

Mansfield Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

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 Mansfield Medical Centre on 12 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. We noted these were well documented and that thorough investigation took place.
- Risks to patients were assessed and well managed and these were well documented.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patients

spoke highly of all the staff at the practice during our inspection, via the comment cards and in the patient survey. We saw evidence of acts of compassion and caring.

- Information about services and how to complain was available and easy to understand and complaints were handled in a timely manner. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. The practice had an innovative colour coded system of appointment allocation.
- 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 management. The practice proactively sought feedback from staff and patients, which it acted on and staff spoke positively regarding the support and leadership from management and the partners.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvement are:

- Consider introducing a system to notify the GP if prescriptions are not collected.
- Ensure verbal complaints are recorded.
- Ensure a robust system is in place to check fridge temperatures in the absence of regular staff.

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.

Good



- There was an effective system in place for reporting and recording significant events, although the practice should consider revisiting them to establish the outcomes have been effective.
- There was a system in place which demonstrated that safety alerts were addressed and actioned.
- Lessons were shared to make sure action was taken to improve safety in the practice and staff confirmed this. For example, reception staff had been alerted to the need to check patient identify for patients with similar names.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practises in place to keep patients safe and safeguarded from abuse. All staff demonstrated an awareness of safeguarding and had received appropriate training.
- Most risks to patients were assessed and managed and we saw a log of these but the practice could consider introducing a system to notify the GP if prescriptions are not collected .

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the local and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance and all staff had access to this at all times.
- The practice had initiated an audit regarding blood tests for patients taking medicines that needed close monitoring which showed improvement. We also saw evidence of improvement in prescribing habits in response to audits suggested by the medicines management team.
- The practice had maximum achievement in the overall diabetes domain within QOF which was above the CCG and national averages of 89% and 89% respectively. They also had above average achievement in all individual diabetes indicators with exception reporting below the CCG and national averages.

Summary of findings

- One practice nurse had a special interest in diabetes and had carried out audits, presented findings to the GPs and implemented changes in the practice which contributed to the practice's high achievement in diabetes. For example, they had identified more patients who required medicines to protect them from complications of diabetes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, specifically in areas such as family planning, diabetes, smoking cessation and respiratory conditions.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, the diabetes specialist nurse and tissue viability nurse.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients' satisfaction with care received was comparable to the CCG and national average.
- Patients spoke positively about how they were treated at the practice and that was 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 and we noted information was also available in a variety of languages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified carers and signposted them to appropriate support organisations.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, there was a high prevalence of patients with mental health problems and the practice hosted three separate clinics where patients could access support.

Good



Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice identified specific appointments for specific groups of patients and offered telephone triage.
- The practice had introduced a specific direct telephone number which was given to patients who had been identified as having complex health needs, for example, palliative care patients who may need urgent access to the GPs which we noted equated to 50-60 patients. These patients were referred to as being on the 'purple patient' list. Staff were also easily able to identify these patient as high priority as their appointments were colour coded purple.
- The practice allowed patients who had been with the practice for many years to remain with the practice when they left the area and patients commented on the benefit they felt from this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was well established and proactive in working with the practice to improve services. They reported that the practice engaged well with them and supported their work. They had worked with the PPG to engage with local services and develop schemes to help patients such as in becoming more active and patient-led education of how to live with diabetes.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients with a focus on personalised family GP approach. Staff were clear about the vision and their responsibilities in relation to it.
- 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 meetings which included governance and performance.
- 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.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a focus on continuous learning and improvement at all levels and plans to develop services.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. They had implemented a 'purple patient' system which allowed patients with complex conditions who may have urgent medical needs the facility to contact the practice via an allocated number and had a system to alert staff to these appointments.
- The practice worked with the PPG and other members of the community to develop and introduce schemes to help older patients such as the 'Let's Get Moving' programme in and patient-led education sessions about how to live with diabetes which was work in progress.
- Over 75 health checks were offered opportunistically.
- The practice had access to the integrated neighbourhood team (INT) which was a multi-disciplinary team, included a care co-ordinator and involved access to a variety of support agencies such as Age UK.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For example, nurses had additional training in diabetes and respiratory conditions.
- The practice had maximum achievement in the overall diabetes domain within the Quality and Outcomes Framework (QOF), which was above the CCG and national averages of 89%. They also had above average achievement in all individual diabetes indicators and below average exception reporting.
- One practice nurse had a special interest in diabetes and had carried out audits, presented findings to the GPs and implemented changes in the practice which contributed to the practice high achievement in diabetes.

Summary of findings

- Longer appointments and home visits were available when needed. For example, we saw double appointments and 30 minute appointment for patients with multiple chronic conditions to prevent the need for several attendances.
- The practice hosted the retinal screening at the practice for patients with diabetes which prevented the need to travel to hospital.
- The practice was working with the patient participation group to develop an 'expert patient' programme to be patient-led to educate newly diagnosed patients with diabetes and help them learn to live with their condition and share experiences.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and were specifically allocated for this group of patients. The premises were suitable for children and babies. Children were always seen on the same day as a priority.
- We saw positive examples of joint working with the health visitor and the midwife attended the practice twice a week.
- The practice offered chlamydia screening to patients aged 15-24 years.
- They had registered to offer the 'C-Card' facility which allowed young people to attend the practice to collect barrier methods of contraception without the need to explain what they had attended for.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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 offered extended hours appointments on four evenings of the week and on Saturday mornings for those patients who could not attend during core hours. This included availability of appointments with the nurse during these extended hours
- 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, for example, smoking cessation and weight management. Cervical screening uptake rate was 79% which was comparable with the national average of 82%.

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 homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and other patients with complex needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and could refer to support agencies such as Admiral nurses and AgeUK for patients who were carers. The practice had a significant amount of information regarding carers in the waiting area. We noted information regarding access to carer support in the immediate entrance, which was available in different languages.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

Good



Summary of findings

- Overall achievement in mental health outcomes were comparable with the national averages. Seventy-eight percent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months which was comparable to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and had three counsellors who attended the practice to offer psychological and emotional support to these patients.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. There were 261 survey forms distributed and 108 were returned. This represented 1.1% of the practice's patient list and was a 41% response rate.

- 48% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

The practice had responded to the lower than average satisfaction patients expressed at getting through on the phone and had put measures in place to address this which are detailed in this report.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received and patients referred to GPs by name expressing their satisfaction with how they were treated. Patients commented that they were never rushed and their conditions were well managed.

We spoke with six patients during our inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some patients we spoke with told us they no longer lived within the practice boundary but had been allowed to remain registered as they had been registered with them all of their life. They commented on the benefits of this due to their long term conditions and welcomed the continuity of care.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider introducing a system to notify the GP if prescriptions are not collected.
- Ensure verbal complaints are recorded.
- Ensure a robust system is in place to check fridge temperatures in the absence of regular staff.

Mansfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Mansfield Medical Centre

Mansfield Medical Centre is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 9,800 patients living in the Binley and surrounding areas of Coventry. A GMS contract is a standard nationally agreed contract used for general medical services providers. The practice provide a range of additional and enhanced services including minor surgery.

The practice operates from a two storey building and patients are seen on the ground floor only. Administration staff and the practice manager operate from the first floor. The practice population has a higher than average number of patients aged 25 to 55 years and those over 85 years. National data indicates that the area is one that experiences moderate levels of deprivation. The practice population is made up of predominantly white British patients and a significant number of patients from Eastern Europe and approximately 20% of patients of patients from Asian and Black ethnic origin.

There are three GP partners, two of whom are female, and one male. They employ three salaried GPs, two male and

one female. The practice employs three practice nurses, one health care assistant, a practice manager and assistant practice manager, who are supported by a team of administrative and reception staff.

The practice premises is open on Monday until Friday between 8.30am and 6.30pm, and offers extended hours appointments from 6.30pm until 7pm on Monday to Thursday and on Saturdays from 8am until 11am for pre-bookable appointments only. The practice closes for lunch from 1pm until 1.30pm on Monday, Tuesday, Thursday and Friday and from 1pm until 2pm on Wednesdays. The telephone lines are open from 8am through until 6.30pm and the GPs can be accessed during this time. When the surgery is closed services are provided by Virginicare who can be contacted via NHS 111.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before inspecting the practice, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 12 July 2016. During our inspection we:

- Spoke with a range of staff including GPs, the practice manager, nurses, health care assistant and reception staff and spoke with patients who used the service.
- Observed how patients were assisted when they attended the practice that day.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 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 people's needs?
- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events and we saw the practice had a policy for reporting significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system and in paper form. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We noted the practice had reported an incident via the National Reporting and Learning System (NRLS).
- We saw the practice carried out a thorough analysis of the significant events and these were discussed at practice meetings along with changes implemented to address any issues.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice had a system in place to share and action safety alerts. These were received by the practice manager and sent to all relevant staff who would action accordingly. The practice manager kept a copy of all alerts. We saw that staff had signed to state they had read any alerts including those from the Medicines and Healthcare products Regulatory Agency (MHRA) alerts which were relevant to them but noted the practice did not keep an audit trail to show who had completed the actions. However, we saw evidence that appropriate action had been taken. The practice had systems in place to ensure safe repeat prescribing of high risk medicines.
- We saw evidence that lessons learnt regarding safety issues were shared and action was taken to improve safety in the practice. For example, the practice had purchased a cupboard which logged the last person to remove the keys as a result of the practice keys being

mislaid. We noted that the practice had not revisited significant events forms to record the outcome of actions but saw evidence that they had carried out the actions.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nursing staff were trained to level 2. We saw evidence of minutes of meetings with the multi-disciplinary team regarding safeguarding.
- We saw notices in the practice that advised patients that chaperones were available if required. Nursing and some reception staff carried out chaperoning. All nursing staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The reception staff had not had DBS checks, but the practice had carried out a risk assessment and the practice policy was that patients would never be left alone with the chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control clinical lead who had received training and cascaded infection control training to all staff in the practice. There was an infection control protocol in place. The infection control lead had carried out infection control audits which included an audit of

Are services safe?

handwashing techniques for all staff. We saw that steps had been introduced to address areas of infection control, for example, some flooring had been replaced from carpeted to non-permeable surfaces.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, we noted there were two occasions when the fridge temperatures had not been recorded and the practice staff told us the regular member of staff who recorded this had not been at work those days.
- Processes were in place for handling repeat prescriptions which included the review of patients' blood results prior to prescribing of high risk medicines. We noted there was no process for notifying GPs if prescriptions had not been collected. There had been shared care protocols agreed with secondary care and the practice had a specific member of staff who was trained and dealt with all repeat prescribing processes. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service where applicable.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. We saw a comprehensive risk assessment had been carried out which included all areas of the practice and what actions were necessary to mitigate the risks. For example, regarding flooring and electrical equipment. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire

drills. Fire training had been arranged for November 2016 and staff were aware of the fire procedures. Staff told us there had been a successful evacuation of the building in the past when there had been a real fire.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly and we saw this had been checked in November 2015. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and we saw examples of current rotas.

Arrangements to deal with emergencies and major incidents

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

- All clinical rooms had a panic alarm which alerted staff to any emergency and staff we spoke with were all aware of this.
- All staff received annual basic life support training and there were emergency medicines available in a section of the reception area which was not accessible to the public. Medicines were also available in each nurse's room to deal with any anaphylactic reaction.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The practice manager, deputy practice manager and one of the GPs kept a copy at their home. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used locally agreed pathways based on NICE guidance. Staff had access to NICE on their computers and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Changes in NICE guidance were discussed at practice meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 99.9% of the total number of clinical points available. Their exception reporting rate was 6% which was below the clinical commission group (CCG) and national average of 8% and 9% respectively. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was above the national average. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 91% compared with the national average of 78%.
- Overall performance for mental health related indicators was comparable with the national average. The percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 93% compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored. We noted the practice had used patient identifiable information in the audits and meeting minutes.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had reviewed their guidelines in the management and monitoring of patients taking specific medicines which required monitoring of blood pressure. They had re-audited and found as a result they had ensured that all patients had received appropriate monitoring.
- The practice nurse had carried out an audit of newly diagnosed patients with Type 2 diabetes and as a result had taken their findings to the GPs and suggested a change in the pathway which was accepted and introduced to improve patient care.

Information about patients' outcomes was used to make improvements such as regarding cancer referrals. The practice had reviewed cancer diagnoses to determine if improvements could be made in referral practices. This resulted in changes in the practice procedures and policies. For example, the practice introduced a failsafe system to identify patients who did not attend the practice for follow up when requested after non-attendance at hospital.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We noted the practice had a comprehensive induction pack for locum GPs.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

Are services effective?

(for example, treatment is effective)

example, for those reviewing patients with long-term conditions. The nurses were trained in asthma and chronic obstructive pulmonary disease (COPD). **COPD is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.** One nurse had undertaken further training in diabetes and was developing the role. The health care assistant had been trained to provide smoking cessation advice and support and in administration of flu vaccines. One of the GPs was undertaking a diploma in mental health and another GP was undertaking minor surgery training.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. They also had access to local peer support with staff from other practices facilitated by the CCG.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and at protected learning sessions.

Coordinating patient care and information sharing

The practice had robust system for dealing with and sharing information and results from other services as well as notifying patients of changes. We saw the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice had a good system using a yellow box which recorded details of any special patient notes which

alerted all staff to any specific relevant information regarding a patient's needs. They also alerted staff to patients who had complex needs and had priority treatment using the 'purple patient' system.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We saw minutes of meetings with the health visitor for children's safeguarding and meetings with district nurses and the Macmillan nurse.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff had received in-house training in Deprivation of Liberty Safeguards (DOLS) in 2015.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Written consent was gained for minor surgery and family planning procedures which was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The health care assistant (HCA) was qualified in smoking

Are services effective?

(for example, treatment is effective)

cessation and had achieved significant success in supporting patients to stop smoking. They had won recognition for achieving the second highest number of patients in the CCG who had successfully stopped smoking after 12 weeks. The nursing team also supported patients who required help in weight management. Patients who would benefit from psychological support were referred or signposted to other services as appropriate such as the Improving Access to Psychological Therapies (IAPT) counsellors.

- Health checks for patients with learning disabilities were offered and care plans created. They also provided support and information to carers at this time.
- One of the GPs had a special interest in family planning and sexual health had undertaken additional training. They provided a full range of family planning services to meet the needs of the practice population. The practice also participated in the 'C-Card' scheme which allowed young people to access barrier methods of contraception without the need for explanation, staff had been trained to offer this service. Chlamydia screening was offered to young people aged 15-24 years.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG and the national average of 82%. There was a policy to

offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 93% to 98%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed members of staff were courteous and very helpful to patients and treated them with dignity and respect both when they attended the reception desk and on the telephone.

- There was a keypad on the door of consulting rooms preventing anyone from entering the nurses rooms during examination. Curtains were also provided to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced and patients commented on all GPs at the practice expressing how they listened, treated them with respect and took time to allow them to explain their symptoms. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice patient satisfaction scores on consultations with GPs and nurses were high and comparable with the CCG and national averages. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice demonstrated a commitment to their ethos that they were a 'family focused GP practice' and as a result allowed patients who had been with the practice for many years to remain on the practice patient list when they moved out of the practice area. Two patients we spoke with during our inspection had experienced this and expressed how this had been beneficial and that they had found it reassuring, specifically regarding the management of their long term conditions.

We noted in a significant event where one of the nurses was aware that an elderly patient had not attended for their appointment and had acknowledged this was unusual behaviour for the patient. In response to this the nurse, investigated if the patient had been admitted to hospital. Following confirmation they had not been admitted they visited the patient at home to ensure they had not deteriorated and contacted the police when there was no response to check the welfare of the patient.

Care planning and involvement in decisions about care and treatment

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

Are services caring?

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- We saw that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available and staff we spoke with confirmed they accessed the interpreting service when necessary.
- Information leaflets were available in easy read format and we saw there were leaflets in the waiting area in other languages.

Patient and carer support to cope emotionally with care and treatment

The practice had a significant amount of information regarding carers in the waiting area. We noted information regarding access to carer support in the immediate entrance, which was available in different languages. There was also a specific carers board in the main waiting area. These provided patients with information about how to access a number of support groups and organisations. Information about how to register with the practice as a carer was also available on the practice website. Staff signposted patients to the local community facility where there was access to a member of the Carers Association who provided information regarding all help available for carers including financial advice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 140 patients as carers which represented 1.4% of the practice list. The practice offered carers flu vaccines, health checks and longer appointments. The practice also signposted patients to the Admiral Nurses and Age UK who provided support for carers of patients with dementia.

Staff told us that if families had suffered bereavement a sympathy card was sent. Their regular GP would assess the need for follow up or further contact with the family dependent on their circumstances and knowledge of the family.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. They participated in the local enhanced services such as schemes for dementia screening.

- The practice offered later appointments from Monday to Thursday until 7pm for working patients and those patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, those who attend with carers and those with multiple long term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The GPs prioritised these every morning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation and they offered a triage service which allowed the GPs to advise patients if they needed to be seen that day.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had recognised that patients with complex needs or vulnerable patients may have needed to speak to a GP or need advice or help urgently and as a result had introduced a 'purple patient' system. This provided patients with a specific telephone number which gained direct access to reception staff. Their records indicated they were 'purple patients' and reception staff would ensure they were dealt with as a priority. There were approximately 50 to 60 patients recorded as being in this group.
- The practice worked with the patient participation group (PPG) to implement specific projects where needs had been identified. A PPG is a group of volunteer patients who meet with practice staff to feedback patient views and suggestions for improving, changing

and developing patient services in the practice. The PPG, with the support of the practice had developed a 'Let's Get Moving' project which involved patients attending a local sports facility and receiving support and tuition regarding health and exercise from a local health and fitness tutor. The idea had been in response to increases in the need for physiotherapy and a lack of local resources. Patients required a notification from their GP to confirm this programme was suitable for them and patients had reported positive benefits as a result of attending after 14 weeks. For example, patients who had experienced falls reported improved balance and improved feeling of well-being. There had been five participants and the practice was raising awareness by posters and advertising in the newsletter to increase uptake.

- The practice produced a newsletter in collaboration with the PPG which provided information regarding specific conditions, preparing for the different seasons of the year, information regarding the practice and other health issues which were topical.
- The practice and the PPG along with the diabetes specialist nurse were also facilitating a patient led educational group for patients who were living with diabetes. This was focussing on the benefits of patients with first-hand knowledge, sharing experiences of how they managed their condition. This was work in progress at the time of our inspection.

Access to the service

The practice premises was open to patients between 8.30am and 1pm and 1.30pm until 6.30pm on Monday, Tuesday Thursday and Friday and on Wednesday opened from 8.30am until 1pm and from 2pm until 6.30pm and appointments were available during those times. Patients were able to access the practice via the telephone from 8am through until 6.30pm and GPs were available. Extended hours appointments were available Monday to Thursday from 6.30pm until 7pm and Saturday from 8am until 11am for pre-bookable appointment only. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them and the practice provided telephone triage. Appointments were colour coded to alert staff to the nature of the type of

Are services responsive to people's needs?

(for example, to feedback?)

appointment. For example, after school children's appointments were green. When the practice was closed patients could access medical care via the out of hours service by calling NHS 111.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages with the exception of telephone access.

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 48% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

We saw that the practice had introduced measures to address the lower than average satisfaction regarding telephone access. They had introduced a telephone text messaging system for cancellation of appointments to reduce the volume of calls. They had also set up mobile phones for telephone triage for GPs to make outgoing calls to prevent them blocking the appointment telephone lines for long periods of time.

The practice had a wheelchair in the practice to help patients with difficulty in mobilising whilst visiting the practice. There was also a children's play corner with toys and books to engage children whilst waiting for their appointment.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and

could always get seen on the same day if they needed to see a GP urgently. The reception staff were aware of the process for home visits. They had access to the GPs if patients were requesting a home visit who did not meet the criteria to enable the GP to decide on the clinical need. The telephone triage system allowed patients to talk to a GP to determine if a visit was necessary or if they needed an appointment that day. Patients we spoke with reported this was a helpful and reassuring facility.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that a poster in the waiting area to inform patients about the complaints procedure and there was a facility to provide feedback via the practice website.

We looked at nine complaints received in the last 12 months and found they had been dealt with appropriately in a timely manner. Lessons learnt from individual concerns and complaints were shared with staff. For example, reception were alerted to remind patients of the different methods of booking appointments, such as online, telephone triage and extended hours. We noted there was no system in place for recording verbal complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. For example, several staff told us they felt the practice priority was always on delivering family focussed patient centred care.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. We saw the practice were trying to recruit new GPs and prepare for potential retirement and had recruited a successor for the practice manager who would be retiring in the near future to ensure a smooth transition.

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. For example, they had staff who had specific skills in certain areas, such as family planning and minor surgery.
- Practice specific policies were implemented and were available to all staff. We noted these were accessible electronically and in hard copy.
- A comprehensive understanding of the performance of the practice was maintained and we saw evidence of minutes of meetings where this was discussed and plans put in place to address any areas which required specific action.
- Clinical and internal audit was used to monitor quality and to make improvements and we noted how changes had been implemented as a result of audit, such as in diabetes and prescribing.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

During our inspection the partners and management team demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. We saw evidence that they prioritised safe, high quality and compassionate care, from their practises, audit, discussions and outcomes for patients. Staff told us the partners were approachable and always took the time to listen to all members of staff and this appeared evident during our inspection.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support for staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment they gave affected people reasonable support, and a verbal and written apology.

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

- Staff told us the practice held regular team meetings and we saw minutes of meetings to demonstrate this. They had communication books in reception as an additional support for staff to use on a daily basis between shifts.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to improve and develop the practice, and the partners encouraged all members of staff to engage in this.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. There was an active patient participation group (PPG) with 10 core members and a virtual group who were communicated to via email, having provided consent to

Are services well-led?

Good 

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

the practice manager to be contacted. A PPG is a group of volunteer patients who meet with practice staff to feedback patient views and suggestions for improving, changing and developing patient services in the practice.

The PPG met monthly and meetings were always attended by the practice manager and occasionally a GP if required. We spoke with a member of the PPG who told us the practice was very responsive and engaged well with the group. They provided many examples of how changes had been made as a result of their suggestions and comments. For example, they changed the health information display as patients reported they found the information screen too small and difficult to see. The PPG had also worked with the practice to address issues regarding access via the telephone and suggested implementing texting a specific mobile number to cancel appointments. The PPG had donated a mobile phone for this purpose and the system was working well.

The PPG carried out patient surveys and we saw an action plan where the practice had addressed areas identified. For example, the practice had developed a 'Frequently Asked Questions' poster to inform patients of the need to notify the practice if they had changes to their repeat medications.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. The practice had a long established work force as well as some new members to the team who reported good communication in the practice and a family focused ethos. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and encouraged to share ideas of how to improve procedures in the practice to benefit patients. The practice produced a staff newsletter to summarise and highlight important information about the practice.