

# Sherbourne Medical Centre

## Quality Report

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Date of inspection visit: 21 July 2016

Date of publication: 21/12/2016

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 Sherbourne Medical Practice on 21 July 2016. The overall rating for this service is good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- There were systems in place to manage patient safety alerts, including medicines alerts which were acted upon. Changes were made to treatment for those patients identified as a result of the patient safety alerts.
- Patients' needs were assessed and care was provided in line with current guidance. Staff had the skills and expertise to deliver effective care and treatment to patients. This was maintained through a programme of continuous development to ensure their skills remained current and up-to-date.

- Patients told us GPs and nurses at the practice treated them with care, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available to patients and they told us that they knew how to complain if they needed to.
- All patients had a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider should make improvements are:

- The practice should continue to look for ways to improve patient experiences of access to appointments.

# Summary of findings

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. Staff were encouraged to report all incidents and events as part of their everyday role and responsibilities. The practice carried out a thorough analysis of significant events and shared learning from these with appropriate staff. Where patients were affected they received a written apology and were told about any actions taken to prevent the same thing happening again. 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).
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- Risks to patients were assessed and well managed. There were systems in place to manage patient safety alerts, including medicines alerts which were acted upon. Changes were made to treatment for those patients identified as a result of the patient safety alerts.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- 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 teams and there were systems in place to ensure appropriate information was shared.
- We saw evidence that staff received appraisals and had personal development plans in place.
- A programme of audits and reviews were carried out so that improvements were made to enhance patient care.

Good



# Summary of findings

- Data from the Quality and Outcomes Framework (QOF) (2014/2015) showed that the practice had achieved 97% of the total number of points available compared with the local average of 98% and the national average of 95%.
- The practice achieved above average results for patient outcomes when compared with the local and national averages.

## Are services caring?

The practice is rated as good for providing caring services.

- Staff were friendly, polite and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients were treated with dignity and respect.
- Results from the National GP Patient Survey published on 7 July 2016 showed that the practice had achieved results that were in line with or above local and national levels in relation to patients' experience and satisfaction scores on consultations with the GP and the nurse.
- There were many positive patient comments about the practice on the NHS Choices website.
- Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GPs and the nurses, and they were given sufficient time during their appointments.
- Information to help patients understand and access local services was available. This included a guide to the services provided by Sherbourne Medical Centre, a guide to cervical screening, a guide to bowel cancer screening and information on how to make a complaint was accessible to patients.
- The practice maintained a register for patients who were also carers. They had recently appointed two care-coordinators to work flexibly and provide support to patients with various problems. Their role included signposting patients to appropriate support agencies.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found they were able to make an appointment with the GPs and that there was continuity of care, with urgent appointments available the same day.
- National GP Patients Survey results (July 2016) showed that the practice was performing below local and national averages for access to appointments. The practice had analysed the survey results and taken action to make improvements, such as the

Good



# Summary of findings

introduction of telephone consultations, the development of a more interactive website and the appointment of two care coordinators to help patients with managing their appointments.

- The practice was located in purpose-built premises and had good facilities. It was well equipped to treat patients and meet their needs. There was no lift for patients to access the first floor but arrangements were made to see patients in ground floor consultation rooms where required.
- Information about how to complain was available and easy to understand and evidence showed that the practice had responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders accordingly.
- The practice worked closely with other organisations and the local community in planning how services were provided to meet patients' needs. Meetings were regularly attended with other practices and partner organisations from the locality so that services could be monitored and improved as required.

## Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There was a clear vision and strategy to provide quality, safe and accessible services. Staff described the vision of the practice as one which offered quality healthcare for all practice patients.
- Staff morale was high with a high level of staff satisfaction and evidence of a strong teamwork approach. The practice encouraged a culture of openness and honesty. Staff told us they were confident they would be supported if they needed to raise any issues or concerns. They said they felt respected, valued and supported by everyone and that they loved working at the practice.
- Staff had received inductions, regular performance reviews and attended regular staff meetings and events.
- The practice engaged with the Patient Participation Group (PPG) to make improvements to the services provided for patients. Changes to the times of extended hours appointments provided was an example of this involvement.
- GPs had devised a poster which they had displayed in the waiting area. This acted as a crib sheet for patients so they

Good



# Summary of findings

could be clear about the information they needed to share with the GP to help them assess their care and treatment needs. The practice had introduced this three months ago and planned to evaluate its effectiveness after 12 months. They had received positive comments from patients about its usefulness.

# 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 patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services such as end of life care.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients.
- The practice was responsive to the needs of older patients. They offered home visits and rapid access appointments for those patients with enhanced needs.
- Health checks were carried out for all patients over the age of 75 years, with 9% completed out of 614 eligible patients so far this current year.

Good



### People with long term conditions

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

- There were systems in place to monitor patients with chronic diseases. The practice nurses had lead roles in chronic disease management.
- The practice ensured continuity of care in order to achieve the best outcomes for individual patients. All patients diagnosed with a long term condition had a structured regular review to check that their health and medicine needs were being met. Reviews were carried out at least annually if not more often. Holistic appointments were offered so that the number of times patients needed to attend for appointments was reduced. Longer appointments and home visits were available when needed.
- The GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care for those patients with the most complex needs.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children who were at risk of abuse, including children and young

Good





# Summary of findings

patients with a high number of accident and emergency attendances. Staff had received safeguarding training. They were aware of their responsibilities in protecting children who were at risk of harm.

- Appointments were available outside of school hours and the premises were suitable and accessible for children.
- Childhood immunisation rates for the vaccinations given were comparable to local and national averages.
- We saw examples of joint working with midwives, health visitors, and district nurses.
- A number of online services including booking appointments and requesting repeat medicines were also available.
- Data for 2014/2015 showed the practice's uptake for the cervical screening programme was 70% which was below the local average of 77% and the national average of 74%. The practice had a system in place to encourage patients to attend for screening which included letter and text reminders, telephone calls as well as opportunistic reminders for appointments when patients visited the practice. Information about the importance of screening was made available to all patients in the waiting area.

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

The practice is rated as good for the care of working-age patients (including those recently retired and students).

- The practice offered extended hours so that patients could access appointments around their working hours. Appointment times were available from 8am to 12.30pm alternate Saturdays for pre-booked appointments only.
- The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group.
- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- Repeat prescriptions could be requested online at any time, which was more convenient for patients.
- A range of contraceptive services was available at the practice (including coils and implants).

Good



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

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

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability. Alternative formats were available for those patients who needed these to access information such as patient leaflets in large text or alternative fonts. The practice offered longer appointments for patients with a learning disability. They had completed annual health checks for 37% of the 38 patients on their register since 1 April 2016.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. Vulnerable patients were advised on how to access various support groups and voluntary organisations. Alerts were placed on these patients' records so that staff were aware they might need to be prioritised for appointments or offered longer appointments.
- Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children who were considered to be at risk of harm. Staff were aware of their responsibilities regarding information sharing and documentation of safeguarding concerns.
- The practice treated patients of all ages and provided a range of medical services. This included vulnerable groups such as homeless people or travellers. If they approached the practice they would be registered and provided with treatment and health care according to their needs.

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

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

- The practice held a register of patients with poor mental health including those patients with dementia. Staff had received training on how to care for patients' with mental health needs and dementia.
- Advanced care planning and annual health checks were carried out which took into account patients' circumstances and support networks in addition to their physical health. Longer appointments were arranged for this and patients were seen by the GP they preferred. Patients were given information about how to access various support groups and voluntary organisations.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- The GPs and practice nurses understood the importance of considering patients ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005.
- The practice supported families in their bereavement and signposted them to support services.
- Data for 2014/2015 showed the practice achieved higher than local and national rates for support for patients with poor mental health.
- The practice had developed a dementia pathway which was being trialled. The aim of the pathway was to identify and provide earlier support for patients, from diagnosis.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing in line with or below local and national averages. There were 260 surveys sent to patients and 117 responses which represented a response rate of 45% which was higher than the national response rate of 38%. Results showed:

- 53% of patients found it easy to get through to this practice by telephone which was below the Clinical Commissioning Group (CCG) average of 78% and the national average of 73%.
- 83% of patients found the receptionists at this practice helpful which was below the CCG average of 89% and the national average of 87%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried which was below the CCG average of 91% and in line with the national average of 85%.
- 90% of patients said the last appointment they got was convenient which was below the CCG average of 94% and in line with the national average of 92%.
- 71% of patients described their experience of making an appointment as good which was below the CCG average of 81% and the national average of 73%.
- 72% of patients usually waited 15 minutes or less after their appointment time to be seen which was above the CCG average of 69% and the national average of 65%.
- 60% of patients felt they did not normally have to wait too long to be seen which was in line with the CCG average of 61% and the national average of 58%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were very positive about the standard of care received.

- Patients were very complimentary about the practice and commented that staff were very friendly.
- The service they received was first class.
- GPs always took the time to listen and patients never felt rushed.
- Patients said they cannot fault the care and treatment they received.
- They received excellent care from the GPs and the nurses.
- Patients told us they could always get an appointment when they needed one.

We spoke with two patients during the inspection, who were also members of the Patient Participation group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care.

- Patients were very positive about the service they received.
- They always received good care from the GPs.
- The receptionists were very friendly and always helpful.
- Staff were always willing to go out of their way to help where they could.

## Areas for improvement

### Action the service SHOULD take to improve

The area where the provider should make improvements are:

- The practice should continue to look for ways to improve patient experiences of access to appointments.

# Sherbourne Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP and a Practice Manager specialist advisor.

## Background to Sherbourne Medical Centre

Sherbourne Medical Practice is located in Leamington Spa, Warwickshire and provides primary medical services for patients in Leamington Spa and the surrounding villages. At the time of the inspection there were 9,687 patients registered with the practice. It has six GP partners (three male and three female) and a trainee GP.

The practice population was in line with local and national averages for most age groups, although there were a higher number of unemployed patients at 7% compared with local rates of 4% and the national rate of 5%.

The GPs are supported by a part time senior practice business manager, an operations manager, two practice nurses, two healthcare assistants, administrative and reception staff.

Sherbourne Medical Practice is an approved training practice for trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. A trainee GP was working at the practice at the time of the inspection.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice reception opens from 8am to 6.30pm Monday to Friday. Appointments are available from those times. Extended hours appointments are available from 8am to 12.30pm on alternate Saturdays for pre-bookable appointments. These appointment times are available for both GPs and nurses. Appointments can be booked up to two weeks in advance.

When the practice is closed, patients can access out-of-hours care through NHS 111. The out-of-hours service is provided by Care UK. The practice has a recorded message on its telephone system advising patients on the numbers to call. This information is also available on the practice's website and in the practice leaflet.

Home visits are also available for patients who are too ill to attend the practice for appointments. Patients can request repeat prescriptions in person or by using the online service.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for maternity care and family planning. Sherbourne Medical Practice also carries out minor surgery for patients.

The practice is an accredited research practice and actively engages in primary care research.

Facilities are available over two floors in the practice building. Although there is no lift available to the treatment and consultation rooms located on the first floor, arrangements are made to see patients in ground floor consultation rooms where they need easy access.

# Detailed findings

## 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. This inspection was planned to check whether the provider was 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.

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

## How we carried out this inspection

Before our inspection of Sherbourne Medical Centre we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We carried out an announced inspection on 21 July 2016.

During our inspection we:

- Reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.
- Spoke with a range of staff that included four GPs, the senior practice business manager, the operations manager, two practice nurses, a healthcare assistant and reception and administration staff.

- We looked at procedures and systems used by the practice.
- We spoke with four patients, two of whom were members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care.
- We observed how staff interacted with patients who visited the practice. We saw how patients were being cared for and talked with carers and/or family members.
- We reviewed 45 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

Sherbourne Medical Centre used an effective system for reporting and recording significant events.

- Staff were encouraged to report all incidents and events as part of their everyday role and responsibilities. Forms for staff to complete were accessible on the computer system and these were escalated to senior staff once they had been completed. There was a no blame culture at the practice and staff were encouraged to learn what needed to be done differently in order to avoid similar incidents happening again.
- 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).
- The practice carried out a thorough analysis of significant events and shared learning from these with appropriate staff. Ten incidents had been reported for the period June 2015 to June 2016. In each case we found that action had been taken, learning identified and changes made as a result to prevent further occurrences. Minutes of meetings were available to show that discussions and learning had been shared at weekly partner meetings and quarterly whole team meetings. For example, patients with the same names and similar dates of birth had been confused and an appointment had been made for the wrong patient. Patient records had been reviewed and where patient details were similar an alert had been added to their records so that additional checks were carried out to identify the correct patient.
- Where incidents had involved patients we saw evidence that they had been informed and had received a written apology.
- There was a system in place for reporting significant events to local and national level, with a flow chart in place to guide staff. Information was also shared with other buddy group practices within the GP federation and the Clinical Commissioning Group (CCG).

We reviewed safety records, incident reports, Medicines and Healthcare Products Regulatory Alerts (MHRA), patient safety alerts and minutes of meetings where these were discussed.

- Patient safety alerts were received by the operations manager by email, who forwarded these to all relevant GPs and nursing staff. A hard copy of all alerts was kept, with details of actions taken recorded.
- All alerts were discussed at monthly clinical meetings and the GP lead identified action to be taken (if any) and ensured this was completed. GPs described examples of alerts that had led to patient searches and where appropriate, changes in prescribing had been made as a result. We saw evidence that patient searches had been carried out for two recent alerts with changes to prescribed medicines actioned.
- Minutes of meetings showed that lessons were shared and action was taken to improve safety in the practice. For example, an incident had identified failed calls to patients by GPs. This was found to be linked to the withheld number caller identity shown and patients had not always answered this type of call. Following a review it had been agreed to make changes so that the practice telephone number identified the caller to the patient. The practice had seen a reduction in the number of failed calls as a result.

### Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from the risk of abuse that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff were clear about their roles and responsibilities should they have any safeguarding concerns about patients. They told us they had received training appropriate to their role and could name the practice safeguarding lead. Training records confirmed this. Staff told us about a safeguarding incident that had occurred at the practice that had been escalated in which a positive outcome resulted. Safeguarding concerns were discussed at clinical meetings and multi-disciplinary meetings held with the health visitors. We saw minutes of these meetings to confirm this.
- A notice was displayed in the waiting room and in treatment rooms, advising patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an

## Are services safe?

official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff confirmed that a record was added to patients' notes when chaperones had been offered, and this included when the service had been offered and declined. Patients we spoke with confirmed they were aware of the chaperone facility.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. A practice nurse was the infection prevention clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The last infection control audit had been completed in June 2016 with areas for improvement highlighted. An action plan was in place with dates recorded for review of actions to be completed. We saw where actions had been completed, such as new shelving in cleaning store for buckets with mop hooks added.

The practice had appropriate recruitment policies and procedures in place.

- We looked at files for different staff roles including a receptionist, two administrative staff, a nurse and a health care assistant and found that recruitment checks had been carried out in line with legal requirements. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through DBS. We saw that processes were also in place when locum GPs were employed by the practice to ensure appropriate checks had been carried out.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. The majority of staff worked part time and they confirmed they would cover for each other at holiday periods and at short notice when colleagues were unable to work due to sickness. Staff were also cross-role functional so that they could cover skill areas at all times when needed.

There were suitable arrangements in place for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

- This included obtaining, prescribing, recording, handling, storage and security of medicines. Prescriptions were securely stored and there were systems in place to monitor their use.
- Processes were in place to ensure the frequency of reviews was carried out for patients prescribed high risk medicines. We reviewed a sample of anonymised patient records where particular high risk medicines had been prescribed. These showed that appropriate monitoring was maintained.
- Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs and PSDs had been appropriately signed by nursing staff and the lead GPs.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked routinely to ensure it was working properly.
- The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, Infection Prevention and Control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The latest Legionella risk assessment report had been completed in May 2016. The practice had up to date fire risk assessment in place (dated October 2015) and regular fire drills were carried out. Two members of staff were trained as fire marshals and the latest drill was recorded as 16 June 2016.

### Arrangements to deal with emergencies and major incidents

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

- A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Copies of the plan were kept at home by the lead GP and the operations manager. A hard copy was kept on the practice premises where it



## Are services safe?

was available in the event an emergency arose. The plan was kept under regular review (last reviewed in April 2016) to ensure that information was up to date at all times. Contact details for all staff were included.

- All staff received annual basic life support training.
- Staff had access to an instant messaging system on the computers in all of the consultation and treatment rooms which alerted other staff to any emergency.
- There were emergency medicines and equipment available as required, including a first aid kit and

accident book. These were easily accessible in a secure area of the practice and all staff knew of their location. Medicines included those for a range of emergencies such as the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and stored securely.

- Oxygen and a defibrillator (used to help restart the heart in an emergency) were available and these had been regularly checked and maintained.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards.

- There were systems in place to ensure all clinical staff were kept up to date. The practice had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The most recent published data (2014/2015) showed that the practice had achieved 97% of the total number of points available compared with the local average of 98% and the national average of 95%.

Data showed:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 94% which was above the local average of 92% and the national average of 88%. The practice exception rate of 15% was higher than the Clinical Commissioning Group (CCG) average of 5% and higher than the national average of 8%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 98%

which was above the CCG average of 93% and the national average of 88%. The practice exception rate at 14% was in line with the CCG and the national average of 11% and 13% respectively.

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 95% which was above the local average of 85% and the national average of 84%. The practice exception rate was 7% which was in line with the CCG average of 6% and below the national average of 8%.

The practice was aware of their high exception rates and had taken action to reduce these. They had reviewed all patients and identified reasons for exception reporting such as patients declining treatment or where patients were unsuitable for specific treatment. Unpublished data for the 2015/2016 year showed that improvements had been achieved. For example, data showed exception reporting had reduced to 5% for patients with diabetes.

The practice carried out regular quality audits to monitor and identify where improvements to practise could be made.

- We saw that audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident in the audits for the treatment of patients with chronic lung diseases. As a result of the audits changes to practice had been made and further guidance was generated by the practice for all clinical staff to follow.
- An audit carried out in 2015 and repeated in 2016 looked at the outcomes for patients who had received minor surgery and/or joint injections. The audit examined whether there had been any wound infections following minor surgery, and that all patients had been appropriately consented (written informed consent with consent forms scanned to the patient's notes). The audit report showed that consent for treatment had been obtained for all patients who received treatment. There had been no wound infections and no changes to procedures were required for patients being operated upon in the practice.
- The practice also participated in applicable local audits, national benchmarking, accreditation, peer review and research. Audits were carried out in response to latest guidance, patient safety alerts, significant events, and

# Are services effective?

## (for example, treatment is effective)

through issues or queries raised in meetings. The GPs were part of a buddy group of local practices which held three monthly meetings, and also part of the local GP federation.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as health and safety, safeguarding, infection control, fire safety, and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The operations manager was collating information to review the training needs for all staff, to ensure they had access to appropriate training so that their learning needs could be met and covered the scope of their work.
- Staff had an appraisal in progress or had received an appraisal within the last 12 months.
- Staff received training that included child and adult safeguarding, information governance awareness, health and safety, infection control, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training.
- Staff told us that training opportunities at the practice were well facilitated and encouraged. They told us that whatever their training needs the practice were always happy to support them with this. For example, development training had been provided for reception staff to train as health care assistants, and disease management courses were provided for nursing staff.
- The practice was involved in the local apprenticeship scheme. They had successfully recruited staff from apprentices who had started working at the practice under this scheme.

### Coordinating patient care and information sharing

There were systems in place to enable the practice to work effectively with other services to provide the care patients needed.

- Scanned paper letters were saved on the system for future reference. All investigations, blood tests, X-rays and the results were requested and received online.
- 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, including when they were referred, or after they were discharged from hospital.

- Multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated. District nurses, Macmillan nurses, the health visitor, GPs and Age UK were invited to attend. Minutes of meetings for 2015 and 2016 confirmed these meetings took place. We saw that discussions had included concerns about safeguarding adults and children, as well as those patients who needed end of life care and support.
- Information leaflets were available about a range of services for patients to access and included NHS patient information leaflets.

### Consent to care and treatment

Patients' consent to care and treatment was always sought 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.

- The process for seeking consent was monitored through patient records audits.
- When providing care and treatment for children and young patients', assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any treatment or intervention even if they were with a carer or relative. The nurses told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.
- The GPs and practice nurses understood the need to consider Gillick competence and Fraser guidelines when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.

# Are services effective?

(for example, treatment is effective)

## Supporting patients to live healthier lives

The practice had numerous ways of identifying patients who needed additional support and it was pro-active in offering help.

- The practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required. At the time of the inspection there were 38 patients registered with the practice with 37% of reviews having been completed since 1 April 2016. Reviews were carried out according to the patients birth month.

The practice had a comprehensive screening programme.

- The practice's uptake for the cervical screening programme was 70% which was below the local average of 77% and the national average of 74%.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were in line with or slightly below local and national averages. The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 73% which was in line with the local average of 76% and the national average of 72%. The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months was 61% which was slightly lower than the local average of 64% and above the national average of 58%.
- The practice confirmed they routinely received information about patients who were diagnosed with this condition from screening.
- Staff manage recalls of patients who fail to attend for screening, sending letters and text reminders as well as taking the opportunity to remind patients when they attend for appointments.
- The GPs and practice nurse told us they would also use their contact with patients to help maintain or improve

mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents, promoting seasonal vaccines or by carrying out opportunistic medicine reviews.

Childhood immunisation rates for vaccinations given were overall comparable with the local CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 99% to 100% which were comparable with the CCG rates of 97% to 99%, and for five year olds from 87% to 99% which were comparable with the CCG rates of 95% to 99%.

It was practice policy to offer NHS health checks to all new patients registering with the practice, to patients who were 40 to 70 years of age and also some patients with long term conditions. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years.

The practice had completed NHS health checks for eligible patients registered with the practice.

Since April 2015:

- 1320 of the 1355 eligible patients aged 40-74 years were completed.
- 330 of the 614 eligible patients aged over 75 years were completed.

Since April 2016:

- 328 of the 1355 eligible patients aged 40-74 years were completed.
- 79 of the 614 eligible patients aged over 75 years were completed.

The GPs and practice nurse showed us how patients were followed up within two weeks if they had risk factors for disease identified at the health check and described how they scheduled further investigations.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We spent time in the waiting area talking with patients and observing how staff engaged with patients.

- Staff were courteous and helpful to patients both attending at the reception desk and on the telephone. We observed that there was a friendly rapport with patients and they were treated with dignity and respect.
- There was a confidential room available for patients to discuss any personal information with staff.
- Curtains were provided in consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We received 45 comment cards, the majority of which were very positive about the standard of care received by patients at the practice. Patients were very complimentary about the practice and commented that:

- GPs were sympathetic, kind and provided a first class service.
- They always received a very good and friendly service.
- Reception staff were very caring and helpful and do their best to arrange appointments to see a GP.
- Patients said they always received a high standard of care and treatment.

Patients we spoke with confirmed the positive comments given in the comment cards. Patients said that:

- They had no complaints about the practice as they received an excellent service.
- Care from the GPs was always great and they spent time with them and listened to them.

Results from the National GP Patient Survey results published in July 2016 showed the practice achieved results that were mainly in line with or above local and national rates in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses:

- 95% of patients said the GP was good at listening to them which was higher than the Clinical Commissioning Group (CCG) average of 93% and the national average of 89%.

- 91% of patients said the GP gave them enough time which was in line with the CCG average of 91% and above the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw or spoke to which was in line with the CCG and the national averages of 98% and 95% respectively.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern which was in line with the CCG average of 89% and national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern which was above the CCG average of 92% and national average of 91%.
- 83% of patients found the receptionists at this practice helpful which was below the CCG average of 89% and the national average of 87%.

We saw that there were many positive patient comments about the practice on the NHS Choices website. For example, patients had no concerns about their care from this practice; they had no hesitation in recommending the practice to others; all members of staff were thanked for being very welcoming, helpful and kind at all times.

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

Patients we spoke with told us they were fully involved in their treatment including making decisions about their care and treatment options.

- Patients told us that they received care and treatment of a really high standard, and that GPs always listened to them to ensure they received the care and treatment they needed.
- Patients said they were given information and sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Data from the National GP Patient Survey (July 2016) showed:

- 92% of patients said the last GP they saw was good at explaining tests and treatments which was in line with the CCG average of 91% and above the national average of 86%.

## Are services caring?

- 81% of patients said the last GP they saw was good at involving them in decisions about their care which was lower than the CCG average of 87% and in line with the national average of 82%.

The practice provided support so that patients could be fully involved in decisions about their care.

- Care plans were in place for patients with a learning disability and for other patients such as those with dementia and mental health concerns.
- A wide range of information leaflets were available for patients. Examples of leaflets available included a guide to the services provided by Sherbourne Medical Centre, a guide to cervical screening, a guide to bowel cancer screening and information on how to make a complaint.
- Information to guide patients on self-treatment of minor illnesses and accidents was available in the patient leaflet and on the practice website.
- GPs signposted and referred patients to guidance relevant to their conditions. Details of information used were referenced in patient notes.
- Alternative formats were available for patients to suit their needs, such as larger font and easy read.
- Translation services were available for patients where English was not their first language.

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

The practice supported patients and carers in a number of ways:

- There were notices and leaflets available in the patient waiting room which explained to patients how to access a number of support groups and organisations.
- The practice maintained a register of those patients who were also carers. The practice's computer system alerted GPs if a patient was also a carer. At the time of the inspection there were 88 carers registered with the practice (1.26% of the practice population).
- A poster was displayed on the carers' notice board in the waiting room advertising support for carers. Further information about carers support was available in leaflets and on the practice website. The practice had recently appointed two care-coordinators to work flexibly and provide support to patients with various problems. Their role included signposting patients to appropriate support agencies.
- The practice had recently become involved in a pilot scheme to help patients and their families where a member had recently been diagnosed with dementia. The dementia navigator scheme had been developed as a pathway to support patients and their carers when dementia was diagnosed.
- Staff told us that if families had experienced bereavement the GPs telephoned them and often visited to offer support and information about sources of help and advice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

- Urgent access appointments were available for children and those with serious medical conditions. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- Telephone consultations had been introduced to improve patient access to appointments.
- Home visits were available for patients who were too ill to attend the practice for appointments.
- The practice treated patients of all ages and provided a range of medical services. All patients had a named GP.
- The practice offered a range of minor surgical procedures, which included the removal of skin lesions and joint injections.
- Annual reviews were carried out with patients who had long term conditions such as diabetes, lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this.
- The practice offered routine childhood immunisations, travel vaccinations and cervical smears.
- There was an online service which allowed patients to order repeat prescriptions, book appointments and access medical records.
- Translation services were available should these be requested by patients whose first language was not English.
- Alternative formats were available for those patients who needed these to access information such as patient leaflets in large text, easy read or alternative fonts.
- There was a hearing loop, a reduced height reception desk and toilet facilities were available for patients with a disability. The practice did not have a lift for first floor access but the GPs arranged to see patients in ground floor consultation rooms as required.
- The practice had compiled a prompt sheet for patients to help them with their appointment. The prompts focussed on the information GPs needed to know from the patient and encouraged patients to explain the kind of treatment they were expecting from the GP or the

nurse. Staff told us that although this had only been recently introduced they had received positive comments from patients to say they had found this useful.

### Access to the service

The practice reception opened from 8am to 6.30pm Monday to Friday. Appointments were available from those times. Extended hours appointments were available from 8am to 12.30pm on alternate Saturdays for pre-bookable appointments. These appointment times were available for both GPs and nurses.

- The practice did not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances.
- Information on the out-of-hours service (provided by Care UK) was available on the practice's website and in the patient practice leaflet.
- Home visits were available for patients who were too ill to attend the practice for appointments.
- The practice had a system in place to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention. Reception staff would take details to pass to the duty GP, who would consider and evaluate the information before telephoning the patient to discuss their needs and gather further information. Staff told us that this would allow for an informed decision to be made on prioritisation according to clinical need.
- Vulnerable patients were supported to register with the practice. The practice had provided care and treatment for homeless people and travellers, and told us they would not hesitate to do so when people approached the practice. They would be registered and provided with treatment and health care according to their needs.

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

- 53% of patients found it easy to get through to this practice by telephone which was below the CCG average of 78% and the national average of 73%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 71% of patients described their experience of making an appointment as good which was below the CCG average of 81% and the national average of 73%.
- 72% of patients usually waited 15 minutes or less after their appointment time to be seen which was above the CCG average of 69% and the national average of 65%.

The practice had made changes to their systems during the past year to improve access to appointments.

- They had changed to a new, improved computer operating system.
- They had become a training practice which had increased access and also given patients longer appointments with the trainee GP. Feedback from patients had been positive.
- Developed a new website which aimed to encourage more interaction with patients. This gave patients more detailed information about appointments and booking arrangements.
- Developed two care coordinator roles to help patients with managing their appointments.
- Introduced a duty GP system to be more responsive and triage appointment requests.

Patients we spoke with gave positive views about the appointments system. Patients told us that they were able to get an appointment when they needed one and they could always see a GP if the appointment was urgent. We received 45 comment cards which were all positive about the appointment system and availability at the practice.

## Listening and learning from concerns and complaints

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

- The complaints policy and procedure dated June 2016 was in line with recognised guidance and contractual obligations for GPs in England.
- A lead GP was the designated responsible person who handled all complaints in the practice.
- Information was made available to help patients understand the complaints system and the procedure the practice following in responding to their complaint. The practice's information leaflet included contact details for external organisations. This information was also available on their website.
- A summary of complaints for the period October 2015 to July 2016 showed that five complaints had been received.
- We saw that complaints had been dealt with and patients were given a written apology where appropriate.
- Learning was also identified and shared at appropriate team meetings. Staff meetings minutes confirmed that complaints were discussed routinely.
- Specific training had been facilitated for staff which had been identified as a result of complaints received, such as customer service.
- The practice had completed a full analysis of all complaints to identify themes and trends.
- Staff were encouraged to record verbal complaints to ensure that continuous learning and improvement could be achieved.



# 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 been through a significant period of change during the past 18 months which included a changed computer system, becoming a training practice and having no practice manager in post during this time. The newly recruited operations manager had been in post for one month at the time of the inspection.

Sherbourne Medical Centre aimed to put the patients at the heart of what they did, whether in making decisions regarding clinical care or business decisions.

- The practice aimed to offer a friendly and efficient service with high standards of healthcare to meet the specific needs of their practice population. They would achieve this by developing a practice which was responsive to patients' needs and expectations which reflected the latest guidance.
- Practice staff we met with during the inspection demonstrated this aim and their commitment to providing the best service for their patients. Staff described the vision of the practice as one which offered quality healthcare for all practice patients.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The most recent published data (2014/2015) showed that the practice had achieved 97% of the total number of points available compared with the local average of 98% and the national average of 95%.

- The QOF data for this practice showed that in all relevant services it was performing mostly above local and national standards. Data showed they were consistently in the top five practices within the CCG area on performance.
- We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes.

Arrangements were in place to identify issues, record and manage risks, and ensure that mitigating actions were implemented.

- The practice held meetings to share information, to look at what was working well and where improvements were needed. We saw minutes of these meetings and noted that complaints, significant events and patient safety alerts were discussed. Staff we spoke with confirmed that learning from complaints and significant events was shared with them..

### Leadership and culture

During the inspection the GPs and the management team demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.
- They were 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).
- They encouraged a culture of openness and honesty.

The GPs, the senior practice business manager and the operations manager were visible in the practice:

- Staff told us that they really enjoyed working at the practice, that everyone was approachable and they were treated equally, as part of the team.
- Staff told us they had the opportunity to raise any issues at any time and at their regular team meetings. They confirmed that there was an open culture within the practice with an open door policy in place at all times.
- Staff told us that management always took the time to listen to all members of staff whatever their role, and felt confident they would be supported if they needed to raise any issues or concerns.

# Are services well-led?

Good 

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

- Staff told us they were part of a strong team, that everyone was supportive and worked well together.

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

The practice encouraged feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- The practice gathered feedback from patients through the Patient Participation Group (PPG) and the virtual PPG, through surveys and complaints received. PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The PPG was active and had 14 members with 1240 patient members of the virtual PPG.
- We spoke with two members of the PPG who told us they used to have regular meetings with the practice but the impact of not having a practice manager had meant that meetings had not always taken place as often as previously. They had met with the new operations manager and regular meetings were being reinstated.
- The PPG told us they worked well with the practice and had compiled surveys and engaged with patients to obtain their views about the practice and the services they received or needed. They told us they were constantly exploring ways to make contact with patients from all age groups to broaden PPG membership and encourage younger members.
- Evidence showed examples of changes made following discussions with the PPG. For example, changes had been made to the extended hours offered by the practice. Extended hours had previously been provided during weekday evenings and following patient feedback this had been successfully changed to Saturday mornings.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion.

- Staff meetings took place monthly and were held on different days each month so that staff attending on their day off was rotated. Staff told us they appreciated this and this made them feel valued and that their time off was respected.
- Social activities were held with staff such as Christmas meals and summer outings. Staff told us about they had informal nights out as a practice, and saw these as a time of teambuilding which made them feel appreciated.
- Staff told us they felt involved in making improvements to how the practice provided services for patients.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. This included research, engaging in pilot opportunities and providing alternative staff employment opportunities:

- The practice was an accredited research practice and actively engaged in primary care research. Patients had benefitted from the involvement in research through an increased scope of services available to them. This included changes to medicines and improved treatment options in areas such as heart disease, diabetes and blood pressure. There were GP and nurse leads who supervised the research carried out at the practice. Details of the current trials were displayed on the notice boards in the waiting area.
- GPs had devised a poster which they had displayed in the waiting area. This acted as a crib sheet for patients so they could be clear about the information they needed to share with the GP to help them in their care and treatment. The practice had introduced this three months ago and planned to evaluate its effectiveness after 12 months. They had received positive comments from patients about its usefulness.