

# White House Farm Medical Centre

## Quality Report

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

### Ratings

#### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at White House Farm Medical Centre on 10 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. We noted some events were discussed at the clinical meeting but not captured within the incident reporting process.
- Risks to patients were assessed and managed.
- Staff assessed patients needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were mostly treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. The practice had recently introduced a new telephone system to address telephone access concerns raised by patients and the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- A comprehensive understanding of the clinical performance of the practice was not maintained. GPs took the lead for named clinical areas and were responsible for monitoring performance and a programme of internal audit for that area. There was no evidence overall clinical performance was monitored.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Review the incident reporting process to ensure all events and near misses are captured as part of the practice reporting and investigation process.

- Review and implement a process to monitor the practices clinical performance and in doing so contribute to a programme of clinical quality improvement.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was a system in place for reporting and recording significant events and incidents. We noted some events were discussed at the clinical meeting but not captured within the incident reporting process.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were 5% below the CCG average and 3% below the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Some clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Multidisciplinary working was taking place but was generally informal and documented in the patient record.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example 84% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.

Good



# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had reviewed the needs of its local population and had put a recent practice improvement plan in place to secure improvements for all of the areas identified.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. The practice had recently introduced a new telephone system to address telephone access concerns raised by patients and the patient participation group.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had recently reviewed their vision and strategy to deliver high quality care and promote good outcomes for patients. Staff had contributed to it and were clear about their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- A comprehensive understanding of the clinical performance of the practice was not maintained. GPs took the lead for individual clinical areas and were responsible for monitoring performance and a programme of internal audit for that area. Overall outcomes were not reviewed as part of the practice's clinical performance monitoring.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Requires improvement



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- All patients had a named GP.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- Practice nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- Of those patients with diabetes, 85% last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months. The national average is 78%.
- Longer appointments and home visits were available when needed.
- All these patients had structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



# Summary of findings

- The percentage of patients with asthma on the register, who have had an asthma review in the preceding 12 months for the QOF 2014/15 year was 61% which was 14% below the national average of 75%.The practice shared with us the figures from 2015/16 which had improved to 78%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

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

- The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group.
- The practice did offer appointments with GPs and practice nurses during the lunch hour twice a week. Two patients reported access to appointments during office hours an issue. Patients could book appointments and order repeat prescriptions online.
- Health promotion advice was offered and accessible health promotion material was available through the practice.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

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

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

- 91% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- Of those with complex mental health illness, 78% had a comprehensive agreed care plan in their record in the last 12 months, which is below the national average of 88%.
- Performance for the overall QOF mental health related indicators was 28% below the CCG and 26% below the national average. This was due to the low number of patients who experience complex mental health problems having a record of their alcohol consumption recorded in their notes and a record of their blood pressure taken in the previous 12 months.
- The practice worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia and had completed dementia friends awareness training.

## Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was mostly performing below local and national averages. 300 survey forms were distributed and 116 were returned. This represented 1.8% of the practice's patient list.

- 67% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 73% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 77% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 62% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were mostly positive about the standard of care received. One comment card reported dissatisfaction with a GP stating they were not interested and did not listen.

We spoke with six patients during the inspection. Feedback from patients about their care was positive. All patients said they were very happy with the care they received and thought staff were approachable, committed and caring. People told us on the day of the inspection they were able to get appointments when they needed them but they sometimes had difficulty getting through to the practice by telephone first thing in the morning and this was echoed in seven CQC comment cards. We received two comments on the CQC cards reporting difficulty making an appointment during normal working hours and time had to be taken off work to attend the practice.

# White House Farm Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC lead inspector, a GP specialist adviser and a practice manager specialist adviser.

## Background to White House Farm Medical Centre

Whitehouse Farm Medical Centre is located in Armthorpe on the outskirts of Doncaster. The practice provides services for 6,374 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the fifth more deprived areas in England. The age profile of the practice population is similar to other GP practices in the Doncaster Clinical Commissioning Group (CCG) area.

The practice has three GP partners, two female and one male. They are supported by three practice nurses, a healthcare assistant, a practice manager and a team of reception and administrative staff.

The practice is open between 8am to 6pm Monday to Friday. Appointments with GPs, practice nursing staff and the healthcare assistant are available during the surgeries opening hours. A phlebotomy service with the healthcare assistant was available daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15 we noted GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners currently at the practice. We were told this would be addressed following the inspection and the appropriate applications and notifications submitted.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 May 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff (GPs, GP trainee, practice nurses, practice manager administrative and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available in the administration office and also on the practice's computer system.
- The practice carried out an analysis of the incidents and significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of the clinical meetings where these were discussed. We noted there were some events and near misses were discussed at the clinical meeting and not reported as an incident or significant event. The practice manager told us this would be reviewed.

We saw from those incidents and significant events reported, lessons were shared to make sure action was taken to improve safety in the practice. For example, we were told how the practice procedure for adding new patient's medication to the record system was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. Minutes of the clinical staff meeting documented that the change in procedure had been shared with staff.

The meeting minutes were stored on the practice computer system which was accessible to all staff. Staff told us they were also briefed in person following the meeting if they did not attend and the learning was applicable to their role.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant

legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and practice nurse leads were trained to safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurses were the infection control and prevention (IPC) clinical leads who liaised with IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

## Are services safe?

- There were comprehensive systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty .

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office and staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and utility companies.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The lead for the clinical area was responsible for guidelines being implemented and followed. The practice did not have a process to follow this up and the registered manager told us this would be addressed.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92.1% of the total number of points available. This was 5% below the CCG average and 3% below the national average. The exception reporting was 9.8% which is 1.6% above the CCG and 0.6% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/15 showed:

- Performance for diabetes related indicators was 4% above the CCG average and 11% above the national average.
- All patients with hypertension were having regular blood pressure tests. This was 1% higher than the CCG average and 2% than the national average.
- Performance for mental health related indicators was 67%, which was 28% below the CCG and 26% below the national average. This was due to the low number of patients who experienced complex mental health problems having a record of their alcohol consumption recorded in their notes and a record of their blood pressure taken in the previous 12 months.

- Performance for asthma related indicators was 84%, which was 15% below the CCG average and 14% below the national average.

During the inspection we asked to see the QOF results for 2015/16 and this was printed off for us from the patient record system. The figures were not yet in the public domain so could not be compared to CCG and national averages. We noted performance for asthma related indicators had improved for 2015/16 as 78% of patients had a review compared with 61% for 2014/15 which was 14% below the national average of 75%.

We noted other areas, particularly mental health, had declined. QOF outcomes for 2014/15 demonstrated 91% of patients diagnosed as living with dementia had their care reviewed in a face to face meeting in the previous 12 months, which was above the national average of 84%. This had declined to 60% for QOF 2015/16. Of those with complex mental health illness, 78% had a comprehensive agreed care plan in their record in the last 12 months, which is below the national average of 88% for 2014/15. This had declined to 19% for QOF 2015/16. The number of patients who experienced complex mental health problems having a record of their alcohol consumption recorded in their notes had improved by 11% for QOF 2015/16 and was comparable to 2014/15 for a record of their blood pressure taken in the previous 12 months.

We were told the GP's took the lead for different areas in QOF and they had not identified the lower achievement for mental health outcomes for 2015/16.

Clinical audits demonstrated some quality improvement. We were shown three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing the care provided to 24 newly diagnosed type two diabetic patients to ensure they were monitored regularly once diagnosed and referred to the dietician for healthy eating advice. The practice reviewed the care provided to these patients to ensure they received the correct support and treatment and prevent further complications.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals and facilitation and support for revalidating GPs and nurses. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they

were discharged from hospital. We were told staff liaised with specialist nurses and community staff individually for each patient rather than having quarterly multidisciplinary meetings.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- These included those with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A counsellor held a weekly clinic at the practice to offer psychological and talking therapies to patients. Staff told us the service was popular with patients.

The practice's uptake for the cervical screening programme was 80%, which was just below the CCG average and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 99% and five year olds from 95% to 97%.

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

Flu vaccination rates for the over 65s were 73%, and at risk groups 51%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We did observe an intercom system was used by reception staff to communicate with people at the reception desk. We did receive one comment that this was sometimes off putting as other people in the waiting area would hear the questions being asked. There was a television in the waiting area to provide back ground noise and reception staff told us they were mindful of the questions they asked when using the intercom.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were mostly positive about the standard of care received. We spoke with two members of the patient participation group and six patients. They also told us they were also very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. One comment card reported dissatisfaction with a GP stating they were not interested and did not listen.

Results from the national GP patient survey showed patients felt they were treated with less compassion, dignity and respect than the CCG and national averages for its satisfaction scores on consultations with GPs and reception staff. Scores for practice nurses were above average. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.

- 77% said the GP gave them enough time (CCG average 85%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).
- 83% said they found the receptionists at the practice helpful (CCG and national average 87%).

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

Most patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 94% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Staff followed a procedure to identify patients on the computer system who were carers. They currently had identified 101 patients as carers (1.5% of the practice list).

Written information was available to direct carers to the various avenues of support available to them. Staff had also identified local support groups to refer patients onto some of which provided transport to and from appointments with other health care professionals.

Staff told us if families experienced bereavement, their usual GP contacted them. This call was either followed by a meeting at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had reviewed the needs of its local population and had put a recent practice improvement plan in place to secure improvements for all of the areas identified.

- There were longer appointments available for patients who needed them.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available those who needed them.
- Patients were able to receive some travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and interpretation services available.
- The practice nurse would visit those patients unable to come to the surgery to administer flu vaccines.

### Access to the service

The practice was open between 8am to 6pm Monday to Friday. Appointments with GPs, practice nursing staff and the healthcare assistant were available during the surgeries opening hours. A phlebotomy service with the healthcare assistant was available daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 from responses gathered in September 2015 showed patient's satisfaction with how they could access care and treatment was lower than local and national averages.

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 67% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).

- 48% patients said they always or almost always see or speak to the GP they prefer (CCG average 56 %, national average 59%).

As part of the practice improvement plan, the practice had identified telephone access first thing in the morning as an issue and had recently changed the telephone system. Some patients we spoke with told us getting through to the practice had improved and they no longer heard the engaged tone. Staff were promoting on line access to appointments to those who had the means to book them. They had also identified 7% to 9% of appointments booked each month resulted in the patient not attending and were working with the patient participation group to address this.

People told us on the day of the inspection they were were able to get appointments when they needed them but them sometimes had difficulty getting through to the practice by telephone first thing in the morning and this was echoed in seven CQC comment cards. We received two comments on the CQC cards reporting difficulty making an appointment during normal working hours and time had to be taken off work to attend the practice.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at 14 complaints received in the last 12 months and found lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, patient referrals to other services were reviewed to ensure there were no delays with practice processes.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

All of the practice staff had recently revisited the practice vision to deliver high quality care and promote good outcomes for patients. They contributed to a vision statement and were aware of their responsibilities in relation to it. The practice manager had been in post for one year and developed a practice improvement plan which reflected the vision and values.

The staff we spoke with, including clinical and non-clinical staff, all knew the provision of high quality care for patients was the practice's main priority.

### Governance arrangements

The practice had a governance framework to support the performance of the practice. There was a clear staffing structure and staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff on the desktop of computers and paper files.

A comprehensive understanding of the clinical performance of the practice was not maintained. GPs took the lead for individual clinical areas and were responsible for monitoring performance a programme of internal audit for that area. Overall outcomes were not reviewed as part of the practice's clinical performance monitoring. Staff we spoke with could not tell us the practice achievement for QOF for 2015/16 and this was printed off for us from the patient record system. We noted there had been improvement in some areas, for example asthma indicators and decline in others, for example mental health. We asked where QOF outcomes were discussed and told they were not discussed in detail at any meeting and GPs were responsible for the areas they took the lead for.

We also observed some events and near misses were not reported as an incident or significant event and alternatively discussed at the clinical meeting. We were told the practice held monthly clinical meetings and we were shown minutes for August 2015, two meetings in November 2015, two meetings in January 2016 and April 2016. We noted the practice nurses were not recorded in the minutes as attending. The meetings had regular agenda items which included safeguarding and looked after children.

We were told complaints were reviewed annually with all partners present to review and reflect on lessons learned. The next meeting was scheduled for June 2016. The practice identified trends, reflected upon them and discussed lessons learned at partner meetings, significant event and clinical meetings as ongoing agenda items. An annual governance meeting was not held.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions which were reviewed by the practice manager.

### Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff in relation to care for patients.

The provider was aware of and complied with the requirements of the Duty of Candour. The practice manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents:

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

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

- GPs and practice nurses took the lead for specialist areas and staff were aware who the leads were. Staff told us the practice held a weekly team meeting and quarterly staff meetings were held. The quarterly staff meetings were on hold due to no in hours cover when they were held.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues in person with the practice manager or nursing staff and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the practice manager in the practice. Staff were involved in discussions about how to run and develop the practice on an informal basis, and the practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

# Are services well-led?

Requires improvement 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and other feedback received. There was an active PPG which met regularly, carried out patient

surveys and submitted proposals for improvements to the practice management team. For example they submitted feedback to review the practice website to make it more user friendly. PPG members were scheduled to complete dementia friendly training awareness.

- The practice had gathered feedback from staff through appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management .

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p><b>17 (1) (2) (a) (f)</b></p> <p>The provider did not have established incident reporting system to ensure compliance with the requirements. The provider did not assess, monitor and improve the overall quality of clinical services.</p> <p>This was because:</p> <p>A comprehensive understanding of the clinical performance of the practice was not maintained to contribute to a programme of continuous quality improvement.</p> <p>Some events and near misses were not reported as an incident or significant event and alternatively discussed at the clinical meeting.</p> <p>Trends and themes from all types of feedback including incidents and significant events were not identified and discussed to identify areas for improvement.</p> <p><b>This was in breach of regulation 17 (1) (2) (a) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>