

The Sheldon Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Sheldon Practice in Solihull on 20 January 2017. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The practice had identified, recorded and analysed significant events in order to identify areas of learning and improvement and so mitigate the risk of further occurrence.
- There were arrangements to safeguard children and vulnerable adults from abuse, and local requirements and policies were accessible to all staff.
- 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 the 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.
- Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment.
- The practice had been through a period of change with an extension to the premises during 2016. Patients told us that services had been continuous during this period and staff had worked very hard to accommodate patients.
- The practice worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Staff spoke positively about the team and about working at the practice

Summary of findings

- 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 the requirements of the duty of candour.

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?

- There were systems to monitor safety. These included systems for reporting incidents, significant events which included positive learning events, near misses, as well as comments and complaints received from patients. The practice had monthly meetings to discuss lessons learnt and implement action plans. Risk assessments were in place. This included health and safety risk assessments.
- There was an effective system in place to ensure all alerts were reviewed and acted on appropriately, including alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- When things went wrong patients received a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- We observed the premises to be clean and tidy and we saw completed cleaning specifications to demonstrate that the required cleaning had taken place for each area of the practice.

Good



Are services effective?

- Our findings at inspection showed that there were systems to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice took an active approach to joint working and engaged well with other health and social care services. This included a minor surgery service for patients registered with other providers in the locality.

Good



Summary of findings

- Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average. The most recent published results (2015/16) were 98.8% of the total number of points available with an exception reporting rate of 4%.

Are services caring?

- Data from the national GP patient survey showed patients rated the practice lower 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?

- 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 the GP and there was continuity of care, with urgent appointments available the same day.
- There were longer appointments available at flexible times for people with a learning disability and for patients experiencing poor mental health. Same day appointments were also available for children and those who needed to see a doctor urgently.
- There were facilities for disabled patients and translation services available. The practice had a hearing loop in place and alerts were added to patients' records.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Results from the national GP survey in July 2016 showed 81% of patients were satisfied with the surgery's opening hours which was comparable to the local average of 74% and the national average of 76%.

Good



Summary of findings

- 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.

Are services well-led?

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff spoke positively about the team and about working at the practice.
- 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.
- The provider was aware of the requirements of the duty of candour. The GP encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and had recently changed from a virtual group to holding regular meetings since August 2016.

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Data supplied by the practice showed nine patients were on the palliative care register and all had received a recent medication review.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included blood tests and vaccinations for those patients who were unable to attend the practice.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- The practice worked closely with multidisciplinary teams so patients' conditions could be safely managed in the community.

People with long term conditions

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators (2015/16) was 97% which was above the CCG average of 91% and national average of 90%.
- The practice provided additional diabetic services including referrals to the diabetes prevention programme and insulin initiation.
- Longer appointments and home visits were available when needed and patients unable to attend the practice, received reviews at home.
- One of the nurses had trained as a nurse prescriber and could prescribe a range of medicines within their role as lead for chronic disease management.
- All patients had 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. We saw evidence that meetings were held every three months.

Summary of findings

- The provider offered services to support the diagnosis and monitoring of patients with long term conditions such as ambulatory blood pressure monitoring, 24 hour echocardiograms (ECG) and spirometry. Health promotion support was also available, for example smoking cessation was offered by the health care assistant.

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 Accident & Emergency attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children. The practice held safeguarding meetings every three months with the health visiting team.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife provided antenatal care every fortnight at the practice.
- Childhood immunisation rates for under two year olds was comparable to the national average. The practice had achieved 90% which was comparable to the national target of 90%. Immunisation rates for five year olds ranged from 94% to 100% compared to the national average of 88% to 94%.
- The practice had implemented a text messaging service commissioned by the clinical commissioning group (CCG) to remind patients of health checks and vaccination reminders.
- The practice's uptake for the cervical screening programme was 85% which was higher than the national average of 82%.

Good



Working age people (including those recently retired and students)

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. This included smoking cessation advice by the health care assistant.
- The practice offered extended opening hours on Monday evenings that would benefit patients of a working age.

Good



Summary of findings

- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

People whose circumstances may make them vulnerable

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments for patients with a learning disability. Data provided by the practice showed that of the 11 patients who were on the learning disability register, four had received their annual health checks and all patients had been issued with a hospital passport. (Hospital passports are designed to give hospital staff helpful information about illness and health).The practice sent regular appointments to patients and encouraged patients to attend their health review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and held meetings with the district nurses and community teams every three months.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- A substance misuse support worker held sessions at the practice every two weeks.
- 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.
- The practice's computer system alerted GPs if a patient was also a carer. There were 62 patients on the practice's register for carers; this was 3% of the practice list. There was supportive information in place for carers to take away as well as information available through the practice website. The practice offered annual reviews and influenza vaccinations for anyone who was a carer.

Good



People experiencing poor mental health (including people with dementia)

- The latest published data from the Quality and Outcomes Framework (QOF) of 2015/16 showed 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.

Good



Summary of findings

- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The latest published data from the Quality and Outcomes Framework (QOF) of 2015/16 showed 100% of patients with mental health problems had had an agreed care plan. agreed between them and their Staff had a good understanding of how to support patients with mental health needs and dementia and a counselling service was held every fortnight to support patients.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages for some areas of care. Three hundred and thirty eight forms were distributed and 117 were returned. This represented 4.9% of the practice list.

- 96% of patients found it easy to get through to this practice by telephone compared to the CCG average of 60% and the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which were all positive about the standard of care received. Comments included staff were caring and polite and an excellent service was always received.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the Friends and Family Test from April to November 2016 showed 94% of patients were extremely likely or likely to recommend the practice to others.

The Sheldon Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Sheldon Practice

The Sheldon Practice is in Birmingham, an area of the West Midlands. The original practice began in the late 1960s and the current provider joined in 1989 when there were five GPs and two sites. In 1991 there was a re-organisation and the practice split into three practices, one being The Sheldon Practice. During the past few months the practice has gone through an extension to the premises. This was achieved through funding by the Primary Care Infrastructure Funding programme. The practice has increased the number of consultation rooms and administration space. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes.

The practice provides primary medical services to approximately 2,400 patients in the local community. Ninety five percent of the practice population are from a white ethnicity background. The practice is run by a sole practitioner GP (male), with the support of a long term locum (female). The nursing team consists of one advanced nurse practitioner, one practice nurse and one health care

assistant. The non-clinical team consists of administrative and reception staff and a practice manager. The GP trains medical students on behalf of the medical school in Birmingham.

Based on data available from Public Health England, The Sheldon Practice is in an area with high levels of social and economic deprivation. The practice is ranked as a deprived area compared to England as a whole and ranked as two out of 10, with 10 being the least deprived.

The practice is open to patients between 8.45am and 6.45pm Mondays, Tuesday, Thursday and Fridays and 8.30am to 12.30pm Wednesday. Extended hour appointments are available between 6.30pm to 7.45pm on Monday. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. When the practice is closed, primary medical services are provided by Birmingham & District General Practitioner Emergency Rooms Group (BADGER), an out of hours service provider and NHS 111 service and information about this is available on the practice website.

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, and to provide a rating for the provider under the Health and Social Care Act 2008 and associated regulations.

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 20 January 2017. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, health care assistant, practice manager and reception/administration staff.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach for reporting incidents and significant events. Staff told us they were encouraged to report any significant events and near misses and were aware of the process for doing so. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.

- 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 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 significant events, incidents, safety alerts, comments and complaints and these were a regular standing item on the monthly staff meeting agenda. We reviewed minutes of meetings where these were discussed. We reviewed six significant events that had occurred since January 2016. We saw evidence of a significant event that had occurred relating to a child who had trapped their finger in the door. The practice had investigated the incident and to prevent further occurrence had finger protectors fitted to all the doors inside the building. The practice reported significant events and incidents to the Datix system. (Datix is a patient safety and risk management software for healthcare incident reporting and adverse events). Significant event records were well organised, clearly documented and continually monitored.

All alerts including Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were received by the GP. A system was in place to ensure all alerts were reviewed, actioned and discussed with the practice team at staff meetings. We saw an example of where an MHRA alert issued in November 2016 had been actioned for a gel used for the symptomatic treatment of rosacea in

adults. (Rosacea is a common rash, found on the central part of the face). The practice had carried out a search of the clinical system and had no patients currently on this treatment.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The 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. Staff had received safeguarding training for vulnerable adults and children and GPs were trained to child safeguarding level three.
- There was a notice in the waiting room to advise patients that chaperones were available if required. Staff who acted as chaperones had received the appropriate training. Staff carrying out this role had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The GP was the infection control clinical lead they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and annual infection control audits were undertaken. The last audit had been completed in August 2016 and the practice had achieved 97%. Identified actions had been acted on. For example, dust was found on the base of an examination couch. The practice had introduced a cleaning schedule to ensure all couches were cleaned

Are services safe?

after each use. The practice held a register of staff immunisation for Hepatitis B, and other recommended immunisations such as mumps and rubella (MMR) vaccines.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal), this included processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (A PGD is a set of instructions detailing conditions under which prescription medicine can be supplied to patients without a prescription). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The vaccination fridge temperatures were recorded and monitored in line with guidance by Public Health England and in the case of loss of electricity, the practice had installed back up batteries to ensure fridge temperatures remained constant.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service, proof of identification and references.

Monitoring risks to patients

Risks to patients were assessed and appropriately managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and health and safety

risk assessments had been completed, the last risk assessment was dated September 2016. The practice had up to date fire risk assessments and fire drills were completed every six months. We found that fire alarms were tested on a weekly basis.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The last legionella risk assessment had been completed in November 2016.
- 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 in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were kept remotely by all members 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 patients' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission. The practice also reviewed their patient's attendances at the local Accident and Emergency departments.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/16) showed the practice had achieved 99% of the total number of points available; this was higher than the clinical commissioning group (CCG) average and national averages of 95%. Exception reporting was 7.5% which was lower than the national average exception reporting of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators was 97% which was higher than the CCG average of 91% and the national average of 90%. Exception reporting rate was 10% which was comparable to the national average of 11%.
- Performance for mental health related indicators was 89% which was comparable to the CCG average of 92% and the national average of 93%. Exception reporting rate was 10%, which was comparable to the national average of 11%.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was 100% which was higher than the CCG average of 97% and the national average of 96%. Exception reporting rate was 8%, which was lower than the national average of 13%.

There was evidence of quality improvement including clinical audit.

- We saw evidence that clinical audits that had been undertaken in the last 12 months, we reviewed one of the completed two cycle audits to see what improvements had been implemented. For example, the practice had participated in an audit to increase the uptake of diabetic retinopathy screening. The aim of the audit was to investigate if patients with diabetes had received annual eye checks. The first cycle of the audit completed in November 2015 showed 23 patients had not attended their appointments. The practice contacted the 23 patients who had not attended and 18 patients after speaking with the GP, went and had their screening completed. The remaining five were sent a reminder letter by the GP. The second cycle of the audit completed in May 2016 showed screening rates for the practice had increased from 46% to 80%. The practice actively encouraged patients to attend all screening appointments.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. This included the CCG scheme, Aspiring to Clinical Excellence (ACE) foundation and excellence schemes. The aim of the scheme was to enable the CCG to work with GPs to develop practices and deliver improved health outcomes for patients. Results from the last ACE report showed the practice had achieved 89% for consultation satisfaction and 84% for the overall care received.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Appraisals had been completed for all staff. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: fire safety awareness, basic life support, safeguarding, infection control and information governance.

Coordinating patient care and information sharing

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

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

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

and updated for patients with complex needs. The practice implemented the principles of the gold standards framework (GSF) for end of life care. This framework helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. GSF meetings took place every three months to discuss the care and support needs of patients and their families and we saw minutes in place to support this.

The practice took an active approach to joint working and engaged well with other health and social care services.

- A counsellor held sessions once a fortnight to support patients with mental health needs.
- A substance misuse support worker held sessions at the practice every two weeks.
- Meetings with health visitors were held every three months to ensure a co-ordinated approach to the care of children and to discuss children with specific needs or concerns.
- The practice offered a minor surgery service for patients registered with other providers in the locality.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

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

Are services effective?

(for example, treatment is effective)

- The waiting room gave detailed information on how to access various services including mental health services and safeguarding contact numbers.

The practice's uptake for the cervical screening programme was 85%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged patients to attend national screening programmes for bowel and breast cancer by following up patients who did not attend appointments. Results were comparable to the CCG and national averages. For example,

- 75% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 69% and the national average of 72%.
- 58% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 50% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% which were above the national target of 90%. Immunisation rates for five year olds ranged from 94% to 100% were also higher than the national average of 88% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74 years. 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 48 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 three members of the patient participation group (PPG). They 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.

The feedback received from the comment cards and by patients we spoke with on the day, showed patients felt they were treated with compassion, dignity and respect. However, satisfaction scores on consultations with GPs from the National GP survey were lower than the CCG and national averages. For example:

- 72% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

For consultation with nurses, the satisfaction scores showed:

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 95% of patients said they had confidence in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.

The practice satisfaction scores for helpfulness of reception staff showed:

- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice had carried out an in-house survey. Thirty three patients had responded and results showed 29 patients were very satisfied with the care they received at the surgery.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients gave mixed responses to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

Are services caring?

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.
- 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 reception area and waiting room. These provided patients with information on 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 62 patients as carers, which represented 3% of the practice list. There was supportive information in place for carers to take away as well as information available through the practice website. The practice offered annual reviews and influenza vaccinations for anyone who was a carer.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card and advice on support services available.

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, the practice offered minor surgery for the practice patients and for patients registered at other providers in the local area.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Appointments could be booked over the telephone, face to face and online. The lead GP held a triage service between 8.30am and 9am to discuss patients concerns in case advice could be offered over the telephone without the patient having to attend the surgery.
- Clinical staff carried out home visits for patients and immunisations such as influenza and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- There were longer appointments available at flexible times for patients when needed, these were also offered to patients with a learning disability, carers and to patients experiencing poor mental health.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were facilities for disabled patients, a hearing loop and translation services available.
- The practice offered a variety of services including cervical screening, minor surgery and phlebotomy.

The practice provided a range of health care information in the practice and through their website, this included signpost information to support services and helpful resources such as hospital passports for patients with a learning disability. These passports were provided in easy to read formats so that patients with a learning disability and carers could have documented information to hand if the patient needed to attend hospital. (Hospital passports are designed to give hospital staff helpful information about illness and health of a patient with a learning disability).

The practice offered a range of services to support the diagnosis and management of patients with long term conditions. For example the practice offered ambulatory blood pressure monitoring, 24 hour echocardiograms (ECG) and spirometry.

Access to the service

The practice was open between 8.45am and 6.45pm Mondays, Tuesday, Thursday and Friday and 8.30am to 12.30pm on Wednesday. Appointments were from 9am to 11am every morning and 5pm to 6.30pm Monday and Friday and 4.30pm to 6.30pm Tuesday and Thursday. There were no afternoon appointments available on Wednesday. Extended hour appointments were offered between 6.30pm to 7.45pm on Monday. Appointments could be booked up to four weeks in advance and there were urgent appointments available on the day. Bank holiday opening was also available, during the Christmas period the practice had opened one of the planned bank holiday days.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 96% of patients said they could get through easily to the practice by telephone compared to the CCG average of 60% and the national average of 73%.

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

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

We looked at seven complaints received since December 2015 to October 2016. Lessons were learnt from individual

concerns and complaints and action was taken as a result to improve the quality of care. We saw in the meeting minutes that learning was shared and where required action was taken to improve safety.

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 and strategy to provide primary health care to patients. We spoke with five members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. This was reflected in feedback received from patients and in the way comments, concerns and suggestions were responded to.

The practice had a 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. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- 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, including in house patient satisfaction surveys and discussions with the patient participation group.
- The arrangements for identifying, recording and managing risks were effective.
- Practice specific policies were implemented and were available to all staff, staff were aware of key policies including whistleblowing and the business continuity plan.

Leadership and culture

On the day of inspection the GP told us they prioritised safe, high quality and compassionate care. Staff told us the GP and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP 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 first few years of the PPG were as a virtual group, however since August 2016 regular meetings have been held at the practice. The practice had acted on feedback and suggestions from the group, for example: the practice had improved/increased the number of parking spaces by purchasing land from the adjacent premises.
- There were notices on display in the waiting room to encourage patients to leave feedback on NHS choices website, as well as encouraging patients to join the PPG.
- The practice had gathered feedback from staff through staff meetings. 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.