

Summerlee Medical Centre

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?	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 Summerlee Medical Centre on 11 October 2016.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed and managed across the practice. However, the system for recording action taken in response to medical and clinical alerts should be strengthened. Evidence to identify the action the practice had taken in response to updated guidance and thereafter updating records was not always clear.
- Personnel records for some staff did not contain all relevant information to evidence that appropriate recruitment procedures had been followed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients were positive about the standard of care they received and about staff behaviours. They said staff were attentive, kind, thorough and helpful. They told us that their privacy and dignity was respected and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was readily available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Results from the national GP Patient survey indicated the practice was performing in-line with or above local and national averages. Patients confirmed that there was continuity of care, with urgent appointments available when required.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- In a small practice there was a clear leadership structure and staff felt supported by management.

Summary of findings

- The practice did not have a Patient Participation Group. The practice manager advised that arrangements would be put in place to form a group and recruit members. However, we saw that where patient feedback was given the practice took appropriate steps to act on it.
- The provider did not have an operational website for this practice
- The provider was aware of and complied with the requirements of the duty of candour.

The practice should take action in the following areas:

- Implement a system to ensure Medicines & Healthcare products Regulatory Agency (MHRA) alerts are received and acted upon appropriately.
- Ensure documentation in the staff files contains records of recruitment, training and appraisals.
- Develop the patient participation group (PPG) to gather feedback from patients and consider the use of a website to convey information to patients.
- An updated business continuity plan to be made available 'off-site' to the partner and relevant managers.
- Consider the development of a documented business plan, to evidence the vision and strategic plans for the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was a system in place for reporting and recording significant events. Learning was shared across the practice to support improvement and make sure action was taken to improve safety in the practice.
- The system for recording receipt, reviewing and recording action in response to MHRA alerts was inconsistent. Evidence to identify if the practice had acted upon the alerts was not always clear.
- When there were unintended or unexpected incidents patients received support, information and an apology as appropriate to the circumstances. The practice put steps in place to identify learning and changes to processes were introduced to avoid a possible repeat incident where necessary.
- The practice had policies and processes designed to keep patients safe and safeguarded from abuse.
- Information the practice retained about staff recruitment, their training, appraisals and management was incomplete.
- Risks to patients were generally assessed and well managed, however arrangements for managing MHRA alerts and updates required improvement.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed the practice had performed well, obtaining 99% of the total points available to them, for providing recommended care and treatment to their patients. This showed patient outcomes were comparable with local and national averages.
- Staff referred to guidance from the National Institute for Health Care and Excellence (NICE) and used it to assess and deliver care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice in line with the local and national averages for most aspects of care.
- For example, 89% of patients at the practice said the last nurse they saw was good at treating them with care and concern, compared to the CCG average of 90% and national average of 91%.
- Patients reported they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- 87% of patients described their overall experience of the practice as good; this was higher than both the local CCG average of 84% and the national average of 85%.
- Feedback from patients, who completed the CQC comments cards, was positive about the quality of care received.
- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Data from the National GP Patient Survey published in July 2016 showed that the results for the practice were in-line with or above local and national averages. Patients reported that 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.
- 94% of patients said the receptionists at the practice were helpful, compared to the CCG average of 86% and a national average of 87%.

Summary of findings

- 81% of patients described their experience of making an appointment as good, compared to the CCG and the national average of 73%.
- Urgent appointments were available the same day, with pre-bookable appointments with the health care assistant, nurse and GP available up to four weeks in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence demonstrated the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate. The practice encouraged positive feedback and celebrated success appropriately.

Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. A documented business plan, to evidence the vision and strategic plans for the practice may be beneficial.
- There was a clear leadership structure and staff said they felt supported by management. The practice had policies and procedures in place to govern activity and held regular meetings.
- There was a management framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partner encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The arrangements in place to manage and record action following clinical updates should be strengthened.
- The business continuity plan for the practice required updating and copies made available 'off-site' to the partner and relevant managers.
- The practice sought feedback from staff and patients, which it acted on. However, the practice did not have a Patient Participation Group.
- There was a focus on learning and improvement at all levels.

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 the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A vaccination programme was in place for older people including, seasonal flu jabs, shingles and pneumococcal vaccinations.
- Patients over 75 years of age had a named GP and these patients were invited for health checks
- Patients discharged from hospital were contacted to check on their situation.

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.
- 75% of patients on the asthma register had their care reviewed in the last 12 months. This was comparable to the local CCG average of 76% and national average of 75%.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.
- The practice regularly reviewed their QOF achievement to identify if there were any areas which required additional focus, particularly for those patients with long-term conditions. These reviews were led by one of the nurse practitioners with the support of the practice manager and discussed at the practice clinical meetings.

Good



Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who may be at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were higher than the local and national averages for all standard childhood immunisations. The practice provided flexible immunisation appointments.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme for women aged between 25 - 64 years was 90% which was higher than the local CCG and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a range of family planning services.
- There were six week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available.

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).

Good



- The practice had adjusted the services it offered to ensure that appointments were accessible, flexible and offered continuity of care, the surgery was open from 8am to 6.30pm Monday to Friday.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40 - 74 years.
- A full range of health promotion and screening that reflected the needs of this age group, for example smoking cessation and weight management.
- Data showed 59% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 59% locally and 58% nationally.
- Patients who had not attended for bowel screening were offered an appointment at the practice to discuss the service and its benefits to increase awareness and acceptance of the screening.

Summary of findings

- Data showed 74% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 77% locally and 72% nationally.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had identified 31 patients as carers, approximately 2.5%, and offered them flexible appointment booking, health checks and flu vaccinations.
- The practice offered longer appointments for patients with a learning disability and there was a GP lead for these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about 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 in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- Staff had a good understanding of how to support patients with mental health needs and dementia and had received training in dementia awareness.
- 100% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, (01 April 2015 to 31 March 2016), compared to the local CCG average of 86% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01 April 2015 to 31 March 2016) was 100%, compared against the local CCG average of 91% and the national average of 89%.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 indicated the practice was generally performing in-line with, or above, local and national averages.

Of the 247 survey forms distributed 104 were returned. This was a response rate of 42%, compared to the national response rate of 38%, and represented approximately 9% of the practice's patient list.

- 93% said they found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average 74% and the national average 76%.
- 87% described the overall experience of their GP surgery as good where the CCG average was 84% and the national average 85%.
- 76% said they would recommend their GP surgery to someone who had just moved to the local area compared to the CCG average of 78% and the national average 79%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 completed cards. We also spoke with two patients.

From this feedback we found that patients were consistently positive about the standard of care received. Patients said they felt staff were caring, attentive and helpful. Furthermore, that their privacy and dignity was respected at all times. They told us they felt listened to by the GPs and involved in their own care and treatment.

All of the patients we spoke with, or who left comments for us, were positive about the quality of care provided at the practice. However, four of the comment cards mentioned some concerns about difficulties in accessing the practice by telephone or the availability of appointments.

We received comments cards from a diverse range of patients. Some told us they had been registered with the practice for a number of years, whilst some had recently registered and others had attended with young children.

The practice was aware of the survey outcomes regarding access and had proactively sought to address access concerns. The practice had introduced systems to improve telephone call handling system. The practice was monitoring the situation and would review developments and future patient feedback.

Areas for improvement

Action the service SHOULD take to improve

- Implement a system to ensure Medicines & Healthcare products Regulatory Agency (MHRA) alerts are received and acted upon appropriately.
- Ensure documentation in the staff files contains records of recruitment, training and appraisals.
- Develop the patient participation group (PPG) to gather feedback from patients and consider the use of a website to convey information to patients.
- An updated business continuity plan to be made available 'off-site' to the partner and relevant managers.
- Consider the development of a documented business plan, to evidence the vision and strategic plans for the practice.

Summerlee Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a GP acting as a specialist advisor and was led by a CQC inspector.

Background to Summerlee Medical Centre

Summerlee Medical Centre is based in Summerlee Road, Finedon, Northamptonshire, NN9 5LJ, and provides a range of primary medical services from its premises, which were a former village church and community centre.

The practice has approximately 1200 patients and provides services to the surrounding villages in rural Northamptonshire. The area's deprivation level recorded as being in the fifth most deprived decile.

Life expectancy for males, at 82 years, is two years higher than both the CCG average and national average. Life expectancy for females, at 86 years, is three years higher than the CCG and national averages.

The practice age profile broadly follows the England national profile; however there are approximately 4% more males across the age range of 40-70 years of age, than both local CCG and national averages.

The clinical team includes one female GP partner supported by a team of regular locum GPs a female practice nurse and health care assistant. The practice is managed by the practice manager and a team of administration, reception and secretarial staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract).

Summerlee Medical Centre is open Monday to Friday from 8am until 6.30pm. An out of hours service, for when the practice is closed, is provided by NHS 111 service. Information about the service is provided on the telephone message, the practice leaflet and is displayed on notices boards at the practice.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 11 October 2016.

During our inspection we spoke with a range of staff including the GP, practice nurse, the practice manager and members of the reception and administration team.

We also spoke with two patients. We observed how staff interacted with patients. We reviewed 15 completed CQC comment cards left for us by patients to share their views and experiences of the practice with us.

Detailed findings

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

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

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

- Older people

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident 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 support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Senior staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed at practice clinical meetings which took place regularly and we saw minutes from the meetings to confirm this. Information and learning was circulated to staff and the practice carried out a thorough analysis of the significant events.
- However we found that the practice did not have a system in place to consistently manage the receipt, review and recording of any action taken in response to the MHRA alerts (Medicines & Healthcare products Regulatory Agency). We found that notes from meetings where these issues were discussed did not demonstrate in sufficient detail the nature of discussion, nor did they consistently record the number or type of alert that had been discussed or if the practice had taken any action in response to the information.
- It was not possible to demonstrate therefore, if all MHRA alerts had been discussed by all clinicians or other relevant staff at the practice. In some cases, where action had been taken, we did see that appropriate checks had been put in place and that updates and learning had been shared.

Overview of safety systems and processes

The practice had clearly defined 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 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. A named member of staff was designated a lead for safeguarding. The GPs were trained to the appropriate level to manage child safeguarding (level three). All staff we spoke with demonstrated they understood their responsibilities and had received safeguarding training relevant to their roles. Consultation and treatment rooms displayed notices reminding staff of safeguarding contacts.
- A notice in the reception area and in clinical areas advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and 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 and appeared visibly clean and tidy. Hand wash facilities, including hand sanitiser were available throughout the practice.
- There were appropriate processes in place for the management of sharps (needles) and clinical waste. The practice had a designated member of staff with lead responsibilities for infection prevention and control. The practice maintained liaison with the local infection prevention teams to keep up to date with best practice. The lead demonstrated a clear understanding of their role. There was an infection control protocol in place, with an infection control audit due to be undertaken. We saw evidence that action had been taken to address any improvements identified as a result of concerns previously identified.
- A programme of infection control update training was in place and staff were in the process of completing this. All of the staff we spoke with were knowledgeable about infection control processes relevant to their roles.
- 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).

Are services safe?

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, 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. The health care assistant was trained to administer vaccines against a patient specific prescription or direction from a prescriber.
- The practice had policies and procedures in place to manage staff recruitment, this included pre-employment checks, proof of identification, personal and professional references, including satisfactory evidence of conduct in previous employment, and, where required, registration with the appropriate professional body and checks through the Disclosure and Barring Service.
- However, when we reviewed personnel files for staff we saw that information relating to the action taken was missing. For example, on some files proof of identification, personal references, or evidence of qualifications and registration with the appropriate professional body was not available to demonstrate that these checks had been undertaken.
- We also saw that on other files contracts of employment were not present; although we were assured signed copies were with each employee. Other historical information such as application forms, training and appraisal records were also incomplete. For example, it was not possible to tell if staff had received regular annual appraisals.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

health and safety policy available with a poster displayed in the staff area which identified local health and safety representatives. The practice had an up to date fire risk assessment and fire drills were routinely undertaken.

- 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 Legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a system in place across all the different staffing groups to ensure that 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 and emergency buttons on the computers in all the consultation and treatment rooms that alerted staff to any emergency which occurred within the practice.
- Staff had received basic life support training.
- The practice had a defibrillator and emergency oxygen with adult and child masks available on the premises. These were checked and tested.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had systems in place to ensure that stocks of medicines were regularly reviewed and dates for use recorded. All the medicines we checked during the inspection were in date and stored securely.
- The practice had a business continuity plan in place for major incidents, such as power failure or building damage. However, the plan was based on the Provider's other location and did not reflect the specific needs of the practice. The plan should be available off-site to relevant 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 people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- The practice carried out risk assessments and audits to monitor that these guidelines were followed.

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).

At the time of our inspection the most recent published results showed the practice achieved 99% of the total number of points available, with 10% exception reporting within clinical domains. (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). The practice's overall exception reporting was similar to the local CCG average of 11% and the national average of 10%. We found that, in the cases we looked at, the exception reporting was clinically appropriate.

Additional data from 2015/2016 showed that outcomes were higher than local and national averages;

- 88% of patients on the asthma register had an asthma review in the preceding 12 months compared against the CCG and national average of 76%.
- 100% of patients with COPD (Chronic obstructive pulmonary disease) had a review undertaken which included an assessment of breathlessness, in the preceding 12 months, was compared to the CCG average of 91% and the national average of 90%.

- 100% of patients diagnosed with dementia had received a face to face care review in the last 12 months, compared to the CCG average 87% and national average of 84%.

We also found that clinical audits undertaken within the practice had demonstrated improvements to the quality of care and understanding of patients' needs, for example.

- We looked at clinical audits completed at the practice within the preceding twelve months, some of these were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- Where appropriate the findings from the audits were used by the practice to improve services. For example, the practice commenced an audit of patients prescribed ACE Inhibitors (Angiotensin-Converting-Enzyme Inhibitor is a medication used to treat high blood pressure) in June 2016, with the first cycle completed. Outcomes had been reviewed and the practice ensured that reviews were in place for those patients as required.
- The practice also conducted a review covering appointment availability during three months from April 2016, to examine the delivery of appointments, the number of appointments missed due to patients who did not attend and the satisfaction levels of patients about the availability of appointments. The practice identified that reminders about appointments would be valuable to aid the reduction of missed appointments.
- In response to outcomes in the GP Patient survey published in July 2016, the practice had made changes to improve telephone call handling system, particularly to cover the early morning peak requirement.
- The practice routinely participated in local audits, national benchmarking, accreditation, peer review and research.
- We saw that the practice also carried out reviews of performance, for example with review of QOF scores compared annually. The practice sought to identify if there were any areas which required additional focus and to recognise where performance had improved.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as fire safety, health and safety, infection prevention and control and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources. The nursing staff had training dealing with COPD and diabetes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. A programme was in place to ensure all staff received an appraisal on an annual basis, although some delays to appraisals had been experienced recently.
- Staff received training that included: safeguarding, fire safety awareness, health and safety and basic life support. Most of the training was provided by the use of an e-learning facility or in-house on a face-to-face basis. The practice embraced the Protected Learning Time initiative and time was provided each month for specific development and practice wide learning opportunities. However, we also found that for some staff there was no information on personnel files regarding the formal induction and probation process being completed.

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 shared information systems.

- 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 services 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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place on a monthly basis. These patients' care plans were routinely reviewed and updated.

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.
- We saw the process for seeking consent was well adhered to and examples of documented patient consent for recent procedures completed at the practice were available.

Supporting patients to live healthier lives

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 smoking cessation and weight management. Patients were signposted to the relevant services when necessary.
- Smoking cessation advice was available at the practice.

The practice's uptake for the cervical screening programme was 79%, which was higher than the CCG and the national average of 74%. There was a policy to offer 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 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 consequence of abnormal results.

Are services effective?

(for example, treatment is effective)

Bowel and breast cancer screening rates were comparable to local and national averages.

For example,

- 59% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG average of 59% and the national average of 58%.
- 74% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG average of 77% and the national average of 72%.

These were nationally run and managed screening programmes and there was evidence to suggest the practice encouraged its relevant patients to engage with them and attend for screening.

Childhood immunisation rates for the vaccinations given were higher than the CCG and national average. 100% of children under five years of age received the full course of recommended childhood vaccines.

The practice participated in targeted vaccination programmes. This included the flu vaccine for children, people with long-term conditions and those over 65 years.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 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 that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were 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 area to discuss their needs.

The 15 Care Quality Commission patient comment cards we received were consistently positive about the service experienced and staff behaviours demonstrated. Some comment cards identified members of the staff team whom they considered had provided excellent service. The patients we spoke with said they felt the practice offered a good service and staff treated them with dignity and respect. Patient comments highlighted that staff responded compassionately when they needed help and provided appropriate support when required.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. Most of the outcomes from the survey were comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. The feedback patients gave us on the day of the inspection, from comment cards and interviews supported these results.

For example:

- 84% said the GP was good at listening to them, compared to the CCG average of 88% and national average of 89%.
- 87% said the GP gave them enough time, compared to the CCG average of 86% and the national average 87%.
- 93% said they had confidence and trust in the last GP they saw, compared to the CCG average of 91% and the national average of 92%.

- 81% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average 84% and national average of 85%.
- 89% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average 90% and the national average 91%.
- 94% said they found the receptionists at the practice helpful, compared to the CCG average 86% and the national average of 87%.

The practice had a Suggestion Box in the waiting area for patients to leave any comments. Action to address areas for improvements were discussed at practice meetings, with a view to improving and monitoring performance.

Care planning and involvement in decisions about care and treatment

The patients we spoke with and those who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. 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.

Results from the National GP Patient Survey published in July 2016 showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with the local CCG and national averages.

For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average 80% and national average 82%.
- 87% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

Patient feedback and survey outcomes were discussed with representatives from the CCG and at practice meetings. Steps to address areas with disappointing outcomes were identified, with an action plan developed and implemented. For example, staff had been given training for dealing with telephone calls.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Directories, packs and leaflets in the patient waiting area informed 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 31 patients on the

practice list as carers. This was approximately 2.5% of the practice's patient list. Information for carers was available in the waiting area which provided information and advice, including signposting carers to support services.

We saw that the practice notified staff of all recent patient deaths. From speaking with staff, we found that depending on the individuals and the circumstances involved, the GPs phoned bereaved families offering an invitation to approach the practice for support and signposting them to local bereavement services.

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.

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible toilet facilities for all patients, and baby changing facilities.
- Translation services were available.
- There were male and female GPs in the practice and patients could choose to see a male or female doctor.
- The practice provided six week post-natal checks for mothers and their children.
- There were longer appointments available for patients with a learning disability.
- Patients with learning disabilities were offered an annual health check.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointment booking and repeat prescription requests were available online.
- All consultation rooms were on the ground floor and accessible.

Access to the service

The Summerlee Medical Centre was open Monday to Friday from 8am until 6.30pm.

In addition to GP pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was higher than the local and national averages.

- 81% of patients were satisfied with the practice's opening hours, compared to the CCG average of 75% and national average of 76%.
- 93% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and the national average of 73%.
- 83% of patients said the last time they wanted to see or speak to a GP or nurse they were able to get an appointment, compared to the CCG average of 74% and the national average of 76%.

The positive survey results were supported by the feedback patients gave us on the day of inspection. The 15 comment cards were generally very positive about access to the practice and appointments. However, four of the patients mentioned they had experienced a longer wait than they would like to get a pre-bookable appointment.

The practice was aware of the outcomes and had identified steps to be taken, designed to improve performance. For example, the practice had provided information to patients about changes to the appointment system and the negative impact of missed appointments. The practice had made additional training to staff about customer service and telephone call handling.

Listening and learning from concerns and complaints

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

- The practice had a formal complaints procedure, which it followed when dealing with concerns presented to it.
- The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system; information was available to patients within the waiting areas. The practice did not have a website so no information was available online.

- We looked at the details of three complaints received within the preceding twelve months. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience. For example, in response to a complaint investigation the practice identified systems for managing repeat prescriptions

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

needed strengthening. The patient was advised of the outcome of the complaint investigation and the practice updated their processes to avoid a similar incident occurring in the future.

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 vision and desire to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement in which it aimed to provide high quality and accessible care in a safe and friendly manner to enhance the health and lives of its patients.
- There was a commitment to be a friendly, helpful and approachable GP practice, where patients and employees are treated with dignity and respect at all times, regardless of age, sex, marital status, gender, pregnancy, sexual orientation, ethnicity, disability, race, religion or belief.
- There was an undertaking to ensure all members of staff were given the correct training to carry out their job role in the best way possible and to treat patients equally and respect their confidentiality with regards to their medical needs and conditions.
- The practice undertook to provide information about services in the practice newsletter, to keep patients up-to-date with the latest changes.

Governance arrangements

The structures and procedures in place at the practice were designed to ensure the delivery of the mission statement and the provision of good quality care as a priority.

- We noted that the practice did not have a structured, written business plan in place. Possible developments were raised and discussed at practice meetings and issues were noted for action and action as required throughout the year. The meetings were minuted and action points were noted and carried forward appropriately.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff we spoke with were clear about the management and governance structure in place at the practice.
- Practice specific policies were implemented and were available to all staff.
- There was an understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.

- There was a programme of clinical and internal audit which was used to monitor quality and to make improvements.
- Generally, the practice had adequate arrangements in place to recognise and manage risks arising from incidents. However, we saw that systems to deal with MHRA alerts were inconsistent. There was incomplete information available to demonstrate how the practice had responded to updates.
- We also noted that personnel information about staff was incomplete.

Leadership and culture

On the day of inspection the partner in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, good quality and compassionate care. The partner was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. Decision making responsibilities were clear and supported by structured framework for meetings within the practice.

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). The partner encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected safety incidents:

- The practice gave affected people reasonable support and truthful information.
- They kept written records of verbal interactions as well as written correspondence.

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

- There was a regular schedule of meetings at the practice for individual staff groups, multi-disciplinary teams and all staff to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.

Are services well-led?

Good 

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

- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns.
- Staff were appropriately involved in discussions about how to run and develop the practice and the partner encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- There were named members of staff in lead roles. For example, the practice had nominated leads for safeguarding, for patients with diabetes, learning disabilities, mental health issues and dementia. The nurse led clinics for patients with respiratory conditions such as asthma and chronic obstructive pulmonary disease. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.
- The practice had gathered feedback from staff through meetings and discussions. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged in how the practice was run.
- There was a Suggestion Box for patients to submit feedback and the practice completed local patient surveys.
- At the time of inspection the practice did not have a Patient Participation Group (PPG) (a PPG is a community of patients who work with the practice to discuss and develop the services provided) and through complaints received. The practice was aware of the need to develop a PPG and had development plans in place to form a group.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

Continuous improvement

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

The practice had discussed plans for future development including telephone consultations and 'call-backs' by the GPs.

The practice team was forward thinking and was working with the local CCG to improve and develop service delivery for patients, for example GPs had participated in specialist education events.