

Market Hill 8-8 Surgery

Quality Report

The Ironstone Centre
West Street
Scunthorpe
DN15 6HX

Tel: 01724 292000

Website: no website for this service

Date of inspection visit: 27 February 2018

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Market Hill 8 – 8 Surgery on 22 June 2017. The overall rating for the practice was inadequate and the practice was placed into special measures. Services placed in special measures are routinely inspected again within six months. The full comprehensive report for the June 2017 inspection can be found by selecting the ‘all reports’ link for Market Hill 8 – 8 Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive carried out on 27 February 2018 to check whether the provider was now 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. This inspection looked at the five key questions of safe, effective, caring, responsive and well led.

This practice is rated as Requires Improvement overall. (Previous inspection June 2017 – Inadequate)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) – Requires improvement

At this inspection we found:

- Systems, processes and practices were mostly in place to keep patients safe.
- Performance data overall was below the local CCG and England average. There were examples where uptake for screening programmes was below local and national averages.
- The practice had a comprehensive programme of quality improvement activity and had begun to routinely review the effectiveness and appropriateness of the care provided.

Summary of findings

- Practice staff worked with a range of health and care professionals in the delivery of patient care and was proactive in identifying opportunities to promote and support patients to lead healthier lives. For example partnership working with a local school.
- Staff told us they were committed to treating patients with compassion, kindness, dignity and respect. Recent evidence was mostly positive in respect of the way patients were treated. However, the national patient survey results remained lower than average.
- Patient feedback was mostly positive about the ease of obtaining an appointment. However results from the national GP patient survey published in July 2017 showed that patient's satisfaction to questions on how they could access care and treatment was significantly below local CCG and national averages in five out of the six questions asked. The practice was aware of the need to review timely access to clinical staff and had begun to take action to review and address this.
- New practice management and lead Director roles had been put in place. The result of this had started to show improved outcomes for patients and staff.
- Many of the changes introduced as part of the practice improvement plan and CQC action plan were in their infancy but showing signs of clear improvement. Quality improvement was high on the agenda for the practice and systems and plans were in place to deliver further improvement and address areas that still required improvement.

The areas where the provider **should** make improvements are:

Ensure that staff fully understand their role in reporting safety incidents and that all incidents are reviewed appropriately.

Review the current arrangements for ensuring safety alerts are received by the practice and that the system provides assurance they are responded to appropriately.

Review the arrangement currently in place for ensuring patients aged over 75 years of age are offered an annual health check.

Review the approach to screening programmes that are below local and national averages with the aim of improving uptake and coverage.

Have in place a system to assess the prescribing competence of the practice nurse prescriber.

Review the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if appropriate.

The practice should ensure that the new governance arrangements in place are embedded into practice so that improvement is sustained and further improvement/risk is identified and addressed.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

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

Market Hill 8-8 Surgery

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, two further CQC inspectors and a member of the CQC medicines team.

Background to Market Hill 8-8 Surgery

Market Hill 8 – 8 Surgery is located at The Ironstone Centre, Scunthorpe, North Lincolnshire, DN15 6HX. The practice shares occupancy of the Ironstone Centre with other practices and healthcare providers. A community car park with associated fees is located outside of the Centre.

The practice has an Alternative Provider Medical Services (APMS) contract with NHS England and North Lincolnshire Clinical Commissioning Group (CCG). The total practice patient population is 5,865 covering patients of all ages. The proportion of the practice population differs from the England average with more people in the 20 – 39 and 0 – 9 age range and less in the 65 plus age range when compared to the England average. The practice scored two on the

deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services. Approximately 12% of people in the practice area are from Black and Minority Ethnic (BME) groups. This is a term used to describe people of non-white descent.

The Provider is Core Care Links Limited (CCL). The staff team comprises of five directors, all of whom are GPs (four male and one female) and five self-employed GPs (four male and one female). There are two practice nurses, one of whom is a nurse prescriber. There are two part-time health care assistants (one currently on long-term absence), a practice manager and a range of administration staff. The practice was supported by a CCG clinical pharmacist who works at the practice one day per week.

The practice is open between 8am and 8pm Monday to Saturday and 10am to 2pm on a Sunday. GPs offer telephone triage, same day and routine appointments on a daily basis and on a Saturday a sit and wait service was available between 1pm and 3pm.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed the OOHs care is provided by GP Out of Hours Service based at Scunthorpe Hospital.

Are services safe?

Our findings

At our previous inspection on 22 June 2017, we rated the practice as inadequate for providing safe services. Issues identified were:

- When things went wrong reviews and investigations into significant events were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- There was limited evidence to demonstrate the practice had a system in place to revisit changes introduced to assure themselves that the changes had been effective and embedded into practice over time.
- Patients were at risk of harm because systems and processes had weaknesses and were not always effectively implemented in a way to keep them safe. Areas of concern found related to medicines management, dealing with emergencies and management of unforeseen circumstances, training and management of patient confidentiality.

What we found at this inspection in February 2018

We rated the practice as requiring improvement for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones had external training planned for March 2018 and had received a DBS check.
- The practice recently arranged for an infection prevention and control (IPC) audit to be completed by a member of staff from CCL. A wide range of issues had been identified and there was evidence the practice was working to address these. The practice had recently identified an IPC lead nurse at Market Hill 8-8 and established links with the local IPC link nurse meeting with a plan to improve the management of IPC by the staff team at market Hill.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Non-clinical staff told us they had not received training relating to sepsis. The practice informed us they had issued staff with information relating to sepsis and planned to deliver training at the next staff protected learning time session in March 2018.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw

Are services safe?

showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The practice regularly audited patient's records to assess the quality of consultation records.

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

- There was a system for recording and acting on significant events and incidents when the practice management was aware of them. The practice had recently identified that some staff were still not clear on what they should be reporting and reporting in a timely

way. Minutes of clinical meetings for February 2018 highlighted the practice was trying to address this and through discussions with staff was retrospectively recording and investigating incidents that had previously not been reported. They had also started to report positive incidents as part of practice learning.

- Whilst there was evidence of investigations taking place and learning identified the practice could not evidence that they had pre-set arrangements in place to review changes implemented to monitor whether the changes were effective and embedded into practice.
- We saw that significant events were discussed at clinical meetings and reported to CCL directors as part of the quality assurance reporting process. However the record of significant events we were shown did not always correlate with the incidents that the directors were made aware of. We raised this with practice management who said that some incidents had been identified and subsequently recorded retrospectively which may explain the lack of reporting to directors. We were told the significant events in question had been discussed with directors but there was no evidence to confirm this.
- The practice could not demonstrate they had a robust system for receiving and acting on safety alerts. There was a lack of evidence to provide assurance that alerts were always acted on. In the last three months we saw that safety/medicine alerts formed part of clinical meeting discussion. However we only saw evidence of one alert being discussed at this meeting when more than one alert has been issued to general practice. We asked about a particular alert relating to a medicine which may impact pregnant women and there was a lack of clarity as to what action had been taken. This was acted on immediately by the practice to provide the assurance needed. We looked at a sample of other medicine alerts and found these had been acted on. The practice had recently responded to a query from the local CCG to confirm they thought they had not been receiving safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 22 June 2017, we rated the practice as inadequate for providing effective services. Issues identified were:

- Consistent evidence of continuous quality improvement was not available to demonstrate that all audits were routinely revisited over time to ensure that any changes introduced were embedded into practice and were working effectively.
- Four self-employed GPs worked at the practice on a sessional basis. They did not attend clinical team meetings and were not supervised by the practice directors.
- The practice could not demonstrate how they ensured mandatory training and update training was completed for all staff.
- The information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. For example there was a backlog of letters that required coding and patient records that required summarising.
- Multi-disciplinary working was taking place but record keeping was limited or absent.

What we found at this inspection in February 2018

We rated the practice as requiring improvement for providing effective services overall and for all population groups with the exception of people experiencing poor mental health (including people with dementia) which was rated as good for being effective.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. New arrangements had recently been put in place to discuss NICE guidance at clinical meetings.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.

- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- 3% of the practice population was older people which was significantly below the national average.
- Patients aged over 75 (approximately 55 patients in total) were not invited for an annual health check as the practice was not currently signed up to this service.
- We were told that where patients were regularly seen for an ongoing condition that they were seen by the same practice nurse for continuity of care. There was integrated working with the local community matron.
- The practice followed up on older patients at risk discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- The number of patients with a long-standing health condition was 43%. This was lower when compared to the local CCG average (57%) and the national average (54%). A high prevalence of long-standing health conditions can increase demand on GP services.
- 2016/2017 QOF data showed improved management of patients with long-term conditions. Performance related indicators for patients in this population group were comparable to other practices in all but one area. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months, was 17.5% below the national average. Evidence showed the practice was working to improve the management of patients with diabetes.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme.
- Uptake rates for the childhood vaccines given were below the target percentage of 90% in three out of four target areas.

Are services effective?

(for example, treatment is effective)

- The practice told us they had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The needs of this population group 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, extended opening hours and Saturday and Sunday appointments.
- The practice had 1782 female patients between the ages of 16 to 55 years. The practice's uptake for cervical screening according to Public Health England data was 59.2%, which was 21% below the 80% coverage target for the national screening programme. The practice showed us data on the day of the inspection which showed this had currently increased to 66%. This was below the 80% coverage target for the national screening programme. The practice was aware of this and had put measures in place to try and improve uptake.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. In the last twelve months 643 patients had been invited for this check and 68 had been carried out. Some staff told us that access to the health care assistant (who carried out these checks) was limited due to long term sickness and working hours.
- There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The uptake of screening services for bowel and breast cancer was lower than local and national averages.

People whose circumstances make them vulnerable:

- The practice was aware of those patients who may be or were vulnerable. There was evidence the practice was proactive in working with external bodies to ensure patients care was coordinated in a way which took into account the needs of this group of patients.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

- Minutes of a recent clinical meeting showed the practice was in the process of establishing a list of vulnerable patients.

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 previous 12 months. This was better than the national average. No patients were excepted.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was better than the national average and an increase since 2015/2016 QOF data when 84% had a care plan in place. Published data showed the number of patients excepted was 10% above the national average at 23%. The practice provided us with current (unpublished) data which showed the number of patients currently excepted had significantly reduced.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had an active audit plan in place for 2017/2018. The audits demonstrated quality improvement. An audit plan was in place for 2018/2019 which linked with the previous plan demonstrating that audits were being followed through to check for compliance and where necessary improvement. A significant amount of the audits related to medicines management. Other audits included reviewing patient records, referrals, document management and consent.

The most recent published Quality and Outcome Framework results were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 97%. This showed a practice increase from 88% in the 2015/2016 QOF year. We saw data which showed that currently for 2017/2018 QOF the practice was on target to make further improvements in their percentages achieved. The overall exception reporting rate was 12% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients

Are services effective?

(for example, treatment is effective)

from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). We discussed high exception reporting for specific conditions and were satisfied with the explanation given.

The practice used information about care and treatment to make improvements. The practice records showed there were three full cycle audits completed. Recent full cycle audits related to prescribing of controlled drugs, patients taking a blood thinning medicine and checking to see whether patients taking a certain medicine had had their blood checked at regular intervals. All the audits showed that where improvement was required that action was taken. A number of single cycle reviews had been carried out and were programed and allocated for review as part of the practice's 2017/2018 audit plan.

The practice was actively involved in quality improvement activity. For example the practice had established close collaborative working with the CCG Pharmacy lead who regularly attended the practice clinical meetings. Data showed improvement in the prescribing of controlled drugs and overall improved prescribing performance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- Feedback from clinical and non-clinical staff differed in terms of them being encouraged and given opportunities to develop. Clinical staff were positive about their experience whilst some non-clinical staff were not.
- An induction process, one-to-one meetings, regular staff meetings and appraisals were in place for staff. Arrangements were in place to supervise the sessional GPs that worked at the practice. Nursing staff were appraised and were invited to clinical meetings. They told us they felt supported and where possible attended clinical meetings. However the practice did not have systems in place to ensure that the one practice nurse

who was a prescriber had their competence assessed by audit of their clinical decision making in respect of the medicine they prescribed. There was mixed evidence as to the management of poor performance. There was evidence that where performance was variable (i.e. complaints about a GPs conduct) that action had recently been taken to work to address this although this action was not always timely. We received other feedback from some staff that poor performance was not always addressed.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- We received positive feedback from the local probation service and safeguarding team in respect of their experiences of liaising and working with staff at Market Hill.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

The practice demonstrated they had started to take proactive steps to help patients to live healthier lives.

- Practice staff worked with a range of health and care professionals in the delivery of patient care and was proactive in identifying opportunities to promote and support patients to lead healthier lives. For example partnership working with a local school.
- The practice identified patients who may be in need of extra support and directed them to relevant services.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example the practice was actively trying to increase the uptake of cervical screening. 83% of patient had received a

Are services effective?

(for example, treatment is effective)

cervical screening leaflet in their own language and the second practice nurse had almost completed their training to carry out this role independently. In recent months the practice had seen a reduction in 'do not attend' rates from 55% to 23%.

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health. For example a significant amount of work had been undertaken by the practice to improve the management of prescribing of medicines to patients and to explore other treatments/ support available.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice had recently introduced new arrangements for obtaining consent for minor surgery and contraceptive fitting. Records showed audits to monitor the process for seeking consent appropriately had been carried out and included in the practice audit plan for review quarterly.

Are services caring?

Our findings

At our previous inspection on 22 June 2017, we rated the practice as requiring improvement for providing caring services. Issues identified were:

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care.
- The practice's computer system alerted GPs if a patient was also a carer. Approximately 1% of patients registered at the practice had been identified as carers.

What we found at this inspection in February 2018

We rated the practice as requiring improvement for providing caring services.

Kindness, respect and compassion

Staff mostly treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information. For example on registration, a leaflet was now given to all patients with local telephone numbers for support for families with children.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We saw positive interactions between reception staff and patients when dealing with patients in sometimes difficult circumstances.
- All of the 24 patient Care Quality Commission comment cards we received were positive about the way they were treated. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. To date, the practice had received 57 responses to the Friends and Family test since September 2017. Of these, 47 patients were extremely likely to recommend the practice, three likely, one neither likely nor unlikely, one unlikely and four extremely unlikely.

Results from the July 2017 annual national GP patient survey showed seven out of the nine questions in relation to patients being treated with compassion, dignity and respect were between 5% and 15% below national averages. 384 survey forms were sent out and 89 returned.

This represented 1.5% of the practice's patient list. The survey was taken between January and March 2017 and therefore predated any changes introduced following our previous inspection six months ago. Data from the 2016 survey when compared to 2017 had shown an increase in patient satisfaction.

For example:

- 81% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 73% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 90% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 96%.
- 69% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 85%; national average - 86%.
- 94% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 85% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 92% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 75% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

The practice told us they felt that patient satisfaction had increased recently as there was continuity of care within the staff team. The practice was using the same salaried GPs for consistency and the Directors had regular set days working at the practice each week. There had been no nurse or non-clinical staff changes since the last inspection.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care. When asked, staff did not demonstrate an awareness of the Accessible Information Standard (a requirement to

Are services caring?

make sure that patients and their carers can access and understand the information they are given). However they demonstrated they had taken action to improve communication and access to information for patients:

- Interpretation services were available for patients who did not have English as a first language. The practice also had a Polish speaking receptionist.
- Staff communicated with patients in a way that they could understand. For example they had provision of information in prevalent languages which included cervical smear leaflets, safeguarding information, diabetes and NHS Health Checks. Information notices were displayed in the reception area in the five most prevalent languages.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. Approximately 1% of patients registered at the practice had been identified as carers. The practice was proactively identifying patients who were carers. Examples of this included the practice texting 85% of patients to ask the question if they were “Carers” or “Cared for”. The practice had met with the young carers association and recently identified one young carer. They had added a question regarding carers to the new registration pack and displayed posters within the practice in English, Polish, Portuguese, Latvian and Lithuanian. They had also recently identified a non-clinical carers lead but no action had been taken yet in respect of this role.
- Staff told us that if families had experienced bereavement that this information was passed on to the

duty GP who assessed whether contact with the family was needed. Contact 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.

Results from the national GP patient survey 2017 in respect of patient involvement in planning and making decisions about their care and treatment were mixed; two below and two comparable with local CCG and national averages.

For example:

- 76% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 65% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 81%; national average - 82%.
- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 80% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients’ privacy and dignity.

- Staff recognised the importance of patients’ dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 22 June 2017, we rated the practice as requiring improvement for providing responsive services. Issues identified were:

- Results from the national GP patient survey published in July 2017 showed that patient's satisfaction to questions on how they could access care and treatment was below local CCG and national averages in six out of the seven questions asked.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly.

What we found at this inspection in February 2018

We rated the practice as requiring improvement for providing responsive services overall and for all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example by offering extended opening hours. The practice was open between 8am and 8pm Monday to Saturday and 10am to 2pm on a Sunday. GPs offered telephone triage, same day and routine appointments on a daily basis and on a Saturday a sit and wait service was available between 1pm and 3pm.
- The practice improved services where possible in response to unmet needs. The practice was aware of the need to review timely access to clinical staff and had begun to take action to review and address this. They had recently advertised for two members of staff to join the nursing team. They acknowledged poor patient satisfaction in respect of patient access to a consistent clinical team by reducing the use of the number of sessional GPs to establish a consistent GP team. They had also conducted a review of the appointment system and timely access to clinical staff. Some additional appointments had been introduced and the practice was reviewing working with a neighbouring practice to share resources.

- Market Hill 8 – 8 Surgery was located within the Ironstone Centre; a multi-occupancy building. The facilities within the area that Market Hill occupied were appropriate for the services delivered. The practice was engaged with NHS Property Services to try and address some concerns regarding the Ironstone building.
- The practice had started to make reasonable adjustments when patients found it hard to access services. For example the practice was reviewing the appointment system. They had identified that they had a high percentage of patients who 'Did not Attend' for their pre-booked appointment. They had adjusted the appointment system to limit the number of pre-bookable appointments available which in turn increased the number of on the day appointments that could be booked which it was hoped would reduce the DNA rate. They had also introduced a more robust system for ensuring that patients assessed as needing an urgent appointment were seen on the day. This included children under five years of age. The practice had signed up some reception staff to train as 'Care Navigators'. This is a national incentive and locally is being led by the CCG. 'Care navigators' can play a crucial role in helping people to get the right support, at the right time to help manage a wide range of needs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- Patients with an on-going condition are supported by the same practice nurse for continuity of care.
- All patients had a named GP.
- Market Hill worked closely with the Community Matron who regularly attended the practice to talk to the team about individuals that needed support.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those assessed as needing this.

People with long-term conditions:

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had regular contact with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- There were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- On the day text messages were sent to all parents/carers whose babies were booked in for immunisations that day. Patients who did not attend for immunisations were followed up with a phone call to the parent/carer.
- Baby immunisation clinics and a woman's health clinic had been established 'back to back' offering a one stop opportunity.
- We saw positive action in respect of child safeguarding and received positive feedback from the local safeguarding team.
- All parents or guardians calling with concerns about a child under the age of 18 were assessed and offered a same day appointment when necessary.
- The practice had established links with a local primary school. The purpose of this initiative was to work with their local primary school to provide health education for children and parents and reduce pupil absenteeism. The lead GP had attended the school on a number of occasions and they planned further sessions by the lead GP and practice nurse. This initiative was in its infancy but there was a clear dedication from the practice lead GP to drive this forward.

Working age people (including those recently retired and students):

- The needs of this population group 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, extended opening hours and Saturday and Sunday appointments.
- A range of services were available for patients to access on line such as booking appointments and prescription ordering.

People whose circumstances make them vulnerable:

- The practice proactively worked with a range of external agencies including probation, domestic violence, drug

and alcohol, local housing and mental health services. In conjunction with these services a range of initiatives/pilots had been put in place to support patients in this population group.

- Staff were clear on their role when vulnerable patients attended the practice.
- The practice was working on establishing a list of patients living in vulnerable circumstances.

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

- Staff interviewed had a good understanding of how to identify patients with mental health needs and those patients living with dementia. Staff had received or were receiving particular training to improve their knowledge of patients in this population group.
- The practice had submitted a bid to the local CCG and NHS England (NHSE) for funding support for an in-house mental health worker in recognition of the high level of patients with mental health conditions. This supports feedback from staff who told us this service was needed.
- All patients received an annual health review.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Records showed the number of appointments the practice offered per week was in line with the national average. Some staff told us that they felt there needed to be more GP appointments available to meet demand.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. Where there had been issues these were now being reviewed within the practice.
- Patients with the most urgent needs had their care and treatment prioritised.

The appointment system was being reviewed by the practice to ensure improved access to clinical staff. This included plans for two advanced nurse practitioners and a clinical pharmacist.

Results from the national GP patient survey published in July 2017 showed that patient's satisfaction to questions on how they could access care and treatment was significantly below local CCG and national averages in five

Are services responsive to people's needs?

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out of the six questions asked. The survey was taken between January and March 2017 and therefore predated any changes introduced following our previous inspection six months ago. Data from the 2016 survey when compared to 2017 had shown an increase in patient satisfaction. This feedback was not supported by observations and patient feedback on the day of inspection and completed comment cards. Only one of the 24 pieces of feedback we received commented on difficulty in accessing timely appointments.

- 79% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 49% of patients who responded said they could get through easily to the practice by phone; CCG – 67%; national average – 71%.
- 65% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 85%; national average – 84%.
- 57% of patients who responded said their last appointment was convenient; CCG – 84%; national average – 81%.
- 58% of patients who responded described their experience of making an appointment as good; CCG – 74%; national average – 73%.
- 47% of patients who responded said they don't normally have to wait too long to be seen; CCG – 60%; national average – 58%.

The practice had carried out a patient survey in January 2018 based on phone access, reception staff, opening hours and general patient experience. An audit of these results was carried out shortly before the inspection and a

list of actions put in place. Examples included reviewing the current phone number for the practice and a review of administration staff capacity/ rota structure to meet demands throughout the day.

Listening and learning from concerns and complaints

The practice had a policy for reviewing and responding to complaints.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The practice had a complaint policy in place. The complaints policy did not provide timescales for when investigations would be concluded.
- Six formal and two informal complaints were received in the last year. We reviewed the complaints and found that they were satisfactorily handled and respond to. At the previous inspection we identified there was no evidence of counselling or reflection or training attended that would support the providers assertion that concerns about the attitude of a GP was handled in house. Since our last inspection further complaints had been received which the practice had now responded to.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example a poster had been put up in the waiting room to explain that patients would not necessarily be seen in order of arrival and there may be patients that are seen sooner due to urgency of their condition.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 22 June 2017, we rated the practice as inadequate for being well-led. Issues identified were:

- The practice had good vision but governance implementation was poor, including lack of clear corporate and clinical governance leadership. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a practice improvement plan in place which reflected the vision and values and was regularly monitored although the monitoring reports did not accurately reflect our findings.
- Implementation of the governance framework was not robust enough to always provide assurance that safe good quality care was being provided. Whilst we saw evidence of improvement since CCL took over as the service provider at Market Hill there were still a wide range of areas that required improvement.
- The governance and management arrangements at the practice required reviewing to ensure clear leadership of the practice.

What we found at this inspection in February 2018

We rated the practice as requiring improvement for providing a well-led service.

Leadership capacity and capability

- Leaders had the skills to deliver high-quality, sustainable care. The leaders needed to ensure they had sufficient capacity to continue to deliver improvement and identify and manage future risk.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and demonstrated they were working to address them.
- The Directors of CCL had allocated a lead Director for Market Hill with other Directors being present within the practice on a regular basis. They had also arranged for a CCL service manager to take on the role of practice manager at Market Hill. However, we received feedback from some staff to say they would benefit from more presence of this role and improved leadership for day to day issues relating to the running of the practice.

- There was evidence that leaders had begun to establish compassionate and inclusive leadership.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients and external partners.
- Not all staff were clear on the practice's vision. For example not all staff were aware that additional nursing staff roles had been advertised.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of openness.

- Staff stated they mostly felt respected, supported and valued. Some staff said some GPs were more approachable and amenable than others.
- Openness, honesty and transparency were demonstrated when responding to safety incidents and complaints. The practice had identified that incidents were still not always being reported by staff and was working with staff to address this by raising awareness of what constituted an incident and that incidents were part of learning and not a way of blaming staff. Discussion regarding significant events had been introduced into various meetings that took place within the practice.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and development plans. We received mixed feedback from staff in terms of the support to develop.
- Staff were given protected time for professional development and learning.

Are services well-led?

Requires improvement 

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

- We were told that the award of a long-term contract by NHSE for CCL to provide services at Market Hill had greatly improved staff morale at the practice.

Governance arrangements

The practice had an overarching governance framework which contributed to the delivery of the practice improvement plan. The governance framework in place had seen a period of stability with regular Director meetings and Quality Assurance reporting taking place over the last two to three months. This had started to allow the practice the opportunity to assure them that safe good quality care was being provided and to identify risk.

New practice management and lead Director roles had started to be embedded in the practice. The result of this had started to show improved outcomes for patients and staff. Quality improvement was high on the agenda for the practice and systems and plans were in place to deliver further improvement and address areas that still required improvement. Many of the changes introduced as part of the practice improvement plan and CQC action plan were in their infancy but showing signs of clear improvement. We discussed with the practice the need to ensure the right personnel with the capacity to lead the practice was in place and that systems and processes allowed the leadership to monitor and sustain the changes and improvement made. One GP Director told us there was a need to establish a 'backbone' at Market Hill to provide solid, consistency oversight in all areas.

- There were clear responsibilities, roles and systems of accountability to support good governance and management. GPs, nurses and non-clinical staff had lead roles in key areas and were developing into new roles.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The practice had established policies, procedures and activities to ensure support staff in their roles and improvement programmes related to the key areas of patient care and treatment.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Managing risks, issues and performance

There were processes to identify, understand, monitor and address current and future risks. The practice had a risk action plan in place that was monitored. Processes to manage risk to patient safety were in place. The exception to this was that there remained further improvement required in respect of; reporting significant events, having a pre-set programme to revisit changes introduced following such events, a lack of evidential process in respect of acting on patient safety alerts received by the practice, having systems to assess the competence of the nurse prescriber, managing poor performance in a timely way and ensuring management capacity within the practice to lead both the clinical and non-clinical aspects of the practice.

We saw examples of clinical audit which had an impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice acted on appropriate and accurate information.
- Quality and operational information had started to be embedded to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. This included discussions with the PPG.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The practice used performance information which was reported and monitored. We saw evidence that poor performance was being managed for a member of the clinical staff. However some non-clinical staff told us poor performance was not always managed.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Are services well-led?

Requires improvement 

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

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice had introduced a 'question of the week' which was displayed in the waiting room allowing patients the opportunity to provide feedback to this question. They also had feedback forms in the waiting room as well as the Friends and Family forms for patients to complete.
- Staff we spoke with told us they were able to raise concerns and ideas for improvement. However some non-clinical staff told us that when they did that they were listened to but no further action was taken by management.
- The patient participation group was active and involved in discussions and proposals about improving performance of services. We received positive feedback from one member of the PPG we spoke with. The group was not representative of the practice population.
- The practice had worked proactively with the clinical commissioning group to promote better processes and practices regarding patient care.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice demonstrated a commitment to improvement and had recently been awarded a long-term contract by NHSE which meant the practice was able to proceed with working towards their long-term strategy. The practice demonstrated they were forward thinking and involved in remodelling services for the future. For example; recruitment of nursing staff, joint working with a neighbouring practice and a bid to the CCG for funding to support an in-house mental health worker. They were exploring employing an in-house clinical pharmacist. They had also signed up to a number of initiatives with local external agencies including working with a local school to tackle pupil absenteeism.
- The practice demonstrated improvement in their QOF achievement for 2016/2017 and current data made available to us showed that further improvement would be achieved in 2017/2018.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. However the practice did not have a system to review changes introduced over time to see if they were embedded into practice and that they were effective.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.