

# Harden Surgery

## Quality Report

Harden Health Centre  
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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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## Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Harden Surgery on 5 September 2016. The overall rating for the practice was Requires Improvement. This was because systems were not in place to investigate and learn from significant events, the management of safety alerts was not effective and the lack of some of the suggested emergency medicines had not been risk assessed.

We undertook an announced focused inspection on 23 May 2017 to follow up on the requirement notices. We looked at whether Harden Surgery was providing safe, effective and well led services. We continued to rate the practice as Requires Improvement overall. However we found not all of the necessary improvements had been made and we rated the practice as inadequate for providing well led services. This was because there were insufficient staff to meet the needs of patients and the governance arrangements were ineffective.

Both the full comprehensive report on the September 2016 and the focused inspection on 23 May 2017 can be found by selecting the 'all reports' link for Harden Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

This inspection was an announced comprehensive inspection carried out on 8 February 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations

that we identified in our previous inspection on 23 May 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection

#### **This practice is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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 – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

# Summary of findings

People experiencing poor mental health (including people with dementia) - Good

At this inspection we found:

- Improvements had been made in the clinical leadership and capacity. A team of regular locum GPs worked at the practice providing continuity of care for patients. The practice management had been strengthened by the appointment of a new practice manager.
  - There was a clear leadership structure and staff felt supported by management. Staff told us they were now able to raise concerns, were encouraged to do so and had confidence that these would be addressed.
  - The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learnt from them and improved their processes. Improvements had been made and information and learning from significant events was discussed at clinical and practice meetings.
  - The practice had clearly defined and embedded systems to minimise risks to patient safety.
  - The practice worked closely with other health and social care professionals involved in patient's care. Regular meetings had been re-established with the community nursing teams and palliative care teams to discuss the care of patients who were frail / vulnerable or who were receiving end of life care.
  - The practice had carried out clinical audits to review the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines. The audits seen demonstrated quality improvements.
  - Patients commented that they were treated with compassion, kindness, dignity and respect.
  - We found that the scores for GPs and nurses in the GP Patient Survey published July 2017 were comparable to the local averages. A number of the satisfaction scores relating to access were lower than the local averages. The practice had reviewed these scores and taken action to address them. For example a new telephone system had been installed and the number of GP appointments had increased.
  - Information about services and how to complain was available.
  - The practice had good facilities and was well equipped to treat patients and meet their needs.
  - The practice proactively sought feedback from staff and patients, which it acted on.
  - The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- However, there were also areas of practice where the provider should make improvements.
- Continue to develop the carers' register.

**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.

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

# Harden Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a second CQC inspector and a GP specialist adviser.

## Background to Harden Surgery

Phoenix Primary Care Limited (which is a subsidiary of The Practice Group) is registered with the Care Quality Commission (CQC) as an organisation with primary care services across the country. Harden Surgery (which is part of Phoenix Primary Care Limited) is located in Walsall, West Midlands. The practice is part of the NHS Walsall Clinical Commissioning Group. The practice holds an Alternative Provider Medical Services (APMS) contract with NHS England. An APMS contract is a contract between NHS England and general practices for delivering general medical services with a number of additional services. The contract is time limited.

The practice operates from Harden Surgery, Harden Health Centre, Harden Road, Bloxwich, Walsall, West Midlands, WS3 1ET.

There are approximately 2,735 patients of various ages registered and cared for at the practice. Demographically the practice has a higher than average patient population aged under 18 years, with 30% falling into this category, compared with the CCG average of 24% and England average of 21%. Nine per cent of the practice population is above 65 years which is considerably lower than the CCG average of 16% and the national average of 17%. The percentage of patients with a long-standing health

condition (58%) is comparable to the local CCG average of 56% and national average of 54%. The practice provides GP services in an area considered as one of the most deprived within its locality. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial.

The staffing consists of:

- Five part time GPs (three male and two female).
- A part time advanced nurse practitioner, part time practice nurse and full time health care assistant (all female).
- A practice manager, practice administrator, secretary and reception staff.

The practice is open between 8am and 8pm Monday and Tuesday, 8am and 1pm Wednesday, 8am until 6.30pm Thursday and Friday, and 9am until 12 noon on Saturday. Extended hours consultations are available on Monday and Tuesday evenings and Saturday mornings.

The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hours service, via the NHS 111 service when the practice is closed.

The practice offers a range of services for example: management on long term conditions, child development checks and childhood immunisations, contraceptive and sexual health advice. Further details can be found by accessing the practice's website at [www.hardensurgery.nhs.uk](http://www.hardensurgery.nhs.uk).

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of Harden Surgery on 5 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was Requires Improvement.

We undertook an announced focused inspection on 23 May 2017 to follow up on the requirement notices. We looked at whether Harden Surgery was providing safe, effective and

well led services. We continued to rate the practice as Requires Improvement. However we found the necessary improvements had not been made and we rated the practice as inadequate for providing well led services.

Both the full comprehensive report on the September 2016 and the focused inspection on 23 May 2017 can be found by selecting the 'all reports' link for Harden Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We undertook a comprehensive follow up inspection of Harden Surgery on 8 February 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Are services safe?

## Our findings

At our previous inspection on 23 May 2017, we rated the practice requires improvement for providing safe services. This was because:

- The practice did not ensure sufficient numbers of staff were deployed to meet people's care and treatment needs.

Improvements were also required around sharing learning from the analysis of significant events with the wider team.

These arrangements had improved when we undertook a follow up inspection on 8 February 2018. We rated the practice, and all of the population groups, as good 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.
- Contact details for safeguarding teams were on display in treatment and consultation rooms.
- 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 were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). The practice nurse was the lead for IPC. Internal audits were carried out every three months; the last audit was undertaken in November 2017. The local IPC team also carried out annual audits.
- 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.
- Clinical staffing levels have increased since the last inspection in May 2017. The practice had secured the services of three regular locum GPs and the number of GP appointments had increased by almost 20% (in total 24 sessions a week). An advanced nurse practitioner had been employed for two days a week, in addition to the practice nurse and health care assistant.
- The electronic system had been updated and GP appointments were available until the end of July 2018.
- There was an effective induction system for temporary staff tailored to their role.
- 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. Information and guidance on sepsis was available in consultation and treatment rooms.
- 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 showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

## Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the practice had a system in place for sharing information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- The practice had recently recommenced meetings with the community nursing teams and palliative care teams to discuss the care of patients who were frail / vulnerable or who were receiving end of life care. These meetings were planned to take place every eight weeks and scheduled in for 2018.
- 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.
- The practice stocked the majority of the suggested emergency medicines. The list of suggested emergency medicines had recently been updated to include a medicine to treat croup in children, which the practice did not stock. This was discussed during the inspection and a supply was obtained immediately.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice was aware that their antibiotic prescribing was higher than the clinical commissioning group (CCG) and national average. We saw that antibiotic prescribing had been discussed at clinical meetings and clinical staff followed the CCG medicines formulary. (The medicines formulary is a list of medicines approved for use).
- 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. The practice had an effective system in place to ensure that repeat prescriptions were not issued when a medicine review was overdue.
- Patients on high risk medicines were managed appropriately. We checked four patients on a high risk medicine used to treat rheumatoid arthritis and all had up to date blood test monitoring. The practice had

carried out clinical audits for three high risks medicines, all of which demonstrated improved safety. For example, a recall system had been added to the electronic patient record to ensure patients were invited for blood tests prior to prescriptions being authorised for one particular type of medicine.

- Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific directions from a prescriber were in place.

### Track record on safety

The practice had a good safety record.

- 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

The practice had improved the system for reporting, recording and analysing significant incidents. The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice had recorded seventeen significant events since our last inspection. We saw that significant events were discussed at clinical and practice meetings. The practice learned, shared lessons, identified themes and took action to improve safety in the practice.
- Staff described an incident whereby a medical emergency occurred in the waiting area and in order to maintain privacy and dignity patients were moved out the area to other rooms. Staff recognised that if mobile screens had been available privacy and dignity could have been maintained with less disruption to patients. As a result of this incident mobile screens had been made available.
- We saw that staff recognised when information received via a complaint should also be recorded as a significant incident, for example bruising which occurred following



## Are services safe?

a blood test. A member the nursing team described how they had reflected on this incident and now ensured they advised patients about the risk of bruising and appropriate first aid.

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw that alerts were discussed at the clinical meetings.

- We identified that the practice manager was receiving safety alerts via the NHS Central Alerting System. This may mean that not all medicine alerts were being received. We were shown evidence that practice manager had signed up to the appropriate agencies to receive all alerts during the inspection. The practice also provided evidence that the practice pharmacist had received the medicine alerts and appropriate action had been taken.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 23 May 2017 we rated the practice as good for providing effective services. Following this inspection we rated the practice, and all of the population groups, as good for providing effective services.

### 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.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice hypnotic prescribing (July 2016 – June 2017) average daily quantity was four for patients within that therapeutic group compared with the clinical commissioning group (CCG) and England daily quantity of broadly one (for that therapeutic group). The practice was aware that their hypnotic prescribing was higher than average and had taken action to address this. The lead GP was completing a review reduction plan in conjunction with colleagues and patients. This had resulted in a 25% reduction in prescribing since May 2017.
- The percentage of high risk antibiotics prescribed (Co-amoxiclav, Cephalosporins or Quinolones) was 8.5%, compared to the CCG average of 5.3% and the England average of 8.9% (July 2016 – June 2017).
- The practice was above the CCG and national averages for antibiotic prescribing (July 2016 – June 2017). The number of items the practice prescribed was 2.6% compared with the CCG and national average of 1%.
- This data was being regularly monitored by the practice with a focus on appropriate reduction in antibiotic prescribing including patient education on the practice health promotion boards. Clinical staff told us they expected to see an improvement in their antibiotic prescribing in the CCG data reports.
- 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:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice participated in the national immunisation programmes for shingles, pneumonia and influenza.
- One of the GPs had taken the lead role for older people and was working with health and social care professionals to deliver a multidisciplinary care package to meet individual patient needs. Care plans were being developed and updated as required.
- The practice maintained a register of housebound patients and there were plans to carry out safe and well telephone calls in the future.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice provided a service to one local care home and visited patients on request.

People with long-term conditions:

- 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.
- The practice also 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 for 2016/17 showed that 77% of patients with asthma had received an asthma review in the preceding 12 months that included an assessment of asthma control. This was comparable to the Clinical Commissioning Group (CCG) average of 77% and the national average of 76%. Their exception reporting rate of 0% was below the CCG average of 3% and the national average of 8%. Exception reporting is the removal of patients from QOF calculations where, for example, patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

# Are services effective?

## (for example, treatment is effective)

- 84% of patients with diabetes had a blood pressure reading (measured in the preceding 12 months) within recognised limits. This was above the CCG average of 80% and the national average of 78%. Their exception reporting rate of 5% was lower than the CCG average of 6% and national average of 9%.
- The percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was 71% compared with the CCG average of 81% and the national average of 80%. The practice exception reporting rate of 8% was lower than the CCG average of 10% and the national average of 12%.
- The practice was working closely with the diabetic specialist nurse to support patients with diabetes. Patients were encouraged to attend expert patient programmes to empower them to manage their own condition.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice offered sexual health services, for example contraception.

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

- The percentage of women eligible for cervical screening at any given point who were screened adequately with 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 65 years was 64% (April 2016 to March 2017). This was below the 80% coverage target for the national screening programme. The CCG and national averages were 72%. The practice were proactively encouraging women to attend for screening through patient education and providing dedicated clinics with support from the specialist community cytology nurse.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

- 92% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months. This was comparable with the CCG average of 91% and the national average of 89%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The nursing team shared an example of how a patient had been referred to secondary care as a specific condition had been identified through the health check.

### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including patients who misused substances, house bound patients, those with a learning disability and children in need or with a child protection plan in place.

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

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher than the CCG average of 85% and the national average of 84%. Their exception rate of 0% was lower than the CCG average of 6% and the national average of 7%.
- 94% of patients with a diagnosed mental health disorder had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was comparable with the CCG average of 92% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100% compared to the CCG average of 94% and the national average of 91%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 98% compared to the national average of 95%.

# Are services effective?

(for example, treatment is effective)

## 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 undertaken six audits since May 2017, the majority of which were linked to either best practice guidance or safety alerts. These audits demonstrated health improvements.

One of the audits was carried out to look at the higher than average rate of prescribing for hypnotics. The first audit cycle identified that 55 patients had received a prescription during the previous month and of those only 47 patients had attended for a medicine review within the previous 12 months. The audit also identified that 26 patients were prescribed this type of medicine on a repeat prescription. The second audit cycle identified that 41 patients received a prescription during the previous month and all of these patients had attended for a medicine review within the previous 12 months. This was a 25% reduction in hypnotic medicine prescribing. All prescriptions for this type of medicine had been altered to acute prescriptions rather than repeat prescriptions. The practice had also introduced a programme to assist patients to decrease the medicine dosage or to stop taking this type of medicine. Eight patients were currently being supported on this programme by the practice. The practice told us that their hypnotic prescribing was now in line with the CCG average.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results for 2016/17 showed the practice had achieved 97% of the total number of points available, the same as the CCG and national average. Their overall clinical exception reporting rate was 11% which was comparable with the CCG rate of 8% and national rates of 10%. The coding for exception reporting on the electronic system was only completed by GPs.

## 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. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- We saw that the newly appointment advanced nurse practitioner (ANP) had been supported through a two week supervised induction and there were planned supervision sessions after a month, three months and six months. The lead nurses told us that an audit of the ANP's consultation records was planned for March 2018. The lead nurses also planned to carry out audits of 20 consultations for the practice nurse across a 12 month period.
- All staff at the practice had access to on line learning as well as access to training and funding delivered by the academy provided by The Practice Group.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## 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.
- 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.
- The practice had audited all deaths during 2017. This audit had highlighted important information such as care plans and 'do not attempt cardiopulmonary

# Are services effective?

## (for example, treatment is effective)

resuscitation' (DNACPR) plans were not always in place and regular meetings with the multi-disciplinary team had not been taking place. As a consequence one of the GPs had taken the lead role for end of life care, and had reviewed and updated the care plans for patients identified on the register.

- The practice had recommenced meetings with the community nursing teams and palliative care teams to discuss the care of patients who were frail, vulnerable or who were receiving end of life care. This meeting was held on 23rd January 2018. Further meetings were planned to take place every eight weeks and scheduled in for 2018.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice was effective in referring patients with possible cancer. Data from Public Health England showed that 50% of new cancer cases (among patients registered at the practice) were referred using the urgent two week wait referral pathway. This was comparable to the CCG average of 49% and the national average of 50%.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 64% of eligible females aged 50-70 had attended screening to detect breast cancer in the last 36 months. This was below the CCG average of 68% and the England average of 70%.
- 42% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was below the CCG average of 48% and the England average of 55%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- 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, stop smoking campaigns, tackling obesity.
- Information about local services, national screening programmes and self help groups was available in the waiting room.

### 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 monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

At our previous inspection on 5 September 2015 we rated the practice as good for providing caring services. Following this inspection we rated the practice, and all of the population groups, as good for providing caring services.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- All of the nine patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and seventy five surveys were sent out and 94 were returned. This represented about 3.5% of the practice population. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 90% of patients who responded said the GP gave them enough time, compared with the CCG average of 83% and the national average of 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw, compared with the CCG average of 94% and national average of 96%.
- 92% of patients who responded said the last GP they spoke to was good at treating them with care and concern, compared with the CCG average of 82% and the national average of 86%.

- 90% of patients who responded said the nurse was good at listening to them, compared with the CCG and national average of 91%.
- 90% of patients who responded said the nurse gave them enough time, compared with the CCG average of 91% and the national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw, was the same as the CCG and national average of 97 %.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern, compared with the CCG average of 92% and national average of 91%.

The survey showed that 84% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. However, there was no information on display informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- 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.

The practice had increased the number of carers identified from 9 to 21 patients (0.75% of the practice list) although they recognised that this number was still low. The practice's computer system alerted GPs if a patient was also a carer.

- The health care assistant acted as a carers' champion to help ensure that the various services supporting carers



## Are services caring?

were coordinated and effective. This member of staff had organised a carers' café and provided support and information for carers. There were plans to hold the carers' café at the local care home.

- Staff told us that if families had experienced bereavement, the GP contacted them and the practice sent them a sympathy card. Families were given advice on how to find a support services if required. Information about bereavement services was available in the waiting area.

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:

- 89% 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 84% and the national average of 87%.
- 85% of patients who responded said the last GP they saw was good at involving them in decisions about their care, compared with the CCG average of 79%; and the national average of 82%.

- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments, compared with the CCG average of 91% and the national average of 90%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care, compared with the CCG average of 86% and national average of 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.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 5 September 2015 we rated the practice as good for providing responsive services. Following this inspection we rated the practice, and all of the population groups, as good for providing responsive services.

### 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 extended opening hours on Tuesday and Thursday evening and Saturday mornings, online services such as repeat prescription requests and advanced booking of appointments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, home visits were provided for housebound patients and telephone consultations for patients unable to access the practice within normal opening times.
- New patient checks were offered to patients, including those who moved into care homes.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice arranged health promotion and awareness days. Recent events included Cervical Cancer Awareness Week and there were plans to hold a Stroke Awareness / Prevention event in May 2018.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice had recently engaged with the management of a local care home to discuss the services that the practice was able to provide.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs and nursing team also accommodated home visits for those who had difficulties getting to the practice.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice worked closely with other health and social care professionals to discuss and manage the needs of patients with complex medical issues or required end of life care.

#### Families, children and young people:

- We found 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.
- All parents or guardians calling with concerns about a child under the age of five were offered a same day appointment when necessary.
- The practice co-hosted antenatal clinics with the community midwives.

#### 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 two evenings a week and Saturday appointments.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, who were identified as frail or at risk of a hospital admission, housebound and substance misusers.
- The practice worked with the palliative care team and community nursing teams to support patients near the end of their life and those who were frail and / or housebound.



# Are services responsive to people's needs?

## (for example, to feedback?)

- Patients with a learning disability were offered longer appointments and an annual review. The practice organised a learning disability café every three months, where patients and carers could socialise and obtain information about the services available to them.
- The practice had supported a local homeless charity through collecting food and clothing, which was distributed over the festive period.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients with a mental health diagnosis were offered an annual review of their physical health needs.
- We found there were systems to identify and follow up patients with mental health needs who attended A&E or were admitted to hospital. The GPs reviewed discharge information to see if any further action or support was required.
- The practice was actively screening patients for dementia. Patients living with dementia and their carers were offered regular reviews and written care plans.

### Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed. For example:

- 82% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 80%.
- 64% of patients who responded said they could get through easily to the practice by phone compared with the CCG and national average of 71%.

- 57% 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, compared with the CCG average of 70% and the national average of 76%.
- 76% of patients who responded said their last appointment was convenient, compared with the CCG average of 78% and national average of 81%.
- 64% of patients who responded described their experience of making an appointment as good, compared with the CCG average of 72% and national average of 73%.
- 55% of patients who responded said they don't normally have to wait too long to be seen, compared with the CCG average of 57% and national average of 58%.

The practice was able to audit the telephone system and monitor the time taken to answer incoming calls. The practice manager received a weekly report which detailed for each day the amount of a calls received, how many calls were abandoned before they were answered, the longest time taken to answer a call and the average time taken to answer a call. The results for the week before the inspection demonstrated the longest time taken to answer a call was around 15 minutes but the average time taken was under a minute.

Since the previous inspection in May 2017 the number of GP appointments had increased by almost 20%. The practice had secured the services of three regular locum GPs, in addition to the two regular GPs, which increased continuity of care for patients. Patients spoken with on the day of the inspection told us they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- 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 complaint policy and procedures were in line with recognised guidance. Three complaints had been received since the practice manager had been in post. We reviewed the three complaints and found that they were satisfactorily handled in a timely way.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 23 May 2017, we rated the practice inadequate for providing well led services. This was because:

- The practice did not have effective systems and processes to ensure good governance. Systems were not in place to ensure recommendations received from the Medicines and Healthcare Products Regulatory Agency (MHRA) were appropriately actioned and monitored to ensure compliance with guideline recommendations.
- The practice did not have an effective system to improve quality or use information gathered to make improvements. The practice did not use clinical performance initiatives such as clinical audits or review data to monitor quality improvements.
- The practice did not have effective communication systems to ensure reviews about quality and safety of the service and any actions required following reviews were shared.

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 8 February 2018. We rated the practice, and all of the population groups, as good for providing well led services.

### Leadership capacity and capability

We saw there had been an improvement in clinical leadership and capacity. There had been changes in the clinical and management team since our previous inspection. The services of regular locum GPs had been secured, which provided continuity for patient care. The GP team were supported by an advanced nurse practitioner, practice nurse and health care assistant. Clinical staff had taken on lead roles, such as safeguarding, care of the elderly and end of life care.

There had also been changes within the practice management team. A new practice manager had been appointed and had been in post since November 2017. The management team were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

### 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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- 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.

### Culture

- Staff told us that morale had improved since our last inspection in May 2017. Staff we spoke with told us they now felt able to raise concerns, were encouraged to do so and had confidence that these would be addressed.
- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Staff were energised and enthusiastic about their work and had been empowered to make suggestions to improve services for patients. For example, the carers' café and self and well telephone calls.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw that patients received apologies where appropriate and a clear explanation about what had occurred. 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 career development conversations. Staff had access to on line training as well as the training and development team within the company. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.

# Are services well-led?

Good 

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

- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- **Governance arrangements**
- Improvements had been made to the governance arrangements in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- We saw that systems were in place to ensure that recommendations made in safety alerts were appropriately actioned and monitored to ensure compliance.
- We saw that information about the quality and safety of the service was shared with staff through regular clinical and practice meetings.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. We saw a

number of clinical audits that demonstrated quality improvement had been complete. Data had been reviewed and acted upon, for example the reduction the number of prescriptions for hypnotic medicine.

- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- 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.

## 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 reviewed the national GP survey results, comments on NHS Choices and The Friend and Family Test comments to identify any areas for improvement.
- The practice manager had met with the members of the previous patient participation group (PPG). Further

# Are services well-led?

Good 

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

meetings were planned. We spoke with a member of the PPG. They told us the first meeting was about breaking down barriers and enabling the members to raise any issues or concerns.

- The practice manager had carried out an anonymous staff survey. Questions included likes, dislikes and areas where improvements could be made. The practice manager had reviewed the responses and what taking action to address issues identified, for example the development of rotas for reception staff for rotation around work stations.
- The service was transparent, collaborative and open with stakeholders about performance.

## 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 made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Practice staff had been involved in suggesting, developing and delivering a number of initiatives to improve outcomes for the practice population.

- The practice recognised they needed to encourage more women to attend for cervical screening. To coincide with Cervical Cancer Prevention week, the practice worked with the specialist community cytology nurse to provide three dedicated clinics during the week. Invite letters were amended and included a pocket size information leaflet developed by a national charity. A total of 35 patients attended for screening during the week and one patient who had never

attended for screening before despite receiving invites, attended the clinic for the first time. The practice also provided alternative arrangements for hard to reach patients such as home visits and results being returned to the practice rather than the home address. The practice continued to work with specialist nurse and provided dedicated clinics.

- The practice organised a cytology information clinic for patients who were due to be invited for their first test. This clinic enabled the patients to meet the staff, view the rooms and equipment and ask questions about the process. The practice hoped this initiative would encourage young women would attend for their cervical screening when invited.
- The practice had worked in partnership with a nurse who worked for a manufacturer of stoma care products. All patients with a stoma were offered an hour long appointment with this nurse, either at the practice or in their own home. This clinic had identified one patient who had become socially isolated following their surgery and was not aware of the options and products available to them. The nurse and the practice were providing support to this patient.

The practice planned to introduce the following initiatives in the near future:

- Self and well telephone calls to vulnerable / housebound patients.
- Mini medics training events during the school holidays. This is a very basic introduction to first aid and defibrillation for children and aimed at children between the ages of eight and eleven.
- The use of text messaging for appointments and cancellations.