

# The Practice Rushey Mead

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Practice Rushey Mead on 8 January 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well led services. It was also good for providing services for all the population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment but felt there was a lack of continuity due to a current lack of permanent GP's. Urgent appointments were available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure information relating to the control of substances hazardous to health (COSHH) is up to date.
- Implement multi disciplinary meetings.

# Summary of findings

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff.

Good



### Are services caring?

The practice is rated as good for providing caring services. Feedback from patients about their care and treatment was consistent and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment but some patients currently felt there was a lack of continuity of care due to the lack of a permanent GP. Urgent appointments were available on the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.

Good



# Summary of findings

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in admissions avoidance. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The Better care Fund initiative involves creating care plans for the 10% of patients at highest risk of admission, meaning the majority of elderly patients would have a care plan in place.

The practice supported three care homes and had a palliative care register.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. The higher risk patients had a care plan in place and a structured annual review to check that their health and medication needs were being met.

The practice had prioritised the management of long-term conditions as the prevalence of patients registered with the practice with a diagnosis of asthma, atrial fibrillation, dementia, heart failure, hypertension and chronic heart disease was higher than the national average.

There was an arrangement in place in order for patients who needed to attend anticoagulation clinics to go to a local surgery in order to avoid travelling to hospital.

Flu immunisations were available annually to all eligible patients with long term conditions.

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 A&E attendances. Immunisation rates were relatively high for all

Good



# Summary of findings

standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours.

The practice provided 24 hour baby checks for newborn babies, as well as offering six week checks for mothers and babies.

There was a protocol in place in order for children to be given on the day appointments.

Young people were offered chlamydia screening kits from the nurse or GP and these were also available from reception. This was also offered as part of the new patient health check.

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

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Evening appointments were available once a week and were pre-bookable six weeks in advance. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

NHS health checks were available to patients between 40 years and 74 years, and eligible patients were invited by letter, text message or opportunistically when they attended the practice. Eligible patients were identified by means of a pop up alert on their record and reception staff were trained to promote and offer this service in order to screen as many patients as possible.

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 with a learning disability. It had carried out annual health checks and offered longer appointments for people with a learning disability.

The practice told 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 good for the care of people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health had received an annual physical health check.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had received training on how to care for people with mental health needs and dementia. Longer appointments were available for patients experiencing poor mental health.

IAPT (Improving Access to Physiological Therapies) held clinics every two weeks at the practice for patients experiencing poor mental health.

Good





# Summary of findings

## What people who use the service say

The practice had carried out a patient survey of 256 patients at the end of 2013 in conjunction with the patient participation group (PPG). The PPG is a group of patients who highlight patient concerns and needs and work with the practice to drive improvement within the service. This showed patients felt they were generally satisfied with how they were treated and that this was with compassion, dignity and respect. The data from the national GP patient survey showed varying results. The satisfaction scores on consultations with doctors showed that 82% of practice respondents said the GP was good at listening to them and 69% said the GP gave them enough time. The national GP survey also reflected that 67% of patients would describe their overall experience of the surgery as good.

We received five comment cards on the day of our inspection and the majority were positive about the

service experienced. Patients said staff treated them with dignity and respect. The comments which were less positive reflected dissatisfaction with the lack of a permanent GP. We also spoke with four patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, but also said they would benefit from a permanent GP.

We met with a member of the patient participation group (PPG). They told us they had worked with the practice to address patients issues but had found problems communicating with the practice and had not always felt supported. However they had recently had a meeting with the practice and told us that some of their issues had been resolved and felt things would be improved going forward.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure information relating to the control of substances hazardous to health (COSHH) is up to date.
- Implement multi disciplinary meetings.

# The Practice Rushey Mead

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and the team included a GP, a GP practice manager and another CQC inspector.

### Background to The Practice Rushey Mead

The Practice Rushey Mead is a GP practice which provides a range of primary medical services under a GMS contract to around 2500 patients from a surgery in Leicester city. The practice's services are commissioned by Leicester City Clinical Commissioning Group (CCG). At the time of our inspection the service was provided by two locum GP's, a practice nurse and a part time healthcare assistant. They are supported by a practice manager and reception and administration staff.

Local community health teams support the GPs in provision of maternity and health visitor services.

The Practice Rushey Mead is a service operated by The Practice Surgeries Limited from a location registered with the Care Quality Commission (CQC) at 8 Lockerbie Walk, Leicester LE4 7ZX.

We reviewed information from Leicester City clinical commissioning group (CCG), and Public Health England which showed that the practice population had similar deprivation levels compared to other practices within the CCG but higher than the average for practices in England.

When the surgery is closed the out of hours service is provided to Leicester City, Leicestershire and Rutland by Central Nottinghamshire Clinical Services.

### 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This provider had not been inspected before and that was why we included them.

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.

### How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

## Detailed findings

- Older people
- People with long-term conditions
- Families, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed information from NHS Leicester City Clinical Commissioning Group (CCG), NHS England (NHSE), Public Health England (PHE), Healthwatch Leicestershire and NHS Choices.

We carried out an announced inspection on 8 January 2015. During our inspection we spoke with four patients

who used the service and a member of the patient participation group (PPG). The PPG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

We reviewed five comment cards where patients had shared their views and experiences of the service.

We spoke with five members of staff which included the practice manager and the practice nurse as well as reception and administration staff. We were unable to speak with any GP's on the day of our inspection.

We observed the way the service was delivered but did not observe any aspects of patient care or treatment.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke to were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last 2 years. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last year and we were able to review these. Significant events was a standing item on the practice meeting agenda and there was a system in place to regularly review actions from past significant events and complaints. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and the nurse, knew how to raise an issue for consideration at the meetings and they felt encouraged and supported to do so.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. She showed us the system she used to manage and monitor incidents. We tracked 15 incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result. For example one incident referred to an appointment having been made for a child who was not a patient of the practice. They had same name and date of birth as an existing patient. When this was discovered the practice implemented a new system when making appointments to check addresses and contact details at the same time to avoid a reoccurrence.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked

at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

At the time of our inspection the practice did not have a dedicated GP as lead in safeguarding vulnerable adults and children as they only had locum GPs until they were able to appoint a permanent GP. They were able to refer to a lead safeguarding GP at one of the provider's other practices if necessary. All staff we spoke to were aware to speak to the practice manager initially if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. All nursing staff, including health care assistants, had been trained to be a chaperone. If nursing staff were not available to act as a chaperone, receptionists had also undertaken training. They understood their responsibilities when acting as chaperones which included where to stand to be able to observe the examination.

### Medicines management

We checked medicines stored in the nurse treatment room and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff we spoke with followed the policy.

Systems were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked in the nurse treatment room were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

## Are services safe?

The nurse administered vaccines using patient group directives (PGD's) that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of the directions and evidence that the nurse had received appropriate training to administer vaccines. Two of the PGD's we looked at were out of date. We brought this to the attention of the registered manager who told us they would contact NHS England to obtain updated copies.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

### Cleanliness and infection control

The practice Rushey Mead was one of two GP practices within Rushey Mead Health Centre. The contract for cleaning the health centre was the responsibility of a single external company.

The registered manager had identified concerns with regard to the standard of cleaning by the external company in 2014. They had met with the company and cleaning schedules and an action plan were put in place. The registered manager and the company had undertaken an audit on 23 October 2014 and found that the standard of cleaning had improved.

We found that the areas used by the practice were mostly clean and tidy. Areas of dust were found on the frames of two examination couches and overhead lamps. We brought this to the attention of the registered manager who told us she would contact the external provider and ask for a meeting to discuss the issue we had raised.

The practice had a lead for infection control who had undertaken training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence that the registered manager and the lead had carried out audits for each of the last two years and that any improvements identified for action were completed on time.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment which included disposable

gloves, aprons and coverings were available for staff to use. Staff were able to describe how they would use these to comply with the practice's infection control policy, for example, to deal with a spillage of vomit or blood.

Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. Notices about hand hygiene techniques were displayed on the soap dispensers in staff and patient toilets. The practice had completed a hand washing audit in May 2014 and achieved a 100% compliance. Staff had also received a further training update in July 2014.

Sharps bins were correctly assembled and labelled. The practice had blood and vomit spillage kits available for staff to use. Staff were given guidance on how to use these kits in their mandatory infection control updates.

All cleaning materials and chemicals were stored securely. Control of substances hazardous to health (COSHH) information was available to ensure their safe use. Some information had not been reviewed since 2012. We spoke with the registered manager who told us she would contact the external company for current updates.

There were arrangements in place for the safe disposal of clinical waste and sharps such as needles and blades. We saw evidence that their disposal was arranged by a suitable external company.

The practice had a policy for the management, testing and investigation of legionella (a bacteria which can contaminate water systems in buildings). At the time of our visit the practice were unable to show us evidence that a legionella risk assessment had been carried out or that the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients. Following our inspection the practice manager informed us that the assessment was being booked by the health centre management and they would also implement weekly checks of the areas used by the practice.

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and

## Are services safe?

displayed stickers indicating the last testing date. We saw evidence of calibration of relevant equipment; for example weighing scales and spirometer used for measuring the air in and out of your lungs.

### Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

The practice manager told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, to cover each other's annual leave. Cover was also provided when needed by staff from one of the provider's other practices.

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. At the time of our inspection the practice did not have any permanent GPs employed and relied on two locum GP's to provide GP sessions. They had started to advertise for two salaried GPs in order to provide continuity for patients.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included monthly checks of the rooms used by the practice, the environment, dealing with emergencies and equipment. The practice had a health and safety policy and an identified health and safety representative. Health and safety information was displayed for all staff and patients who used Rushey Mead Health Centre to see.

Identified risks were included on a risk log. Each risk was assessed and rated and mitigating actions recorded to reduce and manage the risk.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Emergency equipment was available

including access to oxygen and an automated external defibrillator (AED). An AED is machine used to attempt to restart a person's heart in an emergency. When we checked the AED we found that there had not been a Portable Appliance Test (PAT) since May 2013. This test is an examination of an electrical appliance to ensure they are safe to use. We brought this to the attention of the registered manager who told us they would arrange for an external company to do the test straight away and confirmed following our inspection that this was in hand.

Signs were seen in reception and consultation rooms which indicated the location of the emergency equipment. When we asked members of staff, they all knew the location of this equipment.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Hypoglycaemia is a low blood sugar. Anaphylaxis is an acute allergic reaction to an antigen (e.g. a bee sting) to which the body has become hypersensitive.

Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. Most of the medicines we checked were in date and fit for use. We did find three medicines that were out of date. We spoke with the nurse who immediately removed them.

A clear business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

The practice had in place a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Risks associated with service and staffing changes (both planned and unplanned) were included in the business continuity plan and included the mitigating actions that had been put in place to manage this.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The nurse we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence and from local commissioners.

As there were currently no permanent GPs, there were no clinical leads in the practice for areas such as diabetes, heart disease and asthma. However, the leads at other local practices run by the provider were easily contactable for advice.

We saw data from the local CCG of the practice's performance for antibiotic prescribing, which was comparable to similar practices. The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes. The practice manager told us about the process the practice used to review patients recently discharged from hospital, which required patients to be reviewed following discharge, by a GP according to need.

National data showed that the practice was in line with referral rates to secondary and other community care services for all conditions. The practice manager reviewed referrals made by locum GPs.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated and used to support clinical audits which had been undertaken.

The practice showed us three clinical audits that had been undertaken in the last year. One of these was a completed audit. No changes had been required as a result of the audit. There were also audits relating to diabetic care and stroke prevention but these had not been completed at the time of our inspection.

The practice manager told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). QOF is a national performance

measurement tool. For example, we saw a full audit including a repeat cycle regarding antibiotic prescribing. The practice were found to have 100% adherence to antibiotic guidance for primary care.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice met all the minimum standards for QOF in diabetes, asthma and chronic obstructive pulmonary disease (lung disease). This practice was not an outlier for any QOF (or other national) clinical targets.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by a GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines.

The practice had implemented the gold standards framework for end of life care. It had a palliative care register which included 20 patients, 19 of whom lived in local residential or nursing homes. The last multidisciplinary meeting to discuss the care and support needs of patients and their families had been in 2014 when there had been a permanent GP but the practice manager told us that patients needs were now discussed informally as required.

The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support.

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses.

# Are services effective?

## (for example, treatment is effective)

The practice nurse was expected to perform defined duties and she was able to demonstrate that she had been trained to fulfil these duties. For example, on administration of vaccines, cervical smear tests and childhood immunisations. She had extended roles, for example, diabetes, asthma, COPD and hypertension and was able to demonstrate that she had received appropriate training to fulfil these roles.

### Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a protocol in place outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The clinician who saw these documents and results was responsible for the action required. Administration staff checked daily to ensure that tasks had been cleared and actioned. All staff we spoke with understood their roles and felt the system in place worked well.

The practice was commissioned for the new enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). We saw that the policy for actioning hospital communications was working well in this respect.

We saw records of multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. The practice nurse told us that the last of these meetings had been in September 2014 and prior to that they had worked well and a list of vulnerable patients were discussed. She did not know how these patients had been discussed since the meetings had stopped.

### Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely

manner. Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use.

The practice had signed up to the electronic Summary Care Record. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record SystmOne to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

### Consent to care and treatment

We were unable to speak to GPs during our visit so were unable to clarify their awareness of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. The practice had drawn up a detailed consent policy to guide staff. This policy highlighted how patients should be supported to make their own decisions and how these should be documented in the medical notes. It also explained the different types of consent and gave guidance when patients may not have capacity to make decisions.

The policy also referred to and gave guidance for staff about Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

### Health promotion and prevention

It was practice policy to offer a health check with the practice nurse to all new patients registering with the practice. We looked at and followed an example of a new patient check and saw that a GP was informed of any health concerns detected and these were followed up in a timely way.

The practice also offered NHS Health Checks to all its patients aged 40-74. Staff we spoke with said there was a good uptake and patients were followed up if they had risk factors for disease identified at the health check and were scheduled further investigations.



## Are services effective?

(for example, treatment is effective)

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and they were offered an annual physical health check. The practice offered in house smoking cessation clinics to patients. There were similar mechanisms of identifying 'at risk' groups which were used for patients who were obese and those receiving end of life care. These groups were offered further support in line with their needs.

The practice's performance for cervical smear uptake was 91%, which was better than others in the CCG area. The practice nurse had carried out a cervical smear audit and showed an improving success rate.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. We saw up-to-date copies of the patient group

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey, as well as a survey of 256 patients undertaken by the practice in conjunction with the patient participation group (PPG). The evidence from these sources showed patients felt they were generally satisfied with how they were treated and that this was with compassion, dignity and respect. The data from the national GP patient survey showed varying results. The satisfaction scores on consultations with doctors and nurses showed that 82% of practice respondents said the GP was good at listening to them and 69% said the GP gave them enough time.

Patients completed CQC comment cards to tell us what they thought about the practice. We received five completed cards and the majority were positive about the service experienced. Patients said staff treated them with dignity and respect. The comments which were less positive reflected dissatisfaction with the lack of a permanent GP. We also spoke with five patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, but also said they would benefit from a permanent GP.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice reception was a joint reception with another GP practice. It had a dual height reception desk designed for patients in a wheelchair. We saw that, where possible, staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. There was a sign which informed patients they could request to speak to someone in private if they had confidential issue they wished to discuss.

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

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and rated the practice average in these areas. For example, data from the national GP patient survey showed 71% of practice respondents said the GP involved them in care decisions and 76% felt the GP was good at explaining treatment and results. Both these results were in line with the results for the CCG area. The results from the practice's own satisfaction survey showed that 74% of patients said the GP was excellent at involving them in decisions about their care.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. The practice had a high ethnic population. We saw notices in the reception areas informing patients this service was available.

The practice had a folder in the waiting area for patients to look at which contained detailed information leaflets and signposting to other services, for example, disabled child support, dementia support and memory cafes.

There were signs which informed patients that a chaperone was available if required.

We saw information leaflets and posters for patients in vulnerable circumstances displayed in reception. These included support services for parents of learning disability patients.

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

The patients we spoke to on the day of our inspection and the comment cards we reviewed showed that patients were positive about the emotional support provided by the practice and rated it well in this area. For example, patients said they had received help to access support services to

## Are services caring?

help them manage their treatment and care when it had been needed and that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room and on the patient website told people how to access a number of support groups and organisations. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that when a patient died, all staff were notified and the details were recorded in a 'bereavement book'. One of the GPs would then be responsible for contacting the relatives where appropriate to offer support and advice. We saw that there was information about bereavement support available for staff to give to patients if required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG), for example, the PPG had raised the fact that patients did not always understand the appointment system. As a result the practice had started to communicate with patients regarding their options for making appointments including online booking.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

The practice population was mainly Asian. The practice had access to online and telephone translation services and a GP and several reception staff who spoke four languages, such as, Gujarati, Punjabi and Russian. It could also accommodate other languages, for example, Polish through translation services.

The practice provided equality and diversity training through e-learning. A nurse we spoke with confirmed that she had completed the equality and diversity training in the last 12 months.

### Access to the service

Appointments were available from 09:00am to 7:30pm on Mondays and from 08:30 am to 6.30pm from Tuesday to Friday.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent

medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for people who needed them and those with long-term conditions. Home visits were made to three local nursing or care homes on a specific day each week, and to those patients who needed one.

Patients were generally satisfied with the appointments system. However some patients expressed that they would like to have permanent doctors not locums. They confirmed that generally they could see a doctor on the same day if they needed to.

Appointments were available outside of school hours for children and young people and the practice's extended opening hours on Monday evenings was particularly useful to patients with work commitments.

### Listening and learning from concerns and complaints

The practice had a 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. A leaflet was available which clearly summarised the complaints process for patients and contained the necessary contact details for every stage of a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at nine complaints received in the last 12 months and found they had been dealt with in line with the complaints policy and in a timely way.

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and no themes had been identified. However, lessons learned from individual complaints had been acted on.

# Are services well-led?

Good 

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

## Our findings

### **Vision and strategy**

The practice had a vision to deliver high quality care and promote good outcomes for patients. We found details of the vision and practice values included in their statement of purpose. The practice stated that their purpose was to treat all patients with dignity and respect and deliver a high quality service that improves the health of the practice population as a whole. In the absence of permanent GP's the practice manager had access to funding to achieve short term goals which she used effectively.

### **Governance arrangements**

The practice had a number of policies and procedures in place to govern activity and these were available to staff on any computer within the practice as well as in a file. Staff we spoke with were aware of how to access any policies. We looked at 12 of these policies and procedures and found that all had been reviewed annually and were up to date.

There was a clear leadership structure with named members of staff in lead roles. The practice manager was the lead for infection control. However there was not a lead GP for safeguarding within the practice at the time of our inspection as there were no permanent GPs. Staff were able to contact a safeguarding lead at one of the provider's other services if required. The staff we spoke with were all clear about their own roles and responsibilities. They all told us they felt supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed and action plans were produced to maintain or improve outcomes.

The practice had an ongoing programme of clinical audits which it used to monitor quality and systems to identify where action should be taken.

The practice had robust arrangements for identifying, recording and managing risks. The practice manager showed us the risk log, which addressed a wide range of potential issues. We saw that the risk log was regularly

discussed at meetings and updated in a timely way. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented.

### **Leadership, openness and transparency**

We saw from minutes that team meetings were held regularly, although staff told us it was difficult for everyone to get together at the same time. However minutes of meetings were emailed to staff to keep them up to date if they had not attended meetings. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings and informally on a day to day basis.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example disciplinary procedures, stress policy and maternity policy which were in place to support staff. We were shown the electronic staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

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

The practice had gathered feedback from patients through patient surveys, comment cards, NHS friends and family test and complaints received. We saw that patient feedback expressed dissatisfaction with some aspects of customer care. As a result of this the practice had carried out further staff training. There was also a common theme from patients of having to wait too long for an appointment. The practice manager told us they were going to review the appointment system and provide clarification to patients about the appointment system.

The practice had an active patient participation group (PPG) which was made up of eleven members. The PPG included representatives from various population groups. The PPG had regular meetings. We looked at the analysis of the last patient survey, which was considered in conjunction with the PPG. The results from these surveys were available on the practice website. We met with one member of the PPG who told us they felt the group had found problems communicating with the practice and had not always felt supported. However they had recently had a meeting with the practice and told us that some of their issues had been resolved and felt things would be improved going forward.

# Are services well-led?

Good 

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

There was a noticeboard in the patient waiting area with information about the patient reference group (PRG). Information about how to join the PRG was displayed along with minutes of the last meeting in September 2014.

The practice had gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. One member of staff told us that they had asked for specific training and this had happened.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

## Management lead through learning and improvement

The practice nurse and phlebotomist told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at three staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training.

The practice had completed reviews of significant events and other incidents and shared the findings with staff at meetings to ensure the practice improved outcomes for patients.