

# Hillfields Health Centre - 1

## 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 Dr Garba Sani Gusau's practice on 27 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were generally assessed and well managed, although the practice had not ensured the appropriate recording and storage of a controlled drug. However, this had been immediately removed and appropriately disposed of.
- 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 and how to complain was available and easy to understand and patients had easy access to a number of support services within the building.
- 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.
- 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.

The areas where the provider should make improvement are:

# Summary of findings

- Ensure the system for recording MHRA alerts is revisited to ensure actions and learning have taken place and that all significant events are captured to promote learning.
- The practice should ensure they keep a separate controlled drugs register and appropriate recording and storage in line with legislation if they decide to keep controlled drugs in the future.
- Carry out appraisal for all staff as planned and review the system to ensure appraisal continues regularly.
- Explore ways of increasing the identification of carers, to enable them to receive appropriate support.
- Consider ways of encouraging uptake of breast and bowel screening.

**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, although the practice may benefit from reporting low level events to promote learning.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed in the main, however the system for recording the actions from MHRA safety alerts needed review to demonstrate clearly what action had been taken.
- The practice generally managed medicines safely, however, the GP had one ampule of a controlled medicine they had not recorded in a register and stored appropriately. This has since been removed from the practice.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. We saw evidence of comprehensive care plans in place.
- Clinical audits demonstrated quality improvement, although there was only one complete two cycle audit. The practice had two other audits in progress.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals but these had fallen behind in the last 18 months. The practice manager had developed a plan of appraisals to commence in December which would be carried out annually from then on.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

- The practice had access to a range of additional support services which they signposted patients to in order to promote good health outcomes.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. The Patient Participation Group members and patients we spoke with on the day reported positive comments regarding how the practice staff treated them.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There were advertisements in the waiting areas for the local Coventry Carers Trust and a member of staff attended the practice to provide drop in sessions. The practice could also refer to the service. The practice had identified nine patients as carers which represented less than 1% of the practice population and the introduction of a more proactive approach could increase these numbers.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice were involved in the GP Alliance which provided access to GP and nurse appointment between 6.30pm and 10pm and on Saturdays and Sundays.
- 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.
- The practice was based in a large purpose built accommodation which housed many facilities such as phlebotomy, physiotherapy and podiatry.

Good



# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Complaints were handled appropriately in line with national guidance and discussed within the practice.

## 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. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and had undertaken a programme of reviewing and updating these. This involved fortnightly meetings where updated policies were discussed to ensure acknowledgement and understanding. Staff discussed other practice issues during these meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk although some improvement was required regarding recording actions from safety alerts.
- The provider was aware of and complied with the requirements of the duty of candour. The GPs encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- Continuous learning and development was facilitated and we saw that staff had accessed ongoing training appropriate to their roles. However, the formal appraisal process had not taken place for 18 months to formulate and assess progress against personal development plans.

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.
- They provided domiciliary visits for housebound patients who required flu vaccination.
- The practice accommodated older patients to book appointments to be seen between 9.30am and 3pm as this was the preference expressed using patient feedback.

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. For example nurses had additional training in chronic obstructive pulmonary disease (COPD) and diabetes.
- The practice offered in house electrocardiograms (ECG)s to prevent the need to attend the local hospital.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 80% compared to the clinical commissioning group (CCG) average of 77% and national average of 78%.
- The retinal screening service attended the practice annually for screening of specific eye conditions for patients with diabetes.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the clinical staff worked with relevant health and care professionals to deliver a multidisciplinary package of care such as the district nurses and community matron.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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, and we saw evidence to confirm this.
- Cervical screening rates were below the national and CCG average. For example, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 71% compared with the CCG and national average of 81%.
- The practice always provided appointments on the same day for children. If no appointments were available the child would be seen either at the beginning or end of surgery. Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwife and health visitor.

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

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

- Screening rates for bowel and breast screening were below the CCG and national averages and there was no evidence of action taken to improve this.
- 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. For example, access to electronic prescription service.
- Extended hours appointments were available for patients who could not attend during normal hours. The practice was also part of the local GP Alliance where patients could access a GP or nurse between 6pm and 10pm.
- 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 provider is rated as good for the care of people whose circumstances may make them vulnerable.

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Patients who were homeless were signposted to the Anchor Centre which provided local services for this group of patients. Patients who were refugees were signposted to the Meridian Refugee Centre. Sex workers were signposted to a specific service situated on the 3rd floor which offered sexual health services and contraception.
- Patients who did not attend their appointments were followed up by practice staff.
- The practice offered longer appointments for patients with a learning disability or any patients who required it.
- The practice provided interpreters for patients whose first language was not English.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients such as the health visitor and the Integrated Neighbourhood Teams.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The local carers trust attended the practice for drop in sessions to provide information regarding support available for carers. The practice had identified 9 carers which represented less than 1% of the practice population.
- Staff had received training and 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).

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is above to the CCG and national average of 81% and 84% respectively.
- 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months

compared to the CCG and national average of 86% and 89% respectively.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. We saw care plans were used consistently and demonstrated continuity of care.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing comparable with local and national averages. There were 329 survey forms distributed and 120 were returned. This represented approximately 3% of the practice's patient list.

- 67% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Patients commented that the staff were friendly and GPs delivered a high standard of care and listened to patients.

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

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure the system for recording MHRA alerts is revisited to ensure actions and learning have taken place and that all significant events are captured to promote learning.
- The practice should ensure they keep a separate controlled drugs register and appropriate recording and storage in line with legislation if they decide to keep controlled drugs in the future.
- Carry out appraisal for all staff as planned and review the system to ensure appraisal continues regularly.
- Explore ways of increasing the identification of carers, to enable them to receive appropriate support.
- Consider ways of encouraging uptake of breast and bowel screening.

# Hillfields Health Centre - 1

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Hillfields Health Centre - 1

Dr Garbi Sani Gusau's practice is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 3,400 patients living in Foleshill and surrounding areas of Coventry. A GMS contract is a standard nationally agreed contract used for general medical services providers.

The practice operates from the first floor of a four storey building which accommodates other GP practices in the area and many community services including the Walk-in centre. All staff operate from the first floor of the building. There is a ramp and electronically operated automatic doors to allow access for patients with disabilities and a lift to enable easy access to all floors in the building. The practice population has a higher than average number of patients aged 25 to 35 years, 55 to 70 years and those over 85 years. National data indicates that the area is one that experiences high levels of deprivation. The practice population is mixed but predominantly white with pockets of ethnic minority groups such as Asian, Indian, Bangladeshi and African. Dr Gusau carried out minor surgery procedures and was a member of the Association of Surgeons in Primary Care.

Dr Gusau is a male registered sole provider of services and employs a salaried female GP. There are two practice nurses, a business/practice manager who are supported by a team of reception and administration staff.

The practice is open on Monday to Friday from 8.15am until 6.30pm and provides extended hours appointments on Monday from 6.30pm until 7.30pm offered by a male GP and Tuesdays from 6.30pm until 7.30pm offered by a female GP. The practice is part of the GP Alliance which offers a service allowing patients to see a GP or nurse from Monday until Friday from 6pm until 10pm and on Saturday and Sunday from 10am to 4pm. When the surgery is not open during core hours, from 8am until 8.15am, calls are taken by the out of hours service who provide access to a GP service. When the practice is closed, out of hours services are provided by Virgin Healthcare via 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.

# Detailed findings

## How we carried out this inspection

Before inspecting, 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 27 September 2016. During our inspection we:

- Spoke with GPs, nurses, the practice/business manager and reception and administration staff. We also spoke with patients who used the service.
- Observed how staff assisted and family members when they attended the practice for their appointments.
- Reviewed an anonymised sample of the treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw where the practice had contacted a patient to inform them of incorrect information being recorded.
- The practice carried out a thorough analysis of the significant events. However, we noted that there had only been six significant events recorded and that the practice may have benefited from recording the lower level events which took place in order to promote learning.

We reviewed safety records, incident reports and patient safety alerts. We saw that the practice had a system for receiving and actioning Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts. These were received by the practice manager who forwarded them to the GPs to determine if any action was required. The GP and practice manager told us that if any action was required they would run a search and make any changes necessary in care and treatment. However, the system did not demonstrate the recording of the actions taken. There was evidence that actions had been taken following alerts. Following our inspection the practice manager told us they had introduced a system to record this and had included MHRA alerts on the practice meeting agenda. They provided evidence that they had already had one meeting where alerts had been discussed. For example they had reviewed and discussed alerts regarding glucose kits for diabetic patients and found no patients were affected.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and there were posters in the clinical room and the administration office showing the procedure and contact telephone numbers. 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 nurses were trained to child protection or child safeguarding level 3. Staff gave examples of where they had been involved in child protection referrals and proceedings and demonstrated they had acted appropriately.
- A notice in the waiting area 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 visibly clean and tidy. The practice nurse was the infection control clinical lead and there was an infection control protocol in place and staff had received up to date training which had been carried out internally and externally. Infection control audits were undertaken and we saw that they had also completed an audit of the cold chain.
- The arrangements for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, handling, storing, security and disposal), in the practice kept patients safe, with the exception of one controlled drug. The practice told us they did not routinely store controlled drugs but they had recently purchased a single ampule of Morphine for

## Are services safe?

use in an emergency and this was stored securely in a locked room. They had kept the invoice from the pharmacy for this but they had not established a register or separate lockable storage. Following our inspection the practice informed us that the GP had reassessed the rationale for keeping this medicine and confirmed it had been disposed of. They confirmed that they did not intend to keep controlled drugs of any kind at the practice.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines and the practice had specific staff who dealt with repeat prescriptions who were able to demonstrate use of satisfactory procedures. We looked at the records of four patients on high risk medicines and saw that they had been monitored and managed appropriately in line with national guidance. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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. The nurses both worked for other GP practices had received DBS checks from these employments at recruitment, however, the practice had applied for their own checks and had made the decision to carry out DBS checks on all staff working at the practice. We saw that these had been completed.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the office which identified local health and safety representatives. The building was managed by an external company who ensured that up to date fire risk assessments were carried out. There were identified fire

marshals and staff knew what to do in the event of a fire. Fire update training had been arranged for November 2016. All electrical equipment had been checked in November 2015 to ensure the equipment was safe to use and clinical equipment had been checked in February 2016 to ensure it was working properly. The practice had evidence of a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) which had also been carried out by the company who managed the building.

- 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. Most staff at the practice were part time and covered for each other in times of sickness and annual leave.

### Arrangements to deal with emergencies and major incidents

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

- The practice had a red alert button on the system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. They had recently had cause to use this and reported it had worked effectively.
- 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 which was shared with another GP practice situated in the next corridor. Whilst the emergency equipment was appropriate and in date, the oxygen was stored in the other practice and the defibrillator at their practice. A first aid kit and accident book were available.
- 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 appropriate for procedures carried out, were in date and stored securely.

## Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The GPs also had access to Pathways which was set of agreed local pathways of care which included the most up to date NICE guidance.
- 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 from 2015/16 showed the practice had achieved 94% of the total number of points available. This was comparable with the clinical commissioning group (CCG) and national average of 95%. The practice overall exception reporting rate was 7% and was below the CCG average and national average of 9% and 10% respectively. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 80% compared to the CCG and national average of 77% and 78% respectively.
- Performance for mental health related indicators was better than the CCG and national averages. 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 (01/04/2015 to 31/03/2016) was 98% compared to the CCG and national average of 86% and 89%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, one of these was a completed two cycle audit where the improvements made were implemented and monitored. The practice had commenced two other audits but insufficient time had elapsed to complete the second cycle.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, both of the GPs at the practice were involved in the national diabetic audit on a specific medicine used to treat patients with Type 2 diabetes. They attended regular updates on developments in this. The practice had a high number of patient from Asian ethnic backgrounds where the incidence of diabetes is higher.
- Findings were used by the practice to improve services. For example, recent action taken as a result included more appropriate treatment of patients with osteoporosis.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff such as for those reviewing patients with long-term conditions. For example, both nurses had undertaken additional training in COPD and diabetes and one of the GPs was undergoing additional training in dementia and involved in a dementia project. They also had a specific interest in family planning and had plans to develop this service within the practice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

# Are services effective?

## (for example, treatment is effective)

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 meetings.

- The learning needs of staff were generally identified through a system of appraisals, meetings and reviews of practice development needs, although staff appraisals had fallen behind and had not been completed since December 2014. However, staff told us there was an open door policy and they could approach the practice manager at any time if they had learning or development needs. We saw there had been no opportunity for nurses to formally update their personal development plans, however we noted they had accessed training specific to their role such as respiratory, sexual health and immunisation updates. The practice manager told us they had developed a programme of appraisals which would be commenced in December and would be annual thereafter.
- 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

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. We saw that the GPs completed comprehensive care plans for patients.
- 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 practice carried out minor surgical procedures and obtained and recorded appropriate consent for this.

### Supporting patients to live healthier lives

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

Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. There were many additional services in the building and the area which the practice signposted patients to when relevant. For example, there was sexual health services, heart failure clinic, mammography, the continence service, child and mental health services (CAMHS), lifestyle services as well as clinical assessment services for conditions such as diabetes, gynaecology and dermatology.

The practice's uptake for the cervical screening programme was 71%, which was below the CCG and national average of 81%. The practice had acknowledged this lower than average figure and carried out investigations to determine the reason for this. They were able to identify some patients who had been incorrectly coded but work was ongoing to address this and improve uptake in screening. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for bowel and breast screening was below the national average. For example the

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

percentage of people aged 60-69 years screened for bowel cancer within 6 months of invitation was 52% compared to the CCG and national averages of 58%. The percentage of female patients ages 50-70 years screened for breast cancer within 6 months of invitation was 60% compared to the CCG and national averages of 72% and 73% respectively. 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 high. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 93% to 100%.

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. The practice had carried out 180 NHS health checks in the last 12 months. 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 very helpful to patients and treated them with dignity and respect and patients we spoke with during our inspection confirmed this. Comment cards that patients had left at the practice made reference to caring and considerate GPs and nurses and helpful, friendly and discreet reception staff.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- There were signs notifying patients that a chaperone was available if required for intimate examinations.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients reported being with the practice for many years and said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. There was a notice in reception asking patients to remain back from the reception desk to provide more privacy for patients when speaking with the reception staff.

We spoke with two members of the patient participation group (PPG). A PPG is a group of patients who represent the views of patients in the practice and work with the practice to make improvements. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 93% 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 said the practice responded promptly to patients care needs and provided examples of when the GP had explained their diagnosis and referred the patient for treatment on the same day providing them with reassurance. 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 comparable 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 85% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

## Are services caring?

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and other languages.

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

Patient information leaflets and notices were available in the waiting area which told patients how to access a number of support groups and organisations. For example, we saw information leaflets and posters regarding domestic abuse support, Age UK, and the Carers Trust.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. Carers were offered flu vaccinations and also signposted to the local Carers Trust. A member of the Carers Trust held a drop in service on the first floor of the building weekly and the practice staff could also use the referral facility to this service. We noted the number of carers identified on the carers register was low and showed nine patients which was less than 1% of the practice population.

Staff told us that if families had suffered bereavement, their usual GP sent them a sympathy card. Consultations and additional support would be offered if necessary.

# 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. The practice participated in incentive schemes offered by the CCG such as the admission avoidance scheme and the practice had access to Integrated Neighbourhood Teams where they could refer elderly patients for additional care and help to support their wellbeing. The practice offered health questionnaires to gain a better picture of the health needs of the population.

- The practice offered extended hours appointment on Mondays and Tuesdays from 6.30pm until 7.30pm for working patients and those patients who could not attend during normal opening hours.
- The practice had received feedback from older patients that they preferred appointments between 9.30am and 3pm and accommodated this wherever possible.
- There were telephone consultations available daily for those patients who needed advice rather than a consultation.
- 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.
- Patients in care home or housebound patients were offered flu vaccines at home.
- 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.
- There were disabled facilities, a hearing loop and translation services available and a lift was available to allow easy access to the practice.
- The practice was situated in a large community building and there were many services provided within the building and available to patients which the practice could refer to, such as phlebotomy, podiatry, Improving Access to Psychological Therapies (IAPT), sexual health services, heart failure clinic, mammography and physiotherapy.

### Access to the service

The practice was open between 8.15am and 6.30pm Monday to Friday. Appointments were available between these times. Extended hours appointments were offered on Monday from 6.30pm until 7.30pm with a male GP and on Tuesday from 6.30pm until 7.30pm with a female GP. When the surgery was not open during core hours, from 8am until 8.15am, calls were taken by the out of hours service. During flu season the practice offered Saturday clinics. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them.

The practice was part of the GP Alliance which offered a service allowing patients to see a GP or nurse from Monday until Friday from 6pm until 10pm and on Saturday and Sunday from 10am to 4pm.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed compared with local and national averages.

- 76% of patients were satisfied with the practice's opening hours which was the same as the national average.
- 67% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

We saw how the practice had worked with the Patient Participation Group (PPG) to improve access to the practice by telephone following feedback from patients that the line was always engaged. A PPG is a group of patients who represent the views of patients in the practice and work with the practice to make improvements.

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.

Staff told us the GPs always made decisions regarding home visits and their prioritisation.

### Listening and learning from concerns and complaints

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

The practice had an effective system in place for handling complaints and concerns. The practice manager was the designated person for handling complaints.

- The practice had a complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We saw that information was available to help patients understand the complaints system. There were leaflets in the reception area and on the practice website.

We looked at three complaints received in the last 12 months and found they had been dealt with appropriately in a timely way with openness and transparency. The form used to report complaints clearly set out actions taken and outcomes. The process in place facilitated shared learning which was discussed at team meetings.

# 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.

- The practice had a mission statement which was described in their statement of purpose and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values.
- The practice had employed a new practice manager in the last 12 months and staff reported that the management of the practice had improved significantly since then.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We saw that the practice was systematically reviewing and updating policies and sharing them with staff at a fortnightly policies meeting where they were discussed to ensure staff were aware of and had understood the content.
- A comprehensive understanding of the performance of the practice was maintained. For example, staff were aware of the cervical screening rates being below the clinical commissioning group (CCG) average and had investigated the possible reasons for this. Staff were aware of and discussed the practice progress towards the QOF targets.
- We saw evidence of one complete two cycle audit which showed improvements regarding patients with osteoporosis. All clinical staff were aware of the findings of this audit. There was also evidence of commencement of other two audits, one regarding diabetes management and one regarding appropriate use of electro cardiogram investigation to ensure appropriate referral of patients to secondary care. These had been commenced and the a second cycle audit was yet to be completed.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions although the system for recording the actions taken from MHRA alerts required changes to ensure there was an audit trail to demonstrate what actions had been taken.

### Leadership and culture

During our inspection the practice told us they prioritised safe, high quality and compassionate care and discussions with staff confirmed this. Staff told us the partners were approachable and took the time to listen to all members of staff.

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). We saw evidence of this from a significant event that had occurred. 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, information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held fortnightly policy discussion meetings when they included any other issues and used this as an opportunity to develop team building. This had been implemented in December 2015. Staff told us there were also ad hoc meetings and general discussion and that communication was good within the practice.
- The practice also held monthly clinical meetings.
- 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, although we noted staff had not had an appraisal since December 2014. Non-clinical staff reported that there was an open door policy and they could approach the practice manager if they had development needs. Conversations with nurses showed that they had not

# Are services well-led?

Good 

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

had an opportunity to formalise their personal development plans. However, nurses told us they had accessed external training events via protected learning sessions organised by the CCG and we noted from their training record that updates and training had been undertaken in areas such as safeguarding, immunisation, respiratory and sexual health. All staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. A PPG is a

group of patients who represent the views of patients in the practice and work with the practice to make improvements. The PPG met every four months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had identified that the telephone lines were always engaged and the practice worked with the group and made changes. The PPG told us they had kept the group up to date with developments during this time. They told us the GPs were receptive and responsive to their suggestions.

- The practice had gathered feedback from staff through staff meetings and general ad hoc discussion and through staff appraisal, although these had not been carried out for 18 months. The previous manager had left 12 months ago and the practice had needed to attend to other priorities since the new practice manager joined. However, staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that they felt involved and engaged to improve the practice.