average.

Clinical audits demonstrated quality improvement:

- There had been 12 two cycled clinical audits completed in the last two years where the practice could evidence quality improvement through completed clinical audits to improve care, treatment and patient outcomes.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, patients taking a blood thinning medication were regularly monitored to ensure it was within therapeutic range.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. Safeguarding was not included on the programme. The practice manager told us the induction sheet would be updated immediately.
- The learning needs of staff were identified through a system of appraisals, meetings, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. The practice used a buddy approach system for nurse appraisals. This involved them completing pre-appraisal documentation for each other then being allocated a buddy to do each other's appraisal, providing 360 degree feedback and identifying learning and development needs.
- The practice could demonstrate how they ensured role specific training although staff told us they had not had update training this year in administering vaccinations and immunisations. Staff had received training that included: safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training.
- Staff told us they felt supported and involved in the development of the practice, for example the practice held a team building day to discuss issues within the practice and ideas on how they could improve services. Staff told us access to the practice was discussed at the last session.

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

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 its intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. The practice held multi-disciplinary team meetings which took place as required, for example palliative care reviews and safeguarding reviews.

### 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 records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

- The practice offered dietary advice at a slimming clinic that patients could attend one day a week for five weeks and then be followed up in 10 to 12 weeks. The programme ran every few months.
- The health development nurse told us that she had been into local community settings to promote health screening to patients. For example, the local working mens club.
- The practice promoted a wellbeing and exercise session run by a local charity from the practice and health walks from the practice on weekends.

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

The practice had a failsafe system for ensuring results were received for samples sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 75 %, which was lower than the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% and five year olds from 91% to 100%. Flu vaccination rates for the over 65s were 80%, and at risk groups 46%. These were comparable to CCG and national averages.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed members of staff were courteous and very helpful to patients and treated people 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 and that 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 25 patient CQC 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 also spoke with nine members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 89% and national average of 88%.
- 91% said the GP gave them enough time (CCG average 87%, national average 86%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).

- 93% said they found the receptionists at the practice helpful (CCG average 85%, national average 86%)

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

Patients told us that they felt involved in decision making about the care and treatment they received. They also said 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%).

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.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 318 of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement they telephoned them and supported them 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. For example, through the local Quality and Improvement Scheme, patients who have a learning disability would be made an appointment at the start or end of the clinic and a private room would be made available should they feel distressed waiting in a busy waiting room.

Services were planned and delivered to take into account the needs of different patient groups, for example:

- The practice offered a same day access surgery from 8.30am to 10am for urgent problems only. This could be booked by telephone or at the practice.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children under five and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had a lift to improve access.

### Access to the service

The practice was open between 8.25am and 6pm Monday to Friday and 4pm on Thursday. The local GP collaborative provided services when the practice was closed between 8am and 8.25am and after 6pm. Appointments were from 8.30am to 11am every morning (10.30am on Wednesday) and 4pm to 6pm daily (except Thursday). Extended hours surgeries were offered Monday, Tuesday and Wednesday 6.30pm to 8pm on an alternating basis. In addition pre-bookable appointments could be booked up to six weeks in advance. Between 6.30pm and 8am out of hours services were provided by calling the NHS 111 service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. For example:

- 47% of patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 57% of patients described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 44% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 61%, national average 64%).

We were told by the practice manager that they had identified access was an issue and they were currently reviewing it. Patients told us they were satisfied with the care and treatment they received but many told us that access to the practice by telephone and the length of wait to be seen at their appointment was a concern.

### 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, information leaflets were available at the reception desk.

We looked at 24 complaints received in the last 12 months and found all were satisfactorily handled in a timely way. The practice would speak to each person who made a complaint or negative comment and followed this up with a letter of response. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the protocol for leaving messages for patients was reviewed and amended.



# 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. It did not have a business plan or mission statement in place but told us they had a strong ethos of a team approach to patient care. Staff told us they considered patients holistically working closely with charities to develop services for their patients and the wider community. The practice told us they recognised the problems patients had accessing appointments and the practice by telephone and that their recording and minuting of meetings could be better.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities although not all staff had attended relevant training updates required for their role.
- Practice specific policies were implemented and were available to all staff.
- We did not see evidence that safeguarding meetings were minuted or documented.
- There was a comprehensive understanding of the performance of the practice.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were some arrangements for identifying and managing risks and implementing mitigating actions.

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The registered 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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents the practice gives affected people reasonable support, truthful information and a verbal and written apology and keep 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 that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by management and the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- We observed the partners to be supportive of staff.

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

The practice encouraged and valued feedback from patients, the public and staff.

- It had gathered feedback from patients through the patient participation group (PPG), the national patient survey results, friends and family test and through complaints received.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions, including a team building event day. 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

The practice team was forward thinking and worked with local charity schemes to improve outcomes for patients in

# Are services well-led?

Good 

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

the area. For example, the practice helped facilitate a weekly Art Group which was funded through a community wellbeing project. This was overseen by the health development nurse at the practice. The group was open to patients from the practice and the wider local community. Those whose circumstances may make them vulnerable or

those with mental health issues or learning disabilities were invited to attend. The group focused on skills to support social isolation. The practice also helped facilitate other groups for the benefit of its patients, for example a walking group, chronic obstructive pulmonary disease (COPD) yoga group and walk to run club.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <b>This is because:</b> The registered provider did not have a system for controlling and recording the movement of handwritten prescription pads. This was a breach of Regulation 12(2)g of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.