

# Shenley Green Surgery

## 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 Shenley Green Surgery on 16 December 2015. 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.
- Risks to patients were assessed and generally well managed although we noted some exceptions where systems in place were not robust.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice was proactive in identifying and promoting additional support for patients health and wellbeing.
- Patients said they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients generally found it easy to make an appointment and were able to obtain urgent same day appointments when needed.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw an area of outstanding practice:

- There was a strong focus on the physical and mental health and wellbeing of patients at the practice. The practice had been open to a variety of schemes which it offered from the premises. This included: mental health wellbeing to patients with long term conditions to help them cope with their condition (through the mental health charity Mind); supporting a self help group for patients with poor mental health; psychosexual counselling and access to health trainers who offered lifestyle advice and

# Summary of findings

support. When the practice closed once a week the premises were used for an exercise class suitable for patients with long term conditions. The GPs joined in with the classes to give patients confidence when undertaking exercise.

The areas where the provider should make improvement are:

- Maintain robust systems for the changing of privacy curtains, storage of vaccines and other medicines requiring cold storage, and for monitoring staff training.
- Maintain a clear agenda and accurate records of meetings to minimise risk of follow up actions being missed.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses and were encouraged to do so.
- Lessons were shared to make sure action was taken to improve safety in the practice and minimise the risk of reoccurrence. Patients affected by safety incidents received an explanation and apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed. Although, systems were less robust in relation to the changing of privacy curtains, the monitoring of the cold chain storage and checks on oxygen for use in an emergency.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Nationally reported data showed patient outcomes were comparable to other practices in the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were used to identify opportunities for quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received appraisals in which learning needs were identified. Although, the systems in place for monitoring staff training and appraisals did not make it easy for staff to keep track as to whether it was kept up to date.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- There was a strong emphasis on health and wellbeing in the services provided to patients.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Published data on patient satisfaction showed that the patients' rating of the practice was mostly in line with others.

Good



# Summary of findings

Consultations with GPs were generally rated higher compared to other practices but lower for nurses and reception staff. The provider felt this may have been a reflection of recent staffing changes.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice 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. The practice actively participated with the CCG led Aspiring to Clinical Excellence Scheme.
- Patients said they found it easy to make an appointment and arrangements were in place for those with urgent needs to obtain same day appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The premises were accessible to patients with mobility difficulties.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients although this was not formally documented.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. Risks were generally well managed although there were areas where systems could be improved to effectively manage some risks.

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 managing safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement.

# 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. Patients over the age of 75 years had a named GP responsible for co-ordinating their care.
- Home visits and urgent appointments were available for those who were unable to attend the surgery for an appointment due to their health. The practice was also accessible to those with mobility difficulties.
- The practice participated in the unplanned admissions enhanced service in which patients who were admitted to hospital as an emergency had their care reviewed.
- The practice performance was comparable to the CCG and national averages in relation to outcomes for patients with conditions commonly found in older patients and for uptake of flu vaccinations.

Good



### People with long term conditions

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

- Systems were in place to manage those with long term conditions. Patients received regular reviews of their condition to check that their health and medicine needs were being met.
- The practice worked with other health and care professionals to deliver a multidisciplinary package of care for patients with complex health needs.
- In-house services including ECGs, spirometry and ambulatory blood pressure (BP) monitoring were available for the convenience and management of patients with long term conditions. Further services such as insulin initiation were available through the local clinical network.
- Nationally reported outcome data for patients with diabetes was below the CCG and national average overall but individual indicators showed a mixed picture.
- Longer appointments and home visits were available for those that needed them.
- Additional support was available through the practice to help patients maintain healthier lifestyles. For example through the use of health trainers and exercise.

Good



# Summary of findings

## 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 who did not attend for immunisations.
- The practice worked closely with the health visitor and midwives to support children at risk.
- Immunisation rates compared well against the CCG area for all standard childhood immunisations.
- The practice offered child friendly services with baby changing facilities and breast feeding welcome. The premises were accessible for those with pushchairs.
- Appointments were available outside of school hours.
- The practice's uptake for the cervical screening programme during 2014/15 was higher than the CCG and national averages.

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).

- 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 online services for appointments and prescriptions.
- Extended opening hours were available for the convenience of those who worked or with other commitments during the day. Telephone consultations were also available in the evening.
- The practice provided health promotion and screening that reflected the needs of this age group. This included sexual health clinics and psychosexual counselling, access to health trainers, smoking cessation and travel immunisations.
- Full contraceptive services were offered including intrauterine devices and implants.
- Minor surgery was also available.

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 registers of patients living in vulnerable circumstances including those with a learning disability and at risk of substance misuse.

Good





# Summary of findings

- The practice offered longer appointments for patients who needed them for example those with a learning disability. Patients with a learning disability were issued with a passport, as part of a CCG led scheme, to provide important information if admitted to hospital.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Clinical staff were aware of various support groups and voluntary organisations that patients could access and hosted various support services on the premises. For example, drug misuse clinics and health trainers. The Citizens Advice Bureau were also due to start running sessions at the practice on the same day as the health trainers to provide social and financial advice in conjunction with health advice.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- Nationally published data for 2014/15 showed 81% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared with the CCG average of 82% and national average of 84%.
- Nationally published data for 2014/15 showed the practice had achieved 92% for indicators relating to patients with poor mental health which was comparable to the CCG average of 92% and national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example a local self help group and for adult and child counselling services.
- The practice was working with the mental health charity Mind to provide emotional support for those diagnosed long term conditions. Mind had evaluated the service in July 2015 which

Good



# Summary of findings

had been piloted in Birmingham and Manchester and was showing positive outcomes for patients. The practice was sharing this with other practices in the locality who were interested in starting this service at their own practice.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice performance was mostly in line with local and national averages. 282 survey forms were distributed and 98 (34.8%) were returned.

- 83% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 79% found the receptionists at this surgery helpful compared to a CCG average of 83% and a national average of 97%.
- 89% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 82% and a national average of 85%.
- 88% said the last appointment they got was convenient compared to a CCG average of 90% and a national average of 92%.

- 74% described their experience of making an appointment as good compared to a CCG average of 67% and a national average of 73%.
- 56% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 62% and a national average of 65%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards and also spoke with the chair of the patient participation group. Feedback received was positive overall about the standard of care received. Four patients commented that getting appointments could sometimes be difficult, and one patient had been unhappy with a specific consultation.

# Shenley Green Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP specialist advisor.

## Background to Shenley Green Surgery

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

Shenley Green Surgery is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in a purpose built accommodation. Based on data available from Public Health England, deprivation in the area served is below the national average. The practice has a registered list size of approximately 6000 patients.

The practice is open between 8.00am and 6.30pm Monday to Friday with the exception of Wednesdays when it closes at 1pm. When the practice is closed patients receive primary medical services through other providers. On Wednesday afternoon the provider is South Doc and during

the out of hours period, between 6.30pm to 8am, the provider is Primecare. The practice provided extended opening hours on Tuesdays between 7.30am to 8am and on a Monday and Thursday until 7pm.

The practice currently has two GP partners (both female), the third partner recently left the practice. The practice also has two salaried GPs (male and female). Other practice staff consisted of a practice nurse and a healthcare assistant. There is a team of administrative staff which includes a business and office manager who supports the daily running of the practice.

The practice is a training practice for doctors who are training to be qualified as GPs and a teaching practice for medical students.

The practice has not previously been inspected by CQC.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 December 2016. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including GPs, the health care assistant, managers and administrative staff).
- Observed how people were being cared.
- Reviewed how treatment was provided.
- Spoke with other health and care professionals who worked closely with the practice.
- Spoke with the chair of the PPG.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they were encouraged to report incidents that occurred and would either do this directly on the electronic reporting form or notify the office manager.
- The practice had recently introduced a new reporting format for incidents and significant events which enabled them to assess and score the level of risk.
- One of the GP partners and the office manager met every couple of weeks to discuss actions taken to minimise the risk of re-occurrence from incidents that had occurred.
- Recorded significant events had been analysed to identify any themes or trends. We saw no consistent or repetitive patterns from this.
- Lessons learnt were shared with staff at practice meetings and staff we spoke with confirmed this. They were also shared more widely with other practices within the locality.

During the past 12 months the practice had recorded 32 incidents and significant events. We found these were well documented with clear action plans and reviews where required. For example, a patient was given a flu vaccination twice. The practice identified how this could have been prevented and arranged to have information relating to immunisations included in a summary report that went with the clinician when undertaking home visits. The patient was informed and received an apology in person from the clinician.

Patient safety alerts received by the practice were disseminated to relevant clinicians. Those relating to medicines were discussed with the CCG pharmacist to action and we saw evidence of this.

### Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and

local requirements. Safeguarding policies and procedures as well as contact information for relevant agencies responsible for investigating safeguarding concerns were accessible to all staff. There was a lead GP for safeguarding and staff were aware who to go to for support. Staff demonstrated they understood their responsibilities in relation to safeguarding and were able to give examples where concerns in relation to children and vulnerable adults had been appropriately followed up. Records seen showed that staff had received training relevant to their role. Alerts on patient records ensured staff were aware of patients who were at risk and so could be extra vigilant.

- There were notices displayed throughout the practice advising patients that they could request a chaperone, if required. Both nursing and reception staff acted as chaperones. We saw evidence that relevant staff had received training in this area and staff we spoke with demonstrated an understanding of their roles and responsibilities when chaperoning. They had also received a disclosure and barring check (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).
- We observed the premises to be visibly clean and tidy. The practice nurse was the infection control lead for the practice. We saw that the majority of staff had undertaken infection control training within the last year. Infection control and supporting policies were regularly reviewed and available to support staff. The practice had undertaken annual in-house infection control audits and had recently received a CCG infection control audit in which an overall score of 92% and an amber rating was received. We saw evidence from the annual infection control audits of action undertaken to address improvements required such as repairs to flooring. Cleaning was undertaken by an external provider and cleaning schedules were in place so that the cleaners knew what needed to be done. However, we found the disposable curtains had not been changed in a timely way and no systems in place to monitor this.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Vaccines and medicines checked at random were in date. The

## Are services safe?

practice worked closely with the CCGs prescribing support team and carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Feedback from the CCG told us that the practice had delivered all their prescribing objectives for 2014/2015. We reviewed the management of three patients on high risk medicines in which regular blood tests and monitoring were required and found these patients were managed appropriately. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions were in place and in date in line with legislation to allow nurses to administer medicines and Patient Specific Directions to enable Health Care Assistants to administer vaccinations. However, we did note some gaps in the daily recording of medicine fridge temperatures (including minimum temperatures) to ensure vaccines were stored in line with manufacturers instructions.

- We reviewed the personnel files for two new members of staff and found that 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.

### Monitoring risks to patients

Risks to patients were assessed and generally well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. We saw that the practice had in place up to date risk assessments for fire safety, legionella and the control of substances hazardous to health and infection. The practice had recently undertaken fire drills and regularly tested the fire alarm.

- Checks of electrical equipment to ensure the equipment was safe to use and clinical equipment to ensure it was working properly had taken place within the last 12 months. Single use items checked at random such as syringes and needles were wrapped and in date.
- One of the partners had left and they were looking to recruit a new GP early in 2016 to join the team. In the interim a locum GP had been recruited to support the practice. There had also been two new reception team members. The practice appeared to be coping well with the changes to the team and staff were supportive of each other to cover annual and unexpected leave.

### 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 alert system at the practice which enabled staff to notify other members of staff of an emergency.
- All staff had received basic life support training within the last 12 months.
- Emergency medicines were kept securely but accessible to staff when needed. Staff knew of their location.
- The practice had a defibrillator and oxygen with child and adult masks for use in an emergency. Records showed the equipment was regularly checked to ensure it was working properly and in date.

The practice had a Business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and other services. There were reciprocal arrangements with another practice for use of premises in an emergency.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice was able to demonstrate through examples given that it accessed and made use of best practice guidance, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had reviewed the quality of care against NICE guidance through the use of clinical audit. They also made use of an advice and guidance scheme with the dermatology department at a local hospital in which they were able to send photographs and quickly obtain advice from specialist consultants when needed.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 for 2014/15. This showed the practice had achieved 93% of the total number of points available, which was comparable to the CCG and national average of 94%. Exception reporting by the practice was 7% which was lower than the CCG and national average of 9%. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. 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 at 84% which was lower than both the CCG average and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was at 78% which was lower than the CCG average of 83% and the national average of 84%.
- Performance for mental health related indicators was at 92% which was comparable to the CCG average of 92% and the national average of 93%.

The practice provided examples of clinical audits undertaken to support quality improvement.

- There had been three clinical audits undertaken in the last two years. One of these was a completed audit where the improvements made were implemented and monitored.
- Two further audits showed the practice had reviewed activity in relation to the management of two long term conditions. The audits contained recommendations and action plans to improve compliance but these had not yet been completed.
- Findings were used by the practice to improve services. For example, over the past three years the practice had undertaken an annual audit on the prescribing of antimicrobials against NICE and CCG guidance criteria and was able to demonstrate improved compliance in prescribing against this criteria.
- We also saw a range of audits and reviews of practice undertaken between 2009 and 2013 to support learning and improvement.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff. We spoke with one new member of staff who was currently on their three month probationary period. They told us how they had been allocated a mentor and felt well supported. They showed us competencies they needed to achieve as part of their induction.
- Staff had access to and made some use of e-learning training modules. This included training in modules such as safeguarding, fire safety, basic life support, equality and diversity, health and safety and information governance.
- We saw evidence that staff had received up to date training relevant to their roles for example, in cervical cytology and administering vaccinations.
- The practice did not have robust systems in place to enable management to easily keep track of staff training, for example, when it was next due and to ensure no staff were missed. As a result, managers had to rely on individual files which meant that there was the potential for gaps.



# Are services effective?

## (for example, treatment is effective)

- Staff we spoke with confirmed they received annual appraisals which enabled them to discuss any learning needs. Staff told us that they found the practice supportive of their learning needs.

### Coordinating patient care and information sharing

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

- The practice systems enabled staff to access information such as test results and letters directly from the hospital. Following a significant event the practice had recently reviewed their system for processing letters and other information received by post to ensure any actions were implemented with minimum delay.
- A range of patient information leaflets were available for patients to take away so that they could find out more about their condition and services available.
- The practice shared relevant information with other services to support the continuity of care, for example out of hours providers and when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team meetings took place every three months. We received positive feedback from other health and care professionals we spoke with who told us that the practice worked well with them to meet patient's needs. They found the staff at the practice accessible and helpful when they needed support.

### Consent to care and treatment

The GPs we spoke with demonstrated an understanding of relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and those relating to capacity and consent in children and young people. Clinical staff were able to give examples of how they had used the Mental Capacity act and best interest decision making to support patients who lacked capacity to consent. They told us that they assessed and recorded any decision making around capacity and consent in patients notes.

Procedures such as minor surgery, intrauterine devices and implants were carried out at the practice. We saw from randomly selected examples that signed consent had been sought prior to the procedure.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition. Systems were in place to recall patients in for a review with long term conditions so that their condition could be appropriately managed and prompt action taken in response to any signs of deterioration.
- There was a wide range of support and advice available at the practice to encourage patients to live healthier lifestyles. Staff could refer patients to various services provided at the the surgery. These included smoking cessation, health trainers to help patients in areas such as weight management and exercise and services to support patients who misused drugs and alcohol. We spoke with some of the staff involved in providing these services who told us they felt the practice valued what they did. The practice had also agreed to host services from the citizen's advice bureau to help provide support with social problems that can impact on a patient's health.
- The practice supported and referred patients to services and groups for mental well being. This included a self funding support group run by a practice patient who had been supported by the mental health trust and the practice to set up. Emotional support through the mental health charity MIND for patients with longterm conditions and youth and adult counselling services. One of the GPs had also undertaken additional training in psychosexual counselling to provide support for patients.
- When the practice closed an exercise class operated once a week from the premises suitable for some patients with long term conditions. The GPs attended these classes after work to help give patients confidence when undertaking these exercises. The practice told us that there were currently about 12 patients that regularly attended these classes.

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

The practice's uptake for the cervical screening programme during 2014/15 was 93%, which was higher than the CCG average of 79% and the national average of 82%. There was a system in place to follow up patients who did not attend for their cervical screening test. The practice performance was also higher for uptake of breast cancer and bowel cancer screening. For example data published in March 2015 showed the uptake of breast cancer screening for eligible patients within six months of invitation was 79% compared with the CCG average of 71%.

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

immunisation rates for the vaccinations given to under two year olds ranged from 84% to 99% (compared to the CCG range from 80% to 95%) and five year olds from 95% to 99% (compared to the CCG range from 86% to 96%).

Flu vaccination rates for the over 65s were 71% which was slightly below the national average of 73%, and at risk groups 60% which was above the national average of 49%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Where abnormalities or risk factors were identified these were referred to the GPs for follow up.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients. Patients were treated 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 and that conversations taking place in these rooms could not be overheard.
- The telephone area had been separated by a barrier to help reduce the risk of staff being overheard and the seating in the waiting area was set away from the reception desk.
- There was a dedicated room to use if patients wished to discuss something in private with staff. The room had a telephone which patients could use to obtain support in confidence.
- Name badges were used by staff so that patients knew who they were speaking with.
- The practice was able to give examples how reception staff had alerted GPs when they had been concerned about a patient enabling them to be extra vigilant.

Feedback received from patients through the 20 completed CQC comment cards was mostly positive about the service experienced. Patients told us that they received an excellent service and high quality care. They described staff as helpful and caring and that they were treated with dignity and respect.

We also spoke with the chair of the patient participation group. They also told us that overall the service received from the practice was good.

Results from the national GP patient survey (published in July 2015) were mixed about how patients felt they were treated. Patients generally rated consultations with GPs positively and higher than the CCG and national average in most areas. However, scores were slightly lower than the CCG and national averages for consultations with nurses

and helpfulness of reception staff. The practice explained that there had been changes of nursing and reception staff over the last year which may have impacted on these results. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 79% said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

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

Feedback received through the CQC comment cards told us that patients felt listened to and involved in decision making about the care and treatment they received. Patients told us that they didn't feel rushed during consultations and that their wishes were taken into account.

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% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.

## Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw evidence that the service was regularly used.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The GPs told us about support services that they could refer and signpost patients to for emotional support. This included patients whose mental state may be affected by their physical health and chronic health conditions.

The practice's computer system alerted GPs if a patient was also a carer. Patients were encouraged to identify themselves if they were a carer through a form available at reception. This enabled the practice to register the patient with support services available. There were 142 patients on the carers register.

Staff told us that if families had suffered bereavement, their usual GP contacted them by phone to offer support. We were told about an example how practical support was provided to a family member whose own carer was receiving palliative care support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

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

- The practice offered extended opening hours on a Tuesday morning, 7.30am to 8am as well as evening telephone consultations after surgery on a Monday and Thursday for the convenience of patients who worked and could not attend during normal opening hours.
- There were longer appointments available for patients who needed them for example, patients with a learning disability or poor mental health.
- Home visits were available for patients who were unable to attend the surgery for an appointment due to their health condition.
- The practice operated a triage system so that they could respond to patients who required urgent same day appointments. The triage GP had no prebooked appointments and would either manage patients over the telephone or allocate an appointment at the surgery. The GPs told us that they did not turn patients who needed to be seen away.
- The premises were easily accessible via a ramp and automatic doors which enabled those who used a wheelchair or with pushchairs to easily enter the building. There was a low area at reception so that patients who used a wheel chair could easily speak with reception staff. Most consulting and treatment rooms were allocated on the ground floor and lift access enabled patients to reach the treatment room on the first floor.
- The practice worked with a range of providers to deliver services that responded to patient needs. This included working with the mental health charity Mind to provide emotional support to those with long term conditions, the ambulance service to provide an alternative service

to accident and emergency and working with the dermatology service through the sending of photos to consultants for advice thus helping to reduce the response times for managing and treating patients.

### Access to the service

The practice was open between 8am and 6.30pm Monday, Tuesday, Thursday and Friday. On a Wednesday the practice closed at 1pm. Appointments were from 9am to 12pm every morning and 3pm to 6.30pm in the afternoon. Patients could pre-book appointments up to six weeks in advance. Urgent appointments were available to patients that needed them via the GP triage system. Online appointments and prescriptions were also available.

When the practice was closed on a Wednesday afternoon and in the out-of-hours period (6.30pm to 8am) patients accessed primary medical services through other providers. Details for this were available on the practice answerphone.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mostly higher than local and national averages with the exception of waiting times. The GPs explained that they were aware of this and that their previous partner had provided specialist treatment that sometimes overran, they had managed this by increasing appointment times.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 83% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 74% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 56% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

### Listening and learning from concerns and complaints

The practice had 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.

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information was displayed in the reception area and a complaints leaflet was available for patients to take away.

We looked at the 20 complaints received by the practice in the last 12 months, these were a mixture of formal written and verbal complaints. We found that complaints had been appropriately handled in a timely way with no significant trends identified. The practice gave examples of action taken in response to complaints which demonstrated an open and transparent approach.

# 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

Although there was no formally documented vision and strategy we received a comprehensive presentation from the GP partners at the start of the inspection about the service they provided. The GPs gave a honest and open account of the service, how they aimed to promote good outcomes from patients and areas for improvement and future development. They worked proactively with other providers to enhance the range of services to meet the needs of patients.

The practice had recently had a turnover of staff across all staffing groups however, while dealing with this the practice had worked hard to ensure the continuation of services provided. Staff we spoke with demonstrated a commitment to delivering a service that met patients' needs and ensured they received high quality care.

### Governance arrangements

The practice had an overarching governance framework which supported service delivery and good quality care. This included:

- A clear staffing structure where staff were aware of their own roles and responsibilities.
- Practice specific policies that were available to staff on-line via staff computers.
- Practice staff had a clear understanding of performance and systems were in place to improve outcomes for patients. We saw several examples of changes to systems and processes in order to improve the service for example, the appointment of lead reception staff as a liaison point for the GPs and changes to the processes for managing patient information received by the practice to ensure a timely response.
- Regular management and whole practice meetings. These usually took place on a weekly basis in order to share information with staff. Staff told us that they discussed issues such as significant events monthly basis, in which issues such as significant events, unplanned admissions and safeguarding were discussed. However, there was no clear agenda as to

what had been discussed at these meetings and the majority of minutes were hand written which made it difficult to identify actions and had the potential for follow up actions to be missed.

- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- Arrangements for managing risks were mostly in place although we identified areas where systems were not robust for example, monitoring and timely changing of privacy curtains and effective monitoring of staff training.

### Leadership, openness and transparency

The partners were visible in the practice and staff we spoke with told us that they felt supported by the senior staff and partners, that they were approachable and took the time to listen.

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 for reviewing and acting on safety incidents and complaints. We were provided with examples of incidents where patients affected by incidents had been given an explanation and an apology.

- Staff told us that the practice held regular team meetings where information was shared.
- Staff described an open culture within the practice and that they had opportunities to raise any issues with senior staff.
- Practice staff demonstrated effective team working and felt valued and supported.
- Health and care professionals who worked closely with the practice spoke favourably about the practice. They described good working relationships with the practice staff that benefited the patients.
- The practice had a whistle blowing policy which was accessible to staff.

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

# Are services well-led?

Good 

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

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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and consisted of approximately 15 members. We spoke with chair of the PPG who gave examples of actions taken by the practice in response to suggestions from the group such as the use of name badges and changes to the noticeboard and information available to patients. They felt there was further work to do but found the practice receptive and listened to them.
- The practice had also gathered feedback from staff meetings and appraisals. Staff told us they felt involved and engaged in how the practice was run and were listened to. They told us that they felt able to speak

openly and were supported in this. As well as whole practice team meetings, the lead receptionists attended management meetings in which they were able to represent the administrative staff contribute to the running of the practice.

## **Continuous improvement**

There was a strong focus on learning and improvement within the practice. The practice team was forward thinking and participated in a variety of schemes to improve the range of services available to support patients. For example, working with Mind to provide emotional support to those with long term conditions and schemes to help patients live healthier lifestyles.

The practice was a training practice for doctors training to be qualified as GPs and a teaching practice for medical students. We spoke with one of the trainee GPs who told us that they found the practice supportive.