

# Lordswood House Group

## 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

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Requires improvement</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8

### Detailed findings from this inspection

Our inspection team	9
Background to Lordswood House Group	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	21

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lordswood House Group on 11 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- There were systems in place to manage risks to patients who used the services but these were not well implemented in all areas. For example, staff recruitment, equipment and fire safety. However, following the inspection the practice responded swiftly to rectify these issues.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients were positive about the care and treatment they received. They said they were treated with dignity and respect and were involved in their care and decisions about their treatment.
- Information about how to complain was available and easy to understand.
- Patients were satisfied that they were able to obtain an appointment with a named GP and 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.
- There was a clear leadership structure and staff felt supported by senior staff and partners at the practice. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

The areas where the provider must make improvements are:

- Ensure that the recruitment process includes all necessary pre-employment checks for staff.

# Summary of findings

The areas of practice where the provider should make improvements are:

- Ensure fire risk assessments and any associated actions are kept up to date.
- Ensure audits complete their full audit cycle in order to demonstrate improvements made to practice.
- Maintain accurate records for the recording of activities completed such as staff training, appraisals and fire drills so that the practice can be assured that they have been completed and are up to date.
- Develop systems for recording verbal and informal complaints in order to identify themes and trends and to support learning.
- Ensure policies and procedures used by staff are clear about when they were last reviewed so that staff can be assured they are using the most up to date guidance.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement.

Although there was evidence that risks to patients who used services were assessed, the processes to address these risks were not always implemented well enough in all areas to ensure patients were kept safe. For example, staff recruitment, equipment and fire safety. However, following the inspection the practice took immediate action to rectify these issues.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked collaboratively with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



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

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients received continuity of care through a named GP and patients could obtain appointments with this GP if they wished. Urgent appointments were available the same day. The practice had

Good



# Summary of findings

good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from formal complaints was shared with staff and other stakeholders but not usually for verbal and informal complaints.

## **Are services well-led?**

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings, although it was not always clear when they were last reviewed and so up to date. There were systems in place to monitor and improve quality and identify risk but these were not always well implemented. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff were supported to maintain knowledge and skills.

**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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. Patients had access to a named GP for the continuity of care. Those at high risk of hospital admission and end of life care needs were identified and reviewed regularly, this included working with other health professionals to provide co-ordinated care. The practice carried out weekly ward rounds at a local care home and we received positive feedback from the home about this. It was responsive to the needs of older people, and offered home visits. Onsite services were available such as anti-coagulation, musculoskeletal and audiology to reduce the need for patients to travel to hospital.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Home visits were available if needed. All these patients had a named GP who co-ordinated the management of their condition. Patients received structured annual reviews to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Staff received additional training to help them support patients with long term conditions such as diabetes.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. There was evidence of joint working with health visitors and midwives in the provision of care. Immunisation rates were relatively high for all standard childhood immunisations. Various services including baby checks and antenatal checks were available. Paediatric clinics were also available onsite run by the local children's hospital. Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and same day appointments for sick children. The premises were suitable for children and babies.

Good



# Summary of findings

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

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

Good



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

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out some annual health checks on patients with a learning disability and all had received a 'passport' which recorded important information about their needs, likes and dislikes. The practice also held a carers register which enabled them to target specific services. Those with drug or alcohol dependency had access to a drugs worker on site as part of a shared care programme. HIV testing was also available to patients at one of the providers other locations.

The practice regularly worked with multidisciplinary teams in the case management of vulnerable people. It had told 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.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice held a register of patients experiencing poor mental health and the majority of these patients had received an annual physical health check. Patients had access to on-site counselling services and could also self-refer to the Improving Access to Psychological Therapies (IAPT) who provide support to those with common mental health conditions such as anxiety and depression. The practice had a register for those with dementia, and care plans were in place for the majority of these patients. The practice had obtained support from a 'dementia friend' to help educate staff in relation to dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results for this practice published in July 2015 incorporates data for all three locations under the provider Lordswood House Group Medical Practice. The results showed the practices collectively performing in line with and above the CCG and national averages in most areas. There were 109 responses and a response rate of 40%.

- 83% found it easy to get through to the surgeries by phone compared with a CCG average of 62% and a national average of 74%.
- 80% found the receptionists at these surgeries helpful compared with a CCG average of 83% and a national average of 87%.
- 67% of patients with a preferred GP usually got to see or speak to that GP compared with a CCG average of 58% and a national average of 61%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 96% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 76% described their experience of making an appointment as good compared with a CCG average of 67% and a national average of 74%.
- 81% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 66% felt they did not normally have to wait too long to be seen compared with a CCG average of 54% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards. Patients overall were very positive about the care they received from the practice.



# Lordswood House Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience (a person who has experience of using this particular type of service, or caring for somebody who has).

## Background to Lordswood House Group

Lordswood House Group is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Lordswood House Group is registered with the Care Quality Commission to provide primary medical services. It is one of three practice locations registered with CQC under the provider Lordswood House Group Medical Practice. The other two being Quinton Family Practice and Quinborne Medical Practice. Collectively the practices have approximately 25,000 patients, approximately 16,000 were registered with this practice. Data available and reported for this location also relates to all three practices. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in a purpose built health centre which it shares with another community health services. Based on data available from Public Health England, deprivation in the area served by the three practices is slightly higher than the national average.

The practice is open for appointments on:

Monday 8.30am – 7pm

Tuesday 7.30am – 6.30pm

Wednesday 7.30am – 6pm

Thursday 7.30am – 7pm

Friday 7.30am – 6.30pm

Between 8am to 8.30pm Monday to Friday, 6pm to 6.30pm Monday, Tuesday, Thursday and Friday and 5pm to 6.30pm Wednesday the practice has arrangements with another provider to take calls. Calls are then passed to the duty doctor at the practice.

The practice's extended opening hours are between 7.30am and 8am Tuesday to Friday, 6.30pm to 7pm on Monday and Thursday and Saturday mornings 8am to 11am.

When the practice is closed during the out of hours period (6.30pm to 8am) patients receive primary medical services through an out of hours provider (BADGER).

The practice has ten GP partners (both male and female) and three salaried GPs. Other practice staff consists of a team of six nurses and three healthcare assistants, a practice manager and a team of administrative staff. Some of the administrative functions are shared with the provider's other locations. The practice is also a training practice for doctors who were training to be qualified as GPs and a teaching practice for medical students.

The practice has not previously been inspected by CQC.

# 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 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.

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. It also incorporates data from the two other locations registered with CQC under the Lordswood House Group Medical Practice.

## How we carried out this inspection

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

- Is it safe?
- Is it effective?

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on the 11 September 2015. During our visit we spoke with a range of staff (GPs, a practice nurse, a health care assistant, reception and administrative staff) and spoke with patients who used the service. We also spoke with three health care professionals and the manager of a care home that worked closely with the practice. We reviewed how people were being cared for. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had a system in place for reporting, recording and monitoring significant events. Both clinical and non-clinical staff were aware of their responsibilities for reporting incidents and near misses and were encouraged to do so. Significant events were discussed and learning shared at the weekly 'reflective meetings' which involved all clinical staff. Where relevant they were also shared with administrative staff at the full staff meetings. Significant events discussed at these meetings related to all three of the provider locations and with other practices within their local clinical network.

We reviewed the 29 significant events that had occurred since April 2014 across the provider's three locations. Staff told us that 18 of these related to this practice. There was evidence that incidents were investigated and action taken to mitigate the risk of reoccurrence. For example, following an incident in which an injection had been administered in error, new protocols were put in place for staff to follow. We also saw that where things had gone wrong patients were informed and an apology given.

Clinical staff received alerts from the National Patient Safety Agency directly by email. Staff told us that there was a GP prescribing lead who would pick up any safety alerts relating to medicines and that they worked closely with the CCG pharmacist to undertake audits in response to them. Systems were in place to flag relevant medicines alerts when the GP was prescribing medicines.

### Overview of safety systems and processes

The practice had some systems in place to keep people safe but these were not always clearly defined and embedded.

- The practice had arrangements in place to safeguard vulnerable adults and children from abuse that reflected relevant legislation. Staff demonstrated they understood their responsibilities in relation to safeguarding relevant to their role. We saw evidence from training certificates that staff had received training in safeguarding children and some had received adult safeguarding training. Contact details were accessible to staff and patients for reporting safeguarding concerns to the relevant agencies responsible for investigating.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding and staff knew who this was if they needed advice or support. The GPs did not routinely attend safeguarding meetings but provided reports when needed for other agencies. Any concerns were also discussed with the health visitors who shared the same building as the practice.

- There was a chaperone policy in place and notices were visible in the clinical rooms and in reception advising patients that they could request a chaperone if they wanted one. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Chaperone duties were undertaken by nursing staff that had been trained to do so. Two administrative staff had recently completed their chaperone training but were awaiting the completion of their disclosure and barring check (DBS) check before undertaking this role. (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).
- 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. The policy included areas such as the management of clinical waste and handling specimens. The practice had a caretaker who checked the premises twice weekly and responded to any maintenance requests. The premises appeared well maintained. The practice also had a variety of risk assessments in place to monitor safety of the premises such as the control of substances hazardous to health, infection control and legionella.
- At the time of our inspection the practice did not have a fire risk assessment but made immediate arrangements for this to be undertaken the following week. We saw that fire equipment was maintained and the alarm had been tested on a weekly basis. Staff told us that they had been shown how to use the fire equipment. We saw some evidence of staff fire training but not for all staff groups. We were told that a fire drill had recently been carried out but no records were kept of this.

## Are services safe?

- We saw evidence that electrical equipment was checked to ensure the equipment was safe to use. We saw evidence of calibration checks of some but not all relevant clinical equipment to ensure they were working properly; for example calibration checks had included blood pressure measuring devices but not other equipment such as weighing scales or fridge thermometers. Following our inspection the practice provided evidence that calibration checks had been undertaken for all relevant equipment.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. Cleaning schedules were in place and completed to demonstrate cleaning undertaken. Staff had access to personal protective equipment such as gloves, aprons and wipes. Appropriate hand washing facilities were available in the clinical rooms and toilet facilities along with notices on hand washing techniques. Infection control policies and procedures were in place including those relating to hand washing and for cleaning spills of bodily fluid. Infection control at the practice was led by the practice nurse team who had all received up to date training. The latest infection control audit was undertaken in March 2015 and we saw evidence of action taken in response such as ensuring waste bags were securely tied.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including prescribing, recording, handling, storing and security). A repeat prescribing policy was in place which detailed the arrangements for monitoring repeat prescriptions. There were designated members of staff who processed repeat prescriptions and were trained to do so. Patients on repeat medicines received at the minimum an annual medication review and we saw evidence that patients on high risk medications were followed up appropriately. Regular medication audits were carried out with the support of the local CCG pharmacist to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Records were maintained to ensure medicines including vaccinations were in date, stored appropriately and fit for use.
- Recruitment checks on new staff were not robust. We reviewed the recruitment files for two clinical and two administrative members of staff that had been recruited in the last 12 months. The files seen did not demonstrate appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, evidence of conduct in previous employment, satisfactory information about physical and mental health conditions and appropriate criminal records checks through the Disclosure and Barring Service were not consistently available.
- Staff told us there were enough staff to maintain the smooth running of the practice and to keep patients safe. There was a limit on the number of GPs that could be on leave at the same time. Staff told us that they rarely used locum staff and that they were usually able to cover for each other during annual leave and other absences.

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

There were arrangements in place to manage medical emergencies. The practice had a defibrillator (device used in heart emergencies) available on the premises and oxygen with adult and children's masks. Emergency medicines were also available and easily accessible to staff in a secure area of the practice and all staff knew of their location. Emergency medicines and equipment were checked to ensure they were in date and fit for use. Staff were able to alert other members of staff to an emergency through the computer system. Evidence from certificates demonstrated that staff had received annual basic life support training.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and services that might need to be contacted in an emergency. Copies of the business plan were held at the other two provider locations and so were accessible in an emergency.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff we spoke with were able to describe how they accessed and implemented guidelines based on best practice such as National Institute for Health and Care Excellence (NICE) standards and from the CCG. These were discussed at clinical meetings for example, feverish child guidelines and diabetes. One of the practice nurses had a lead clinical role within the CCG for respiratory conditions and had attended related conferences in this area to help keep up to date and maintain knowledge. Information from conferences and events attended by staff were shared at team meetings and we saw evidence of this from minutes of meetings.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most current published data from 2013/14 showed that the practice had achieved 99% of the total number of QOF points available, with 9.8% exception reporting. Exception reporting is where the practice may exclude patients for reasons such as non-attendance for reviews. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was at 98% which was better than both the CCG average 91% and national average 90%.
- The percentage of patients with hypertension having regular blood pressure tests was at 89% which was better than the CCG average 83% and the national average 83%.
- Performance for mental health related indicators was at 100% which was better than the CCG average 91% and the national average 90%. In eight out of the 10 mental health indicators the practice exception reporting was lower than the national average.
- The percentage of patients with dementia diagnosis was 0.4% which was below the CCG and national averages of 0.5%.

Clinical audits were carried out to support service improvement. We reviewed 10 audits that had been carried out over the last two years these included audits relating to the management of atrial fibrillation (a heart condition) and the insertion of intrauterine devices. Only one of the audits seen was a complete cycle. In this audit, the practice had reviewed the management of feverish children against NICE guidelines. The audit demonstrated an improvement in the documentation of observations undertaken when reviewing a feverish child to support clinical decisions. The practice had also participated in prescribing reviews through the local CCG. Data available showed that prescribing in areas such as antibiotics and hypnotics were in line with other practices.

### Effective staffing

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

- There was a low turnover of staff and low use of locum staff which supported continuity of care.
- Staff received an induction period when they joined the practice which consisted of shadowing more experienced members of staff.
- We saw evidence from training certificates that staff had undertaken training in areas such as safeguarding and basic life support. Nurse training records were well maintained however, training records were not consistently managed across all staff groups in a way that would enable management to keep track. It was therefore difficult to verify whether all staff had received training and if it was up to date.
- The learning needs of staff were identified through a system of appraisals. Staff discussed with us training opportunities they had been given to develop skills in line with their roles and responsibilities and access to study leave. We were unable to verify that all staff were up to date with appraisals as there were no systems in place for checking this however staff we spoke with confirmed that they had received them.
- The GPs we spoke with confirmed they were up to date with their yearly continuing professional development requirements and had recently been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

# Are services effective?

## (for example, treatment is effective)

- Staff undertook various lead roles within the practice to support the management of patients. These included musculoskeletal and sports medicine, respiratory conditions, paediatrics, anticoagulation and dermatology.
- We saw that clinical staff had been trained for the roles they performed. For example we saw practice nurse certificates for the administration of vaccines and cervical cytology and additional training in diabetes. One of the practice nurses was also a cervical cytology trainer.

### Coordinating patient care and information sharing

There were systems in place for managing patient information received by the practice to support the timely management of patient care. Designated staff had clear roles and responsibilities for ensuring information received electronically and by post. This included blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service. These were processed quickly and available for the doctors to review. Staff we spoke with told us that information received by post was scanned and assigned to a GP within two working days. GPs we spoke with also told us that they would review and act on information received usually the same or next day.

When needed the practice would also provide information to other providers for example special notes were completed for the out of hours services. This ensured important information was available relating to patients who may need to access the service for example, those with end of life care needs. Letters were also printed off for patients to take with them if referred to hospital in an emergency.

Staff worked together and with other health and social care services to support and meet the needs of some of the most vulnerable patients. Multidisciplinary team meetings took place regularly. We spoke with health visitors, district nurses and midwives who shared the health centre with the practice. They told us that they had a good working relationship with the practice. The district nurses and health visitors confirmed that they met with the practice on a monthly basis to discuss patients' needs. All confirmed they were able to speak with clinical staff as and when needed. The electronic patient record system used by the practice supported the provision of patient care. The

system was compatible with that used by the district nurses and midwives. It was also available to clinical staff off-site when they undertook ward rounds at a local care home.

### Consent to care and treatment

The GPs we spoke with were aware of the relevant legislation and guidance in relation to consent and decision making and their duties in fulfilling it including the Mental Capacity Act 2005 and in relation to children and young people. We saw that some of the clinical staff had received training in this area. Clinical staff were able to give examples of how they had applied legislation and guidance in practice when assessing patients capacity to consent and in the care of young people. The practice told us how they had worked with other health professionals to ensure patients understood treatment and provided opportunities for young people to speak with clinical staff in private. Information on Fraser guidelines was displayed in the waiting room. These guidelines relate specifically to the provision of contraceptive advice to young people without the knowledge of their parents.

The practice did not undertake surgical procedures but obtained written consent for contraceptive implants and we saw examples of those.

### Health promotion and prevention

The practice had identified patients with complex health needs who needed additional support as part of the unplanned admission enhanced service. Patients with long term conditions received regular reviews with clinical staff to monitor their condition and identify support required.

Health checks were available for new patients and those aged 40 to 74 years. These were usually carried out by the health care assistant and one of the practice nurses. Any concerns identified were referred to the GPs for follow up.

The practice provided in house smoking cessation services and referred patients who needed support to reduce their weight. Travel advice and vaccines were also available including yellow fever.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 78% but lower than the national average of 82%. Patients who did not attend for their cervical screening test were followed up by letter. The practice also encouraged its

## Are services effective? (for example, treatment is effective)

patients to attend national screening programmes such as bowel and breast cancer screening. Patients who were eligible for screening programmes were flagged on the patient record system so that they could be reminded when they attended the practice.

Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for

the vaccinations given to under two year olds ranged from 78% to 96% and five year olds from 91% to 96%. Flu vaccination rates for the over 65s were 75%, and at risk groups 46%. These were also comparable to CCG and national averages.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Throughout the inspection we observed that members of staff were polite and helpful to patients attending at the reception desk and that people were treated with dignity and respect. Privacy screens were provided in consulting 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 saw staff knocking before entering the consulting rooms. Reception staff told us that if patients wanted to discuss anything in private they would offer them a private room to discuss their needs. Staff wore name badges so that it was clear to patients who they were speaking with.

We received 17 patient CQC comment cards, all were positive about the service experienced. Patients described the service they received as caring and helpful and that staff treated them with dignity and respect. We spoke with 13 patients including two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice.

Results from the national GP patient survey 2014/2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors. Scores for nurses and reception staff were slightly lower than the CCG average. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

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

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and that information was given to them in a way they could understand to help make an informed decision about the choice of treatment available to them. We spoke with the manager of a care home that was supported by the practice. The manager was complimentary about the practice and explained how the GPs who attended took their time to speak to the residents at the home and involve them in their care and treatment. Patient feedback on the comment cards we received was also positive and aligned with these views.

The practice provided personalised care in which all patients had a named GP. Patients with the most complex care needs had been identified and care plans were in place to help support their care. The practice told us that this currently amounted to 340 patients. Discharge letters were reviewed by the named GP and where appropriate followed up. The care plans were reviewed annually at a minimum and in conjunction with the patient.

Results from the national GP patient survey published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%

Staff told us that translation services were available for patients who did not have English as a first language.

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



## Are services caring?

Information in the patient waiting room told patients how to access a number of support groups and organisations. These included counselling services and support groups for specific conditions such as dementia and alcohol dependency. The GPs told us that patients with long term conditions were screened as part of their annual review for anxiety or depression and followed up as necessary.

Patients who were also carers were invited to identify themselves to the practice. Forms were available in the waiting area for patients to complete. Staff told us they used this information to target support to this group of patients for example, flu vaccinations. Written information about various support services was available for carers to take away. Over the last 12 months the practice had increased the number of carers registered from 94 to 126.

The practice maintained a record of recent deaths so that staff were aware and sensitive to the needs of their families. A bereavement policy and letter was available which gave family members written information about the practical things they needed to do following the death of a patient but it was not clear this was routinely used. The GPs we spoke with told us that they preferred to contact family members by phone as it was more personal and they also signposted as appropriate to support services. We spoke with the manager of one care home where the practice carried out weekly ward rounds. They told us they were very happy with the way in which the GPs supported patients and their families through end of life care.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice engaged with the local CCG and other practices locally to plan services and to improve outcomes for patients in the area. For example, the practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care.

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

- The practice offered early morning and evening appointments throughout the week to help accommodate the needs of working patients and those who could not attend during normal opening hours.
- The practice offered Saturday morning opening for patients whose health problems could not wait until Monday morning to support patients and help reduce the need to attend A&E.
- Online booking and repeat prescriptions were available. Practice data showed 13% of patients were regularly using the online system.
- Patients were able to book in advance appointments with their preferred GP.
- Home visits were available for patients who due to their health were unable to attend the practice.
- Urgent access appointments were available for children. Patients we spoke with told us that they could usually obtain a same day appointment if they needed one.
- The premises were easily accessible via a ramp and automatic doors which enabled those who used a wheelchair or with pushchairs to easily enter the building. Although we did find the reception desk too high for patients who used a wheelchair, staff we spoke with told us they would stand if necessary so that the patient could see them.
- Staff told us that they parked off site to free parking spaces for their patients.
- Touchscreen registration was available in multiple languages and translation services could be accessed if needed.

- The practice operated various services from the premises reducing the need for patients to attend hospital. These included a nurse led anticoagulation clinic and GP led dermatology clinic ran from the practice for the convenience of patients.
- GPs at the practice held personal lists and encouraged patients and their families to stay with their named GP where possible which enable the GPs to take ownership and responsibility for their patients care.

### Access to the service

The practice was open for appointments.

Monday 8.30am – 7pm

Tuesday 7.30am – 6.30pm

Wednesday 7.30am – 6pm

Thursday 7.30am – 7pm

Friday 7.30am – 6.30pm

This included extended opening hours between 7.30am and 8am Tuesday to Friday, 6.30pm to 7pm on Monday and Thursday for booked appointments and Saturday mornings 8am to 11am for urgent appointments.

The practice had arrangements with another provider to take calls between 8am to 8.30pm Monday to Friday, 6pm to 6.30pm Monday, Tuesday, Thursday and Friday and 5pm to 6.30pm Wednesday. Calls were then passed to the duty doctor at the practice.

Results from the national GP patient survey (published in July 2015) showed that patients' satisfaction on accessing care and treatment was in most areas better than local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 76%.
- 83% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 74%.
- 76% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 74%.

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

- 81% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system for example, information was displayed

in the waiting room and a complaints leaflet was available for patients to take away available on request. None of the patients we spoke with had ever made a complaint about the service or had wanted to.

There had been one formal complaint received in the last 12 months. We found that this had been satisfactorily handled and dealt with in a timely way. The practice manager told us that verbal and informal complaints were managed at the time but not formally recorded which may impact on the ability to learn from them.

# 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 staff shared with us their vision and values for the service and how they were working to develop the practice and work towards a corporate partnership. They told us that staff had been involved in developing the ethos of the practice. Staff confirmed they understood the vision and values. It was evident from our inspection that the practice and staff had a desire to provide a high performing service that met patients needs, deliver continuous improvement and innovation.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff who knew where to find them when needed. However, it was not clear whether these were reviewed on an annual basis as dates of review had not been recorded.
- Various meetings were held that incorporated all staff groups and ensured information was disseminated to staff. These included 'reflective meetings' which were held every Friday for clinical staff. These provided an opportunity to share learning and review performance. Monthly team meetings for all staff also took place which also enabled information sharing.
- Practice performance was understood. QOF data was reviewed by individual GPs for their named patients. A system based on month of birth was used to ensure follow ups were carried out.
- The practice responded positively and quickly to any issues raised as part of the CQC inspection to improve the service.
- There was a strong focus on learning and professional development.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They were open to feedback on the service and used

this positively to improve services. The partners were visible in the practice and staff told us that they were approachable if they needed to discuss any concerns. Practice staff described a culture of openness and honesty.

Staff told us that regular team meetings were held at the practice. They felt able to raise any issues they wanted to at the team meetings and were confident in doing so. Staff felt valued and respected in their role. Policies were available relating to being open and establishing a blame free culture. The practice also had whistleblowing policy, staff were aware of this and felt they would be supported should they need to use it.

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

The practice obtained feedback and engaged with patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. PPGs are a way in which practices can work closely with patients to improve services. The PPG met with practice staff on a regular basis. The practice had worked with the PPG to improve information available to patients in the waiting area. The practice had also worked with the PPG to move phones from the front reception desk to the back office so that reception staff could focus on patients uninterrupted.

Staff were able to provide feedback through appraisals, meetings and informal discussions. The nurse manager met with the GPs regularly to discuss patients and their needs.

### Innovation

There was a strong focus on continuous learning and improvement within the practice. Several members of the clinical team had roles within the CCG and local health economy. The practice had developed the premises to enable them to provide rooms for on-site community clinics and additional services. Various clinics were available in-house and in partnership with secondary care and other providers for the convenience of patients. For example, collaborative working with the local hospital in the provision dermatology services, anticoagulation and diabetes initiation clinics.

The practice had instigated a document library maintained of commonly asked questions. This provided a resource for staff and the sharing of knowledge to support patient care.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  <b>Recruitment records did not include all necessary employment checks for staff as set out in schedule 3 of the Health and Social Care Act. Information missing from recruitment files seen included: proof of identity, appropriate criminal records checks, and satisfactory information about any relevant physical or mental health conditions.</b>  Regulation 19 (2)(a) (3)(a) and schedule 3
Family planning services	
Maternity and midwifery services	
Treatment of disease, disorder or injury	