

The Sorsby Medical Practice

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?	Requires improvement	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to The Sorsby Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Sorsby Medical Practice on 19 February 2015. While the practice was rated good overall, the question Are services safe? was rated requires improvement. The full comprehensive report on the February 2015 inspection can be found by selecting the 'all reports' link for The Sorsby Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 29 November 2016. Overall the practice is rated as good.

Our key findings were as follows:

- The provider had met the requirement notice we issued at the February 2015 inspection and was compliant with the regulation: recruitment procedures had been established and were operated effectively to ensure fit and proper persons were employed. National GP survey results showed patients were less likely to be treated with compassion, dignity and respect, to be

involved in their care and decisions about their treatment, and to find it easy to make an appointment. The provider was taking action to address these findings.

- NHS England had awarded the provider a seven year contract in November 2015, ending five years of uncertainty and enabling the provider to take the practice forward on a secure footing. Staff morale was improving and the provider was increasing capacity and making strategic changes to the practice to improve patients' experience of the service.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- 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.

Summary of findings

- The practice was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider should make improvement is:

- Continue to monitor patients' experience of the service to check that the changes being made are working and reflected in the National GP Patient Survey.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed.
- Recruitment procedures were established and operated effectively to ensure fit and proper persons were employed. This remedied the breach of regulation we found at our previous inspection on 19 February 2015.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as requires improvement for providing caring services.

Requires improvement



- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.

Summary of findings

- The provider was implementing an action plan to improve patients' experience of service. It was too early to say what impact this was having on some of the aspects of care.
- 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The national GP patient survey showed patients were less likely to get an appointment when they tried than average.
- The provider was implementing an action plan to improve patients' experience of service, for example it had increased the number of appointments available and was carrying out an audit of bookable appointment availability to help it further understand and meet patient demand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Home visits were made proactively as well, for example 3.5 visits per year on average to each housebound patient aged over 75 years to ensure their needs were being met, and specialist pharmacist visits to housebound people to review medicines.
- There were targeted services to avoid unplanned hospital admissions and to enable people to remain in their home. The practice worked with other health and care providers to achieve these aims.
- The practice used the Coordinate my Care NHS clinical service so that patients' wishes and their urgent care plans could be shared with healthcare providers at all times.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance against clinical targets for patients with diabetes was comparable to national averages. A diabetic specialist nurse was based at the practice once a week.
- The practice performed well in respect of the CCG's local long terms conditions (LTCs) contract, and the CCG's performance in respect of LTCs was the highest in the country.
- Longer appointments and home visits were available when needed.
- The practice was participating in the time to talk (T2T) scheme. This scheme allowed for a 30 minute GP appointment for patients with multiple long term conditions or for those newly diagnosed with a long term condition to give the patient and doctor time to understand the condition as it affected the patient, consider treatment options, and to make decisions together about the care plan.

Summary of findings

- All these patients had a named GP, and structured and specialist reviews 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.

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. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of eligible women having the cervical screening test was comparable to national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors and with children and young people's services, for example CHYPS Plus (sexual and mental health service for young people).

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example periodic Saturday clinics for flu vaccination and cervical smear tests and in house phlebotomy.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group.
- It was proactive in offering online services and had recently launched an online GP consultation service.

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, those with a learning disability and migrants.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice was contacting all patients over the age of 75 years that it had not seen in the last two years to check their needs were being met.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- Performance against mental health indicators was comparable to local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- A psychiatry liaison and mental health worker was based at the practice once a month.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Three hundred and fifty five survey forms were distributed and 93 were returned. This represented two per cent of the practice's patient list.

The results showed the practice was performing below national averages for the following:

- 31% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 48% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 61% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 44% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards, four of which were wholly positive about the service received. A fifth card was positive about the service received but added that it could be difficult to get an appointment. The remaining four comment cards were wholly negative about the service received.

- Positive comments included: excellent service, treated with professionalism and care, dedicated staff and doctors, and staff are considerate.
- Negative comments included: lack of customer care, lack of privacy, some staff are rude and unhelpful.

The practice had experienced an extended period of uncertainty and short term caretaking management arrangements which had resulted in low staff morale. In November 2015 the provider was awarded a seven year contract to run the practice. Since then staff had been engaged in a comprehensive review of the practice, and a restructure of practice management and administrative staff had taken place in August 2016 based on the review. The provider was also changing the appointment booking system and had increased the number of receptionists and appointments available to improve patients' experience of the service. The practice was carrying out an audit of bookable appointment availability to help it further understand and meet patient demand.

We spoke with one patient during the inspection. They said the care provided by the doctors and nurses was very good and that the service in general was improving.

The NHS Friends and Families Test showed 72% of patients recommend The Sorsby Medical Practice based on 598 responses collected in the 12 months to November 2016.

The Sorsby Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Advisor.

Background to The Sorsby Medical Practice

The Sorsby Medical Practice is in Hackney, east London. It is one of the 43 member GP practices in NHS City and Hackney Clinical Commissioning Group (CCG).

The practice is located in the most deprived decile of areas in England. At 79 years, male life expectancy is the same as the England average. At 83 years, female life expectancy is the same as the England average. The provider tells us the practice serves a diverse population made up of 50% African / Caribbean / Black British; 30% White British / White Other; 10% Turkish; and 10% South Asian people.

The practice has approximately 4,500 registered patients. Its age distribution is similar to the England average, and the practice has the third highest proportion of patients aged 75+ years in the CCG. Services are provided by The Sorsby Medical Practice under an Alternative Provider Medical Services (APMS) contract with NHS England.

The practice is in purpose built premises. There is wheelchair access to the practice including automatic doors, a disabled toilet and a lift to the patient areas on the upper floor. There are five clinical rooms.

Seven GPs work at the practice on a regular basis, six female and one male, and together make up the equivalent of three whole time staff (WTE). There are three practice nurses (one WTE), two healthcare assistants (one WTE), and

a clinical pharmacist (0.4 WTE). The clinical staff are supported by a team of officer, coordinator, secretarial and receptionist staff headed up by a business manager (0.5 WTE) and an assistant business manager (0.5 WTE). There are also two full time patient facilitators at the practice.

The practice's opening times are:

- 8.00am to 8.00pm on Monday (includes extended hours appointments between 6.30pm and 7.30pm).
- 7.00am to 6.30pm on Tuesday (includes extended hours appointments between 7.00am and 8.00am).
- 8.00am to 6.30pm on Wednesday, Thursday and Friday.

Patients are directed to an out of hours GP service outside these times.

The Sorsby Medical Practice is registered with the Care Quality Commission to carry on the following regulated activities at 3 Mandeville Street, London E5 0DH: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures, and Treatment of disease, disorder or injury.

We had previously conducted an announced comprehensive inspection of the practice on 19 February 2015. As a result of our findings during that visit, the practice was rated as good for providing effective, caring, responsive, and well led services, and requires improvement for providing safe services. This resulted in a rating of good overall. We found that the provider had breached one regulation of the Health and Social Care Act 2008: Regulation 19 Fit and proper persons employed and issued a requirement notice to the provider in respect of this regulation. The full comprehensive report on the February 2015 inspection can be found by selecting the 'all reports' link for The Sorsby Medical Practice on our website at www.cqc.org.uk. The practice wrote to us to tell us what they would do to make improvements and meet the legal requirements.

Detailed findings

At this inspection on 29 November 2016 we found the provider had remedied the shortfalls found during the previous inspection.

Why we carried out this inspection

We undertook a comprehensive inspection of The Sorsby Medical Practice on 19 February 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated good overall however within that, it was rated as requires improvement for providing safe services. We also issued a requirement notice to the provider in respect of fit and proper persons employed to become compliant with the law. The full comprehensive report on the February 2015 inspection can be found by selecting the 'all reports' link for The Sorsby Medical Practice on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of The Sorsby Medical Practice on 29 November 2016 to ensure improvements had been made and that the practice met legal requirements.

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 29 November 2016. During our visit we:

- Spoke with a range of staff (GPs, nursing, pharmacist, management and receptionist staff) and spoke with patients who used the service.

- Observed how patients were being cared for.
- 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

At our previous inspection on 19 February 2015, we rated the practice as requires improvement for providing safe services as there were shortfalls in the arrangements for pre employment checks for staff.

These arrangements had significantly improved when we undertook this follow up inspection on 29 November 2016. The practice is now rated as good for providing safe services.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a weekly training programme for reception staff had been put in place with 30 minutes each week spent on a rolling programme of topics. Also, back up arrangements for the electronic patient record system had been put in place.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, and nurses and healthcare assistants had been trained to level 2.
- 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. One of the GP partners together with one of the practice nurses was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. The last infection control audit was undertaken in October 2016 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and 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.

Are services safe?

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 meeting 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 were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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 stored securely.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 19 February 2015, we rated the practice as good for providing effective services.

The practice continued to be rated as good for providing effective services when we undertook this follow up inspection on 29 November 2016.

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available. Exception reporting for the clinical domain (combined overall total) was 11%, similar to CCG and national averages (9% and 10% respectively).

This practice was not an outlier for any QOF (or other national) clinical targets in 2015-16. Data showed:

- Performance for diabetes related indicators was comparable to national averages, for example the percentage of people with diabetes in whom the last IFCC-HbA1C (a measure of blood sugar levels) is 64 mmol/mol or less in the preceding 12 months was 85% (national average 78%), the percentage in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 88% (national average 78%), and the percentage whose last measured total cholesterol within the preceding 12 months is 5 mmol/l or less was 85% (national average 81%).

- Performance for mental health related indicators was comparable to the national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 98% (national average 88%).

There was evidence of quality improvement including clinical audit.

- There had been some 30 clinical audits carried out in the last two years, two of these were completed two-cycle audits where the improvements made were implemented and monitored. For example, an audit was carried out in November 2015 (baseline assessment) and again in February 2016 (second cycle) to check recommendations relating to monitoring physical health in the NICE guidelines on psychosis and schizophrenia in adults were being followed. The re audit in February 2016 showed the practice had made progress in beginning to chart patients' height and weight for example, and an action plan had been put in place to bring all patients' physical health monitoring up to standard.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing referrals to the direct access endoscopy service. Most referrals were found to have been appropriate and the audit provided the opportunity to review learning around fast track referrals.
- The practice participated in local audits, national benchmarking, and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, health and safety and basic life support.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, mental health awareness and Mental Capacity Act 2005. 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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 assessed the patient's capacity and worked with the carer to make a decision about treatment in the patient's best interests.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patients had access at the practice to smoking cessation services and social prescribing, which is a means of referring patients with social, emotional or practical needs to a range of local, non-clinical services, including those provided by the voluntary and community sector; and to Family Action, which provided support to families facing financial hardship, mental health problems, social isolation, learning disabilities, domestic abuse, or substance misuse and alcohol problems.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 79% and the national average of 81%. There was a policy to offer text reminders for patients attending for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by offering the test opportunistically as well as holding quarterly Saturday clinics for smears. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were above CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 98% (CCG 85% to 90%, national 73% to 95%); and for the vaccinations given five year olds from 84% to 95% (CCG 79% to 94%, national 81% to 95%).

Are services effective?

(for example, treatment is effective)

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

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

Are services caring?

Our findings

At our previous inspection on 19 February 2015, we rated the practice as good for providing caring services.

National GP patient survey results published in July 2016 showed patients rated the practice lower than others for several aspects of care. The provider was implementing an action plan to improve patients' experience of the service. It was too early to say however what impact this was having on some of the aspects of care where the practice performed lower than others. The practice was rated requires improvement when we undertook this follow up inspection on 29 November 2016.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.

Four of the nine patient Care Quality Commission comment cards we received were wholly positive about the service experienced. These patients said they felt the practice offered an excellent service and staff were considerate and treated them with care. Four of the nine comment cards were wholly negative. These patients said there was a lack of customer care and that some staff were rude and unhelpful.

We spoke with one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients were less likely to feel they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 65% of patients said the GP gave them enough time (CCG 85%, national 87%).
- 87% of patients said they had confidence and trust in the last GP they saw (CCG 95%, national 95%)
- 69% of patients said the last GP they spoke to was good at treating them with care and concern (CCG 83%, national 85%).
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern, (CCG 86%, national 91%).
- 61% of patients said they found the receptionists at the practice helpful (CCG 86%, national 87%).

Care planning and involvement in decisions about care and treatment

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 below local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 62% of patients said the last GP they saw was good at involving them in decisions about their care (CCG 80%, national 82%).
- 66% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG 81%, national 85%).

The provider had an action plan in place to improve patients' experience of the service. This had been developed in conjunction with staff and the patient participation group as part of the provider's comprehensive review of the practice in January 2016. The action plan included:

- Customer service skills training for reception staff.
- An increase in the number of appointments available (extended hours, telephone, bookable, and face to face including with a nurse or clinical pharmacist).

Are services caring?

- Restructuring the management, administration and reception teams to provide greater leadership and support for staff, and increasing the number of receptionists.
- Promoting the use of online services, including the launch of the online GP consultation service.
- Better queue management at the reception desk to improve confidentiality.

The action plan was being implemented and the practice was carrying out checks to see that improvements were being made. For example:

- Use of electronic prescribing service had increased from 28% in May 2016 to 51% in October 2016.
- A survey of patients using the enhanced access (early morning and late evening) service between July and September 2016 showed all 10 respondents were happy with the appointment time they had been offered.
- The practice was carrying out an audit of bookable appointment availability each day to help it further understand and meet patient demand.

It was however too early to say what impact the action plan was having on some other aspects of care where the practice performed lower than others, for example patients' experience of being treated with care and concern.

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

- Staff told us that translation 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.
- Information was available in easy read format.
- Information in a wide range of languages was available on the practice website.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 66 patients as carers (1.5% of the practice list). Carers, including young carers, were offered support and signposted to the services available to them.

Staff told us that if families had suffered bereavement, their usual GP wrote to them to offer their condolences and support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 19 February 2015, we rated the practice as good for providing responsive services.

The practice continued to be rated as good for providing responsive services when we undertook this follow up inspection on 29 November 2016.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointment on Monday evening and Tuesday morning for working patients who could not attend during normal opening hours.
- Saturday clinics were held for flu vaccination and cervical smear tests.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The practice encouraged patients to see the same doctor each time for continuity of care and made information about when each doctor worked at the practice available on the practice website to help patients when booking their appointment.
- The practice was proactively visiting each housebound patient aged over 75 years to ensure their needs were being met.
- The practice was contacting all patients over the age of 75 years that it had not seen in the last two years to check their needs were being met.

Access to the service

The practice's opening times were:

- 8.00am to 8.00pm on Monday (included extended hours appointments between 6.30pm and 7.30pm).

- 7.00am to 6.30pm on Tuesday (included extended hours appointments between 7.00am and 8.00am).
- 8.00am to 6.30pm on Wednesday, Thursday and Friday.

Patients were directed to an out of hours GP service outside these times.

The practice offered bookable routine and same day appointments and telephone consultations. Routine appointments could be booked 48 hours in advance. Extended hours appointments could be booked up to two weeks in advance. The practice ran a duty doctor system and urgent same day appointments were available for those who needed them. The duty doctor would also call back patients when there was no routine appointment slot available for them. To make sure their needs were responded to.

Results from the national GP patient survey showed patients' satisfaction with the practices opening hours was comparable with local and national averages:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 79%.

However, patients were less satisfied with telephone access to the practice:

- 31% of patients said they could get through easily to the practice by phone (CCG 76%, national 73%).

The provider had reviewed and restructured staffing at the practice and increased the number of receptionists working there to improve telephone access to the practice. This was part of a wider action plan to improve patients' experience of the service that the provider had put in place in response to patient, staff and patient participation group feedback.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system including a complaints leaflet and information about how to make suggestions, comments and complains on the practice's website.

We looked at a sample of the thirteen complaints received in the last 12 months and found complaints were satisfactorily handled and dealt with in a timely and open

way. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken as a result to improve the quality of care. For example, the practice was working to improve staff morale, had recruited additional receptionist staff, and had increased the number of appointments available to meet patient demand better.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 19 February 2015, we rated the practice as good for being well-led. The practice continued to be rated as good for being well-led when we undertook this follow up inspection on 29 November 2016.

In November 2015 the provider was awarded a seven year contract by NHS England to run the service at The Sorsby Medical Practice. For some five years prior to this the provider had been running the service on a temporary, caretaking basis. The seven year contract gave the provider, and the practice, certainty and a firm basis on which to develop and improve the practice.

Vision and strategy

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

- The practice had clearly articulated aims and objectives.
- Staff demonstrated commitment to realising the practice's aims and an understanding of their role in achieving its objectives.

Governance arrangements

The practice had an overarching governance framework to support the delivery of the aims and objectives and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The restructuring was completed in August 2016.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days had been held in January and February 2016 as part of the development review of the practice. The review had been facilitated by an independent consultancy.
- Staff said they felt their contribution to the practice was valued, and that they felt confident in their role and positive about the changes being made at the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, they had identified that telephone access to the practice needed to be improved, more early morning and late evening appointments were needed, and that lack of privacy at the reception desk was a problem. In response, the provider had:
 - Recruited additional receptionist staff.
 - Improved the practice website, introduced online GP consultations and, taken effective action to promote the uptake of online services.
 - Increased the number of appointments.
 - Put up signage to improve queue management and privacy at the reception desk.
- The practice had gathered feedback from staff through staff away days, staff meetings, appraisals and discussion. Staff told us they felt confident to give

feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run, and that they were more optimistic that the service would improve because of the changes the provider was making.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, for example to develop the clinical pharmacist role in primary care; support qualified nurses to become practice nurses; and participate in the time to talk (T2T) scheme. This scheme allowed for a 30 minute GP appointment for patients with multiple long term conditions or for those newly diagnosed with a long term condition, to give the patient and doctor time to understand the condition as it affected the patient, consider treatment options, and to make decisions together about the care plan. The practice was taking part in the evaluations of these pilot schemes.