

Shiregreen Medical Centre

Quality Report

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Date of inspection visit: 3 August 2016

Date of publication: 26/09/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shiregreen Medical Centre on 3 August 2016. Overall the practice is rated as good.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services was available and easy to understand.
- 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 had good facilities and was well equipped to treat patients and meet their needs.
- Staff felt supported by management and the practice sought feedback from patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses, however, this needed a more systematic approach.

The areas where the provider must make improvements are:

- Fire assessments, Legionella and Health and Safety risk assessments must be carried out at both the main and branch surgery.
- The practice must ensure their recruitment process includes structured interview questions and all staff appraisals should be documented.
- The practice must ensure that their complaints process is robust and is fit for purpose and contains an analysis of trends.

The area where the provider should make improvements are:

Summary of findings

- The practice should consider their complaints process to ensure that it is fit for purpose.
- New arrangements for maintaining patient confidentiality should be considered in the reception area.
- Oxygen and the defibrillator should be checked and logged regularly.
- An annual infection prevention and control audit should be undertaken at the branch surgery.

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

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the practice did not have an annual review of trends.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, there was no Infection Prevention and Control audit in place at the branch surgery, there was no documented record to show that the practice oxygen and defibrillator were checked regularly. Legionella, Fire, and Health and Safety risk assessments were not in place.

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 at or above average compared to the CCG and the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed 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 saw staff treated patients with kindness and respect.

Summary of findings

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 to secure improvements to services where these were identified. For example, the practice are part of the Foundry Medical Group federation to improve care and resources for patients.
- 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 had good facilities and was well equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand however and some staff did not fully understand how to progress concerns and complaints from patients.

Good



Are services well-led?

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

- The practice had a strategy to deliver high quality care and promote good outcomes for patients. However, some practice procedures were not in place. For example, incidents were not always investigated; appraisal records were not kept for all staff; risk assessments were not completed for Fire and Legionella and emergency equipment was not routinely checked.
- Staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 sought feedback from staff and patients, which it acted on.
- There was a focus on learning and improvement.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held responsibility for four local Care Homes and had on-going, updated care plans in place for this group of patients.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was higher than the CCG and the national average. For example, the percentage of patients with diabetes, on the register who had a recent blood test in the preceding 12 months was 85% (CCG average 78%, national average, 75%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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. Immunisation rates were relatively 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.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 90%, which was higher than the CCG average of 89% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives. For example, mental health support was in place for pregnant women through the Vulnerable Midwives and Consultant-led teams.

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 reflects the needs for 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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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 living with dementia).

Good



Summary of findings

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 86% and the national average of 84%.
- Performance for mental health related indicators was similar to the CCG and the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91% (CCG average 90%, national average, 88%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia. For example they had a Dementia Key worker from the Alzheimer's Society available in the practice one day per week.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line or below local and national averages. 327 survey forms were distributed and 122 were returned. This represented a response rate of 37% compared to the national response rate of 38%.

- 78% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 61% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 76%.
- 68% of patients described the overall experience of this GP practice as good compared to the CCG and the national average of 85%.

- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Patients said they were treated with respect and the practice offered an excellent service.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Shiregreen Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Shiregreen Medical Centre

Shiregreen Medical Centre (which incorporates a branch surgery) are situated in Sheffield city centre. The practice provides services for 7,600 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the most deprived areas in England. The age profile of the practice population is similar to other GP practices in the Sheffield Clinical Commissioning Group (CCG) area.

The practice has one none profit sharing female GP partner, one male profit sharing partner and two female profit sharing partners; one female salaried GP and two male salaried GPs, four GP registrars, one nurse practitioner, two practice nurses and four healthcare assistants. They are supported by a team of practice management staff and an administration team. The practice is open between 8am and 6pm Monday, Tuesday, Wednesday and Friday and 8am until 1pm on Thursdays. Appointments with staff are available at various times throughout the day. Extended hours are offered between 6.30pm and 8.30pm one evening per week and one Saturday each month from 9am until 1pm.

When the practice is closed calls are answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 August 2016. During our visit we:

- Spoke with a range of staff (GPs, nurse practitioner, practice manager, health care assistant, administration and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients 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?

Detailed findings

- 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice team of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw some evidence that when things went wrong with care and treatment, patients were informed of the incident and received reasonable support and truthful information.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the practice did not have an annual review of trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. With regard to some incidents we saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when there was an issue relating to the refrigerator (used to store vaccinations and drugs) the infection control lead notified NHS England immediately. The vaccines were quarantined and three members of staff dealt with patients to provide new appointments. As a result of this incident a new protocol was developed to monitor fridge temperatures.

Overview of safety systems and processes

The practice had some 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 staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection prevention and control protocol in place and staff had received training. An annual infection prevention and control audit had been undertaken at the main surgery and we saw evidence that action was taken to address any improvements identified as a result. We were informed that an annual infection prevention and control audit had not been undertaken at the branch surgery.
- 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). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the practice nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. 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 or direction from a prescriber.

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We noted that structured interview questions were not used when recruiting new staff members and induction checklists were not used. We were told that all staff appraisals had been carried out however these were not appropriately documented.

Monitoring risks to patients

Some risks to patients were not assessed nor well managed.

- On the day of inspection we noted that some procedures were not in place for monitoring or managing risks to patient and staff safety. For example, the practice did not have up to date annual fire risk assessments but they did carry out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had undertaken an infection prevention and control audit at the main surgery but did not have an infection prevention and control audit at their branch surgery. Legionella risk assessments were not in place at either surgery. (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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We were told that these were checked regularly but did not see evidence that it was logged.
- 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 did not have a Health and Safety risk assessment.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 were 98% of the total number of points available with 12.9% exception reporting.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 showed:

- Performance for diabetes related indicators was higher than the CCG and the national average. For example, the percentage of patients with diabetes, on the register who had a recent blood test in the preceding 12 months was 85% (CCG average 78%, national average, 75%).
- Performance for mental health related indicators was similar to the CCG and the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91% (CCG average 90%, national average, 88%).

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, an audit was undertaken to review the service provided to children with the diagnosis of asthma. This audit highlighted the need to encourage patient compliance with their use of medication.

Information about patients' outcomes was used to make improvements such as improving prescribing pathways for patients taking various medications.

Effective staffing

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

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse who reviewed patients with longterm conditions had undergone degree level training at the local University.
- 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.
- The learning needs of staff were identified through a system of appraisals although we noted that some of these were not documented although notes were taken. 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 for revalidating GPs. All staff had received an appraisal within the last 12 months although some of these had not been documented.
- 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 and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers and those at risk of developing a long-term condition. Those requiring advice on their diet or smoking and alcohol cessation were signposted to the relevant service.
- The practice offered an exercise clinic and supported practice champions with patient volunteers to improve the well being of the local community.

The practice's uptake for the cervical screening programme was 90% which was higher than the CCG average of 89% 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 and ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 97% and five year olds from 83% to 96%.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- On the day of inspection we noted that patient confidentiality was not maintained in the waiting room. For example, administration staff received telephone calls at a desk in the reception area and patient details could be overheard by those sitting in the waiting room.

All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were sometimes 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 was in line or below for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.

- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients 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:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 205 patients as carers (2.68% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice are part of a newly formed federation known as Foundry Medical Group which is committed to new ways of working to provide better care to patients and ensure that practices are sustainable.

- The practice offered extended hours one evening each week from 6.30pm until 8.30pm and one Saturday each month from 9am until 1pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and those only available privately were referred to other clinics.
- There were disabled facilities and translation services but the main and branch practice did not have a hearing loop.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia. For example they had a Dementia Key worker from the Alzheimer's Society available in the practice one day per week.
- Practice Nurses visit the local nursing home to provide long term condition management, flu immunisations and other services for residential patients which are not provided by the nursing home staff and lead GPs have monthly meetings with the nursing home lead nurse to plan care and discuss the long term care for patients who are terminally ill.

Access to the service

The practice is open between 8am and 6pm Monday, Tuesday, Wednesday and Friday and 8am until 1pm on Thursdays. Appointments with staff are available at various

times throughout the day. Extended hours are offered between 6.30pm and 8.30pm one evening per week and one Saturday each month from 9am until 1pm. When the practice is closed calls are answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages in the following instance:

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 78%.

However patient's satisfaction with how they could access care and treatment was in line with local and national averages in the following instance:

- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

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

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns which needed some attention. For example;

- The practice complaints policy and procedures needed updating to ensure the response time was consistent with national guidance. On the day of inspection we observed that the practice response letter did not include the Parliamentary Health Service Ombudsman details, however this information was included in a leaflet sent out with the response letter. Although the

Are services responsive to people's needs?

(for example, to feedback?)

practice manager was the designated person for handling complaints, the practice told us that complaints had been handled by an administrator for a period of absence.

We looked at 18 complaints received in the last 12 months and found that some of these were satisfactorily handled. Some lessons were learnt from individual concerns and

complaints however we did not see an analysis of trends although some action was taken to improve the quality of care. For example, a recent complaint regarding an incorrect prescription being given was addressed by apologising to the patient and completing a serious event analysis.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not well implemented. For example, there was no Infection Prevention and Control audit in place at the branch surgery, the practice oxygen and defibrillator were checked but not logged and Legionella, Fire, and Health and Safety risk assessments were not in place.
- The practice complaints policy and procedures needed updating to ensure the response time was consistent with national guidance. On the day of inspection we observed that the practice response letter did not include the Parliamentary Health Service Ombudsman details, however this information was included in a leaflet sent out with the response letter. Although the practice manager was the designated person for handling complaints, the practice told us that complaints had been handled by an administrator for a period of absence..

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen.

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 training for all 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:

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

Staff felt supported by management:

- Staff told us the practice held regular team meetings.
- We noted that structured interview questions were not used when recruiting new staff members and induction checklists were not present. We were told that all appraisals were carried out however these were not appropriately documented.
- 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.
- The practice had recently developed a Patients Newsletter.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG held 'ad hoc' meetings and were asked for their opinions by the practice staff. The PPG told us that they had submitted some proposals for improvements to the practice management team. For example, a new integrated text (SMS) service has been set up which sends patients messages when their appointment is booked. The PPG had suggested improvements to enhance confidentiality in the reception area.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example, the practice are part of a newly formed federation known as Foundry Medical Group which is a federation committed to new ways of working to provide better care to patients and ensure that practices are sustainable.

Continuous improvement

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good Governance. 17. Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users: • 17.2 Legionella, Fire and Health and Safety risk assessments must be carried out at both the main and the branch surgery. • 17.2 (d) Maintain records in relation to persons employed for example; the practice must ensure their recruitment process includes structured interview questions and all staff appraisals should be documented.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints 16 (1) Any complaint received must be investigated and necessary and proportionate action must be taken in response. • 17.3 The practice must ensure that their complaints process is robust and is fit for purpose and contains an analysis of trends.

This section is primarily information for the provider

Enforcement actions

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.