

Rawmarsh Health Centre, Rawmarsh Customer Services Centre

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive 21 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.
- 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. Although we saw areas which required improvement including, infection prevention and control training, temperature monitoring arrangements for vaccine fridges and access to keys to the storage area for blank prescriptions.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment 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:

- Provide infection prevention and control training for all clinical staff.

Summary of findings

- Review arrangements in place for monitoring temperatures of fridges, provide two thermometers for vaccine fridges or calibrate the thermometer monthly.
- Review the arrangements to maintain security of blank prescriptions.

- Review the arrangements and processes for the allocation of administrative tasks.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful 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. Although we saw areas which required improvement including, infection prevention and control training, temperature monitoring arrangements for vaccine fridges and access to keys to the storage area for blank prescriptions.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed the practice was in line with others for patient care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear 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 held regular governance 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.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with social care agencies to ensure patients and their carers needs were met.

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 long term condition management and patients at risk of hospital admission were identified as a priority.
- Data from 2014/15 showed the practice had achieved 100% in the majority of areas relating to long term conditions. However, we also saw that performance in three areas was below the CCG and national averages. For example:
- Performance for diabetes related indicators was 79%, 3% lower than the CCG average and 10 % lower than the national average.
- In asthma related indicators the practice achieved 92%, 5 % below the CCG and the national average.
- Indicators' relating to the care provided to prevent fractures in patients with osteoporosis showed the practice performance was 86%, 7% below the CCG average and 15% below the national average.

The practice had had key members of staff, (GP, practice manager/ long term conditions nurse) leave at the same time in 2015 which had impacted on the performance for 2014/15. The practice was aware of the data and had put action plans in place to improve these areas for 2016/17.

- Longer appointments and home visits were available when needed.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were 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.
- The practice's uptake for the cervical screening programme was 90%, which was higher than the CCG average of 82% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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 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.
- The practice offered early morning appointments, 7am to 8am, on a Tuesday and Thursday morning for working patients who could not attend during normal opening hours. Telephone appointments were also available each day, with each GP, to allow opportunity for patients to speak with the GPs.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- Four appointments were made available every day specifically for those whose circumstances may make them vulnerable such as those living with dementia, those with a learning disability, carers or those under one year of age who may require same day appointments.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- 94% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was 10% higher than the local and national average.
- Performance for mental health was 100%, which was 9% higher than the local average and 7% higher than the national average.
- Performance for Mental health was 100%, which was 9% higher than the local average and 7% higher than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- 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. Staff and the patient participation group members had attended dementia friends training.

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 above local and national averages. 269 survey forms were distributed and 99 were returned. This represented 2% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% 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%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 88% 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 15 comment cards which were all positive about the standard of care received. Patients commented they received an excellent service and staff were helpful and friendly.

We spoke with six patients during the inspection. All these patients said they were satisfied with the care they received. They told it was easy to get through to the practice by telephone and to get an appointment. They said the reception staff were friendly and helpful. They said the nurses were very good and monitored their health closely. We received a couple of comments that patients did not always feel listened to by some of the GPs.

In the Friends and Families test 80% of patients said they would recommend the practice.

Rawmarsh Health Centre, Rawmarsh Customer Services Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Rawmarsh Health Centre, Rawmarsh Customer Services Centre

The practice, Rawmarsh Health Centre, Rawmarsh Customer Services Centre, provides services for 3,997 patients within the Rotherham CCG under a General Medical Services (GMS) contract.

The services are provided from a purpose built building which has car parking and easy access for wheelchairs and disabled toilet facilities.

The patient population is comparable to the national average and the practice is situated in one of the third most deprived areas nationally.

The practice was previously inspected on the 25 November 2013 and was found to be compliant in the areas we inspected.

There is one male GP supported by a salaried GP, a practice manager, practice nurse, health care assistant and reception team.

The practice is open Monday to Friday 8am to 6.30pm and extended hours are provided Tuesday and Thursday 7am to 8am. GP appointments are available Monday to Friday 8.30 am to 11am and 3.30pm to 5.30pm and Tuesday and Thursday 7am to 8am.

When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service.

The GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners at the practice. The Registered Manager had also changed. CQC had been notified of the changes and the GP told us application forms to amend this were in progress.

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 registered 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 September 2016.

During our visit we:

- Spoke with a range of staff (including two GPs, two practice nurse, practice manager, and two receptionists) and spoke with patients who used the service.
- Observed interactions between staff and patients and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?
- 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 living 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 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, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a policy and procedure to support practice and carried out an analysis of the significant events to identify patterns and trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, staff told us about the action they had taken when they had been informed about a safety alert with equipment and we saw this action was logged. They told us they had conducted a search of patients on their electronic patient records to identify patients who may use the equipment and contacted the patients to advise them. We saw from significant event records and meeting minutes the practice had responded appropriately to a significant event regarding a prescription error and the patient had received an apology. We also saw in response to other significant events action plans for improvement had been developed and policies and procedures had been updated where necessary.

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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities in relation to safeguarding. Staff told us they had received training on safeguarding children and vulnerable adults relevant to their role. They told us they had had attended external training events and these had incorporated training related to child sexual exploitation and female genital mutilation (FGM). GPs told us they were trained to child protection or child safeguarding level 3. However, the training matrix identified only the year that training had been provided and did not identify the level of training. Training certificates to evidence the level of training provided were submitted to the commission following the inspection. The practice had implemented a concerns log where possible concerns about a child or vulnerable adult, such as not attending appointments or accident and emergency attendances, could be captured and monitored. Whilst this was good practice we saw there were no formal processes to review the log or to share the information and no protocol to inform staff of the concerns to be recorded to ensure consistency. Staff told us these concerns were discussed at the weekly informal clinical meetings and gave examples of where information had been shared appropriately. Minutes of these meetings were not completed. The practice manager said they would review and improve these processes.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection

Are services safe?

prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and records showed staff, other than two GPs, had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw one sharps box had not been changed within a three month period as is recommended.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The temperatures of the vaccine fridges were monitored twice daily and records were maintained. Each fridge had one internal thermometer. Guidance states it is good practice to have two thermometers or to calibrate the thermometer monthly. The practice manager told us they would provide a second thermometer. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Storage of blank prescription forms and pads did not meet NHS Protect guidance as access was not controlled when the forms were stored in printers and the storage area key was not strictly controlled. There were systems in place to monitor the use of blank prescriptions. Following the inspection the practice manager told us they had implemented systems so the forms were not stored in printers overnight. 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. We saw one employment contract for a new member of staff had not been signed and dated. The practice manager said they would address this.

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. The practice had up to date fire risk assessments and the landlord carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had 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. There were systems in place to minimise the risk of legionella which were managed by the landlord. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Following a period where key members of staff had left the practice at the same time, due to retirement, the staffing had been reviewed and increased over recent months. However, we observed the two reception staff were extremely busy and involved in completing several tasks at the same time such as answering calls, managing the front reception, scanning documents and dealing with tasks such as blood results. We were told staff did not receive any dedicated time to complete administration tasks. We observed there were documents waiting to be scanned dating from 15 September 2016 and 126 tasks relating to pathology results which required action, dating from May 2016. We observed risks relating to this backlog had been reduced in that there were processes in place to prioritise this work and pathology results and letters had been seen by GPs and actioned where necessary. However, staff working in this way increases the risk of errors which may delay care and treatment for patients. The practice manager said they would review this situation.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- Staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. To ensure the plan was fit for purpose the practice completed annual training through the use of scenarios to test the arrangements in place.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available with a, below average, overall exception rate of 7%. (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).

Data from 2014/15 showed the practice had achieved 100% in the majority of areas including:

- Mental health, which was 9% higher than the CCG average and 7% higher than the national average.

However, we also saw that performance in three areas was below the CCG and national averages. For example:

- Performance for diabetes related indicators was 79%, 3% lower than the CCG average and 10 % lower than the national average.
- In asthma related indicators the practice achieved 92%, 5 % below the CCG and the national average.
- Indicators' relating to the care provided to prevent fractures in patients with osteoporosis showed the practice performance was 86%, 7% below the CCG average and 15% below the national average.

We discussed these results with the provider and we were told that a number of key members of staff, GP, practice manager/long term conditions nurse left the same time in 2015 which they told us had impacted on the QOF achievements for 2014/15. We also found that whilst care was provided in some of the areas related to the indicators staff told us they had not always completed all the records to ensure this data would be identified in QOF such as coding foot care for diabetic patients. The practice had reviewed its performance and developed an action plan for improvement and they were closely monitoring their performance. They had also developed a QOF time line for every patient requiring intervention to ensure patients would be called for reviews in a timely manner. The practice had re-employed a long term conditions nurse to assist them in making improvements, meeting targets and managing patients care. The practice nurse had systems in place to ensure patients were recalled and to monitor attendance. Text message systems had been implemented to remind patients of their appointments in order to reduce missed appointments.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last year, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included where the practice had noticed a significant increase in referrals to the fall service since beginning their long term condition clinic in 2013. Following the audit they had improved the care and treatment for patients at risk of falls in relation to medication reviews and referral to the falls team for assessment. They had also identified the practice needed to improve the way they coded patients to ensure the information could be captured and used to monitor patients at risk of falls and this area showed some improvement in the second audit.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. The majority of staff had received an appraisal within the last 12 months and the rest were scheduled.
- Staff told us they had 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. However, the training matrix did not detail, other than the year, when training had last been completed and did not identify the level of training for safeguarding children. Certificates were provided following the inspection to evidence this.
- Over the last 12 months the practice had been working towards achieving training practice status for doctors who wanted to become a GP and had achieved this in August 2016.

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.

- 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 and social care professionals and voluntary agencies 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 and had received training in this area.
- 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.

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. Patients were signposted to the relevant service.
- The practice worked closely with the local voluntary organisations and the social prescribing team to ensure patients social needs were met.
- The practice hosted fortnightly alcohol specialist and substance misuse clinics. They also hosted mental health councillors and physiotherapy services.

The practice's uptake for the cervical screening programme was 90%, which was higher than the CCG average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend

Are services effective?

(for example, treatment is effective)

for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in easy to read formats 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. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

childhood immunisation rates for the vaccinations given to under two year olds ranged from 56% to 100% and five year olds from 77% to 98%. CCG averages were 47% to 96% and 71% to 97%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards indicated staff responded compassionately when they needed help and provided support when required.

We spoke with four members of the patient participation group (PPG). They also told us they received excellent care and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with others 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) average of 90% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 98% of patients said the last GP they spoke to was good at treating them with care and concern compared the national average of 85%.

- 98% 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%.
- 96% 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. The majority told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 81% 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%.
- 98% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 35 patients as carers (1% of the practice list). The practice hosted weekly carers clinics held by the Carers Resilience Service. Same day appointments were available specifically for vulnerable groups which included carer's. Written information was available to direct carers to the various avenues of support available to them. The staff and the patient participation group members had completed dementia friends training.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice hosted monthly meetings with the CCG to share best practice, ideas and feedback.

- The practice offered early morning appointments, 7am to 8am, on a Tuesday and Thursday morning for working patients who could not attend during normal opening hours. Telephone appointments were also available each day, with each GP, to allow for opportunity for patients to speak with the GPs.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation. Four appointments were made available everyday specifically for those whose circumstances may make them vulnerable such as those living with dementia, those with a learning disability, carers or those under one year of age who may require same day appointments.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open Monday to Friday 8am to 6.30pm and extended hours were provided, Tuesday and Thursday, 7am to 8am. GP appointments were available Monday to Friday 8.30 am to 11am and 3.30pm to 5.30pm and Tuesday and Thursday 7am to 8am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. We saw pre-bookable appointments were available within three working days. Telephone appointments were also available each day, with each GP, to allow for opportunity for patients to speak with the GPs.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 97% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

Requests for home visits were put through to the GP who triaged these by calling the patient to determine priority. Same day and pre-bookable home visits were available. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. A protocol was in place to support practice and this had been reviewed and updated following a significant event.

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.
- 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.

We looked at the nine complaints received in the last 12 months and found these were satisfactorily handled with openness and transparency. We saw detailed responses were given to complainants although we could not assess if these had been provided in a timely manner as the letters were not dated. The practice manager told us they would ensure this was completed in future. Lessons were learnt from individual concerns and complaints and also from

Are services responsive to people's needs?

(for example, to feedback?)

analysis of trends. Action was taken to as a result to improve the quality of care. For example, the triage protocol for home visits had been updated following a complaint about a response to a home visit request.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had been through significant changes as key staff, including a GP partner, practice manager/long term conditions nurse and administration staff had retired over the past year. This had impacted on the practice performance in 2014/15. The practice was aware of the challenges and new staff, such as a practice manager, had been employed.

The GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners at the practice. The Registered Manager had also changed. CQC had been notified of the changes. The remaining partner told us they were in the process of applying to be the Registered Manager although CQC had not received the application for this at the time of writing the report. A new business partner was in the process of joining the practice and had commenced the process for registration with CQC.

- The practice had a mission statement incorporated in to their business plan and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored although the action plan did not include dates for actions to be completed by.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Although we saw areas which required

improvement including, infection prevention and control training, temperature monitoring arrangements for vaccine fridges and access to keys to the storage area for blank prescriptions.

Leadership and culture

On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the provider was approachable and always 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The provider encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team 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, particularly by the provider. All staff were involved in discussions about how to run and develop the practice, and the provider 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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG, in its current format, was newly formed and had met twice. They planned to meet quarterly. They had provided patient feedback to the practice and submitted proposals for improvements to the practice management team. For example, the PPG had informed the practice they had received comments from patients that they felt GPs were not listening to them as they were completing electronic patient records during consultations. The practice had developed explanatory notices and displayed these in each consulting room about why the GP needed to record the clinical assessments during their consultation and to assure the patients they were listening.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Over the past 12 months the practice had worked towards becoming a training practice for doctors who wished to become GPs and had achieved this in August 2106.