

Mayfield Medical Centre

Quality Report

Croyde Close
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Website: www.mayfieldmedicalcentre.nhs.uk

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Letter from the Chief Inspector of General Practice

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

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

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

Older People Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

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

People whose circumstances may make them vulnerable – Requires Improvement

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

This inspection was a comprehensive follow up inspection of Mayfield Medical Centre on 1 February 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in July 2017.

We have previously carried out an announced comprehensive inspection at Mayfield Medical Centre on 5 September 2016. The overall rating for the practice was requires improvement. We completed a focused inspection on 6 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations 12 (safe care and treatment) and 17 (good governance) The practice had made some improvements but for others were unable to demonstrate how they met the regulations. The provider had a repeat breach to regulation 17 and we undertook enforcement action in the form of a warning notice. The provider was given a timescale of 31 October 2017 to become compliant with the warning notice. We completed a warning notice follow up inspection on 21 November 2017 and found that the practice was compliant with the warning notice.

The full reports from all of these inspections can be found by selecting the 'all reports' link for Mayfield Medical Centre on our website at www.cqc.org.uk

Overall the practice remains rated as requires improvement.

Our key findings were as follows:

Summary of findings

- Improvements had been made to systems and processes around monitoring health and safety risk assessments. All actions from identified from a fire risk assessment had been completed. The practice had completed a further health and safety risk assessment and actioned any risks identified from this.
 - All staff had received training suitable for their role including, fire safety, safeguarding and infection control.
 - Improvements had been made to infection control policies which had been reviewed and embedded into practice. This included, all staff having received training and audits being completed in line with timescales set out in the practice policy.
 - The practice demonstrated how they learned from significant events and complaints.
 - The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines. However, there was no formal system in place to record that all staff had received or read the relevant guidance.
 - Staff treated patients with kindness and respect. The practice had identified ways to enhance patient privacy in the waiting area.
 - Approximately 30% of the practices population were either Nepalese or had Nepali heritage. As such the practice offered a range of clinics and assessments in Nepalese. This included the local Desmond group for diabetic care and memory assessments.
 - Mayfield Medical Centre hosted a weekly youth counselling service to improve access to these services for young people in the local area.
 - Policies had been reviewed and documented with version control measures.
 - Patient satisfaction, as obtained from the national GP patient survey data, had declined since the previous inspection. This included for access to the service. There was no action plan in place to address this.
 - Quality and Outcome Framework data was comparable to or below local and national averages. Although exception reporting levels for mental health indicators had improved since the previous inspection.
- However, there were also areas of practice where the provider should make improvements.
- The provider should:
- Review arrangements with external companies contracted to conduct specialist health and safety risk assessments so that documents are stored at the practice.
 - Review the processes upon receipt of safety alerts before disseminating to all staff.
 - Review the patient survey results to improve the patient experience at the practice.
 - Review processes for increasing the outcomes for patients with long term conditions.
- Professor Steve Field (CBE FRCP FFPH FRCGP)**
Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Mayfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team was led by a CQC lead inspector. The team also included a GP specialist adviser and a practice manager specialist adviser.

Background to Mayfield Medical Centre

Mayfield Medical Centre is registered with the CQC to provider GP services. Mayfield Medical Centre is registered to provide these services out of one location, of the same name. Mayfield Medical Centre is located in a purpose built building in Farnborough, Hampshire. The practice has approximately 9,400 registered patients. The practice provides services under an NHS General Medical Services contract and is part of the NHS North East Hampshire and Farnham Clinical Commissioning Group (CCG). The practices website is www.mayfieldmedicalcentre.nhs.uk

The population in the practice areas is in the fifth less deprived decile compared to the national average. (Level

one represents the highest levels of deprivation and level 10 the lowest). The practice has a higher than national average number of patients aged 20 to 45 years old. A total of 12% of patients at the practice are over 65 years of age which is lower than the national average of 17%. A total of 52% of patients at the practice have a long standing health condition, which is slightly lower than the national average of 54%. Mayfield Medical Centre has a multi-cultural mix of patients. The location population is mainly white British; however, approximately 30% of the practices patient list is Nepalese or British Citizens with Nepalese origins. This is due to the significant military presence in the area including a Ghurkha regiment. The practice also has patients of Romanian and Polish ethnicity.

We inspected the only location:

Mayfield Medical Centre

Croyde Close

Farnborough

Hampshire

GU14 8UE

Are services safe?

Our findings

At our previous inspection on 6 July 2017 we rated the practice as requires improvement for providing safe services as the arrangements in respect of keeping patients safe were not adequate. These included:

- Not all staff had a record of having completed infection control training
- There was no overarching infection control audit or annual statement
- The infection control policy was not fully embedded into practice.
- There were outstanding actions from the fire risk assessment including a lack of training and fire drills.
- Water temperature testing was not compliant with guidance set out in the practice's Legionella policy and assessment.

These arrangements had significantly improved when we undertook a follow up inspection on 1 February 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Since the previous inspection the practice had improved monitoring of water systems and Legionella testing. We saw completed testing sheets which were dated and the document indicated that an external company would complete quarterly checks. The practice kept an audit trail of emails for when delays to these checks had occurred and date for re-booking. The December 2017 quarterly check had not been recorded as having been completed. However, post inspection, the practice provided evidence to show that the test had been completed and that the issue was that they had not received a copy of the report which was said to be provided at the next visit by the company.
- The practice had a new health and safety audit completed by an external company on 15 January 2018. The practice had reviewed the action plan and implemented a plan for all changes from this to be completed by 29 January 2018.
- Since the previous inspection all outstanding actions from the fire risk assessment dated 10 December 2016 had been completed and all staff had been trained in fire safety.
- Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- Since the previous inspection in July 2017 the practice had improved their systems to manage infection prevention and control. For example:
 - Protocols and policies had been updated and included version control details.
 - There was an annual infection control statement for 2017-2018. The new 2018-2019 strategy was due to be in place January 2018. On 1st February 2018 the strategy was not yet available.

Are services safe?

- Full infection control audits were completed every two months. The last audit was on 30 January 2018.
- There was an audit of treatment and clinic room curtains including dates they were changed and records were signed by the staff who completed this.
- All staff had completed infection control training.
- Mayfield Medical Centre led on the development of a locality wide infection control training day for infection control leads and practice managers. The training took place on 15 January 2018 and there was representation from all practices in the North East Hampshire and Farnham Clinical Commissioning Group area.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. We saw two sharps bins which were in use but had no date or signature on them indicating when they were assembled. We raised this with the practice who rectified this issue on the day. All other sharps bins observed had dates and signatures on them.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The nursing team participated in reflective practice sessions. An example of learning was to be mindful to check a patient's identity and not just the name or date of birth as for example several Nepalese patients registered at the practice had the same name and date of birth.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the nursing team were able to see a note on patients' records about attendance at the local accident and emergency department which raised further safeguarding concerns for the practice to follow up on. Following a discussion with all teams involved a plan was implemented resulting in the patient being able to receive the treatment required.
- Referral letters included all of the necessary information.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. A sepsis awareness training session had taken place for reception staff.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- There was a system in place for ordering of new stock including medicines. However, sometimes due to the format of the system over-ordering of stock occurred. The lead nurse was aware of this issue and was looking into a date when the nursing team could come together to do a full stock take and implement a new way of recording stock levels and order dates.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Are services safe?

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, a patient collapsed in the waiting area. It was observed that other patients in the waiting area were distressed at the situation. Following a review of the incident the practice had purchased portable screens to use in the event of a similar situation and to prevent observer distress and increase patient privacy.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. Alerts were cascaded down to relevant staff. However, there was no system in place, beyond talking to each staff member, to ensure they had received the email communication or to confirm they had read the guidance.

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection on 5 September 2016 we rated the practice as good for providing effective services.

We reviewed this key question as part of this comprehensive inspection on 1 February 2018 and found that the practice continued to be rated as good for providing effective services. The practice had maintained similar results for performance indicators compared to the previous inspection.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing data for the practice was in line with local and national averages.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medicines.
- GPs from Mayfield Medical Centre conducted a twice weekly ward round of the local 80 bedded care home where approximately 90% of residents were registered as patients at the practice. GPs saw all new patients and completed regular reviews with input from families into care planning.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- One Friday a month a specialist nurse from the hospice attended Mayfield Medical Centre to discuss with the GPs any patients on end of life care plans or new cancer diagnoses.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was not an outlier for any clinical indicators in relation to treatment of long term conditions when compared to CCG and national averages.
- A member of the Mayfield Patient Awareness Group (MPAG) had recently been invited to become a champion of the local Desmond Programme for diabetes management. The Desmond Programme is the collective name for a set of self-education modules, toolkits and care packages for individuals with (or at risk of) type two diabetes. The member of MPAG had been asked to attend local forums alongside commissioners and health care professionals. At the time of the inspection they were awaiting a date for their first meeting but told us of the intent to share any information received with the GP partners at the practice.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for vaccines given were below the target percentage of 90% for three of the four indicators. Data from 2015/016 showed that uptake rates had declined since our previous inspection in September 2016 where we found the practice to be in line with local and national averages. However, the practice told us this was

Are services effective?

(for example, treatment is effective)

due to nursing shortages. The practice provided us with a copy of their data printouts to show that for 2017/2018 they were above the 90% expected range for all indicators.

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

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

- The practice's uptake for cervical screening was 75%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 84%. Since the previous inspection in September 2016 the practice had improved their exception reporting levels for this indicator. At that inspection the practice had exception reported 6% of patients which was in line with local and national averages. Published QOF data from 2016-2017 showed that the practice had not exception reported any patients (national average 7%).

- 83% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 85%; compared to 92% for the CCG and 91% nationally.

Monitoring care and treatment

The most recent published Quality and Outcome Framework (QOF) results showed that the practice achieved 550 out of 559 possible QOF points for 2016/17. Exception reporting data was comparable to CCG and national averages for the majority of clinical indicators. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. For example, following an alert by the Medicines and Healthcare products Regulatory Agency (MHRA) around the use of sodium valproate in women of Childbearing age, the practice completed an audit to review all patients that may fit this criteria. (Sodium valproate is a medicine typically prescribed for the management of epilepsy). Any patients identified were contacted to discuss the risks in light of the guidance. All clinicians had access to this guidance around safe prescribing for any new patients identified in the future.
- The practice was actively involved in quality improvement activity such as completing medicines and infection control audits. Where appropriate, clinicians took part in local and national improvement initiatives. For example, a MHRA alert was issued in 2011 around types of medicines which inhibit the actions of Tamoxifen (a medicine commonly used to treat breast cancer). The practice had completed an audit around this three years ago. However, the issue was raised again

Are services effective?

(for example, treatment is effective)

at a recent 'hot topics' course that had been attended by some of the GPs. As a result of this the practice decided to complete a further audit of all patients that may be affected. This was completed on 3 January 2018. Results indicated that there were no patients on the combination of medicines which could cause issues. Findings were to be discussed at the next scheduled quality review meeting and to reiterate the importance and awareness of this interaction.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in receiving end of life care, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

At our inspection on 5 September 2016 we rated the practice as good for providing caring services.

We reviewed this key question as part of this comprehensive inspection on 1 February 2018 and found that the practice continued to be rated as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 248 surveys were sent out and 111 were returned. This represented about 1% of the practice population. The practice was comparable to or below national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 91% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 96%.

- 77% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 89%; national average - 96%. This was a slight decline from the previous inspection whereby 85% of patients surveyed agreed with the statement.
- 81% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 76% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%. This is a decline from the previous inspection whereby 89% of patients surveyed agreed with the statement.

We spoke with four patients as part of our inspection on 1st February 2018. All four had positive comments about the friendliness of staff and the way they were treated.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice was currently working on an accessibility project in association with the Mayfield Patient Awareness Group (MPAG). The aim was to look at how to improve processes for patients with sensory needs. Members of the MPAG had used their contacts with local organisations, such as Health watch Hampshire, to identify an individual who could support the GP partner in setting up this clinic.

Are services caring?

The practice proactively identified patients who were carers. The practice had identified 120 patients who were carers which is just over 1% of the practice population, which is a slight improvement from the previous inspection in July 2017. The practice's computer system alerted GPs if a patient was also a carer and the practice were in the process of developing a formal carers list. Since the previous inspection the practice had revised their carers policy and developed a cares table in reception which provided information and links to the Princess Royal Trust who offered support for carers.

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

Results from the national GP patient survey published in August 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 81% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 72% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 84%; national average - 82%.
- 80% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.

- 71% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%. This is a decline from the previous inspection whereby 89% of patients surveyed agreed with this statement.

Since the previous inspection patient satisfaction, as rated by the GP patient survey, had reduced for the above indicators.

All 14 comment cards received as part of the February 2018 inspection were positive about the treatment received. All but one patient spoken to on the day of the inspection were positive about being involved in decisions about care.

We discussed the survey results with members of the Mayfield Patient Awareness Group who told us that they had been working to deliver patient education sessions and improve awareness of Mayfield Medical Centre within the community. This included by attending local events, organising events on behalf of the practice and general discussions with patients in the waiting area to increase awareness of all resources available.

The practice however did not have an action plan for responding to the patient survey results.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- The practice had reviewed systems to address the lack of privacy when the reception area was busy. The practice had implemented a 'privacy slip' which was placed next to the reception desk for patients to write down their issue if they wished not to discuss it verbally.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our inspection on 5 September 2016 we rated the practice as good for providing responsive services.

We reviewed this key question as part of this comprehensive inspection on 1 February 2018 and found that the practice to be rated as requires improvement for providing responsive services.

This is because patients could not always access appointments in a timely way to meet their needs.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

- Approximately 30% of Mayfield Medical Center's registered patients were Nepalese or British citizens from Nepali heritage. The practice offered memory assessments in Nepalese for any patient whose first language was not English.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Local Desmond Clinics for patients newly diagnosed with diabetes were run in both English and Nepalese. The Desmond programme is a group to promote a toolkit for self-education, lifestyle and care planning for individuals with or at risk of type two diabetes. Patients were encouraged to attend these sessions. The Desmond clinics are groups run based upon a set of self-education, toolkits and care pathways for individuals with, or at risk of, type two diabetes.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Mayfield Medical Centre hosted a weekly youth counselling service to improve access to these services for young people in the area.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.

Are services responsive to people's needs?

(for example, to feedback?)

- As part of a locality arrangement offering 8am to 8pm care clinicians at Mayfield Medical Centre offered additional extended hours appointments on a rota system. Under this scheme patients could book an appointment out of normal core operating hours and be seen at any of the GP practices signed up to this scheme. Clinicians had remote access, via a laptop, to patients' notes for any patient receiving treatment that was not registered with Mayfield Medical Centre.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Reception staff had good understanding of mental health awareness.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- An external psychiatrist held regular clinics at Mayfield Medical Centre; this enabled increased access for patients with mental health problems. The main community mental health provision for the locality was in a neighboring town and access to this service via public transport was not always easily accessible for all patients.
- The practice had identified that there was a high percentage of patients registered who had a diagnosed personality disorder or mental health condition, further complicated by substance or alcohol misuse. The practice completed regular reviews of these patients and offered appropriate care and treatment.
- Mayfield Medical Centre hosted the local 'Talk Plus' service improving access to mental health services.

Timely access to the service

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. This was supported by observations on the day of inspection and completed comment cards. A total of 248 surveys were sent out and 111 were returned. This represented about 1% of the practice population.

- 65% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 80%. This is a decline from 80% at our previous inspection in 2016.
- 26% of patients who responded said they could get through easily to the practice by phone; CCG – 72%; national average – 71%. This is a decline from 63% in 2016.
- 53% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 77%; national average – 76%. This is a decline from 62% in 2016.
- 38% of patients who responded described their experience of making an appointment as good; CCG – 75%; national average – 73%.

We saw meeting minutes from the most recent Mayfield Patient Awareness Group (MPAG) meetings held on 26 January 2018 which discussed patients concerns around the ability to get an appointment via the telephone. The practice manager and GP partners of Mayfield Medical Centre were present at this meeting. The MPAG members raised concerns about the appointment system through December 2017 and January 2018. The practice shared that at this time demand for appointments was high and outstripping the supply of clinicians and as such there had been a temporary halt on pre-bookable appointments, although this had been lifted at the time of the inspection.

Are services responsive to people's needs?

(for example, to feedback?)

During the timeframe when there was a halt on the day appointments were still available. The practice also feedback to the MPAG improvements to the text message reminder system which had allowed for re-allocation of appointments following cancellations.

We reviewed the appointment system on the day of inspection and found that appointments were available to be pre-booked for up to three weeks in advance. Mayfield Medical Centre offered a triage service led by GPs if there were no suitable appointments available for a patient. We were told that the triage list didn't have a cap and that once GPs had finished their routine appointments list they would pick up patients from the triage list (in addition to the duty doctor that handled the majority of the triage list). The next available date for a routine appointment with any GP was 17 February which was 11 working days from date of inspection.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 78 complaints were received in the last year. We reviewed five complaints in full and found that they were satisfactorily handled.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 6 July 2017 we rated the practice as inadequate for providing well-led services. This was because leadership and governance arrangements were not adequate.

These included:

- A lack of leadership and governance oversight in order to support staff complete tasks in a timely manner.
- A lack of oversight of implementation of policies and procedures despite recent review.
- Training needs of staff were not addressed to ensure they all staff were equipped with the skills and experience necessary to undertake their role.

The practice was unable to demonstrate how it had made improvements from areas identified in breach of regulation at the inspection in September 2016. As such a warning notice was served for breach to regulation 17 of the Health and Social Care Act (2008) good governance. The provider was able to demonstrate improvements and was found compliant with the warning notice when we undertook a warning notice follow up inspection on 21 November 2017.

Leadership capacity and capability

Leaders had the capacity and skills to deliver quality, sustainable care.

- Since the previous inspection all four GP partners had registered with the CQC as registered manager of the practice, sharing out roles and responsibilities between them.
- All GP partners were engaging in some sort of leadership development training. This was either in the form of a formal training course or access to local resources.
- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about some of the issues and priorities relating to the quality and future of services. They understood some of the challenges and were in the process of addressing these. For example the practice were aware of the low satisfaction scores. The practice had used the Mayfield Patient Awareness Group to try and promote the practice and the services offered to the local community.

- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, encouraging staff to engage in development opportunities.

Vision and strategy

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

- The practice had a mission statement in place. There was a strategy and supporting business plans. These were reviewed discussed at governance meetings.
- Staff were aware of and understood the mission statement and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. The practice continued to have low patient satisfaction scores from the GP patient survey published in July 2017. However the practice had enlisted the help of the Patient Awareness Group to try and address these.
- The practice monitored progress against delivery of the strategy.
- Since the last inspection in July 2017 the practice had changed the way their strategy was delivered. The practice had reviewed meeting agendas and identified that information governance and clinical governance matters were not sufficiently discussed at their existing partner meetings. They therefore had implemented a separate governance meeting to review action plans and business strategy. Meetings were held weekly and alternated between the two types. At the time of this inspection in February 2018 the practice were in the process of reducing the frequency of these meetings to monthly. We saw examples of the practice updating the action plan at each meeting following completion of tasks.

Culture

- The practice had a culture of sustainable care. Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Are services well-led?

Requires improvement 

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

- The practice had made efforts to focus on the needs of patients particularly around the population group of mental health. However, patient satisfaction as captured in the GP patient survey was lower than local and national averages.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. However, there was sometimes a delay in responding to patients complaints if the practice manager was on annual leave. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- Since the previous inspection the practice had continued to encourage staff development. For example a member of the reception team had completed training as a Phlebotomist and had further been encourage to work towards their health care assistant certificate which was almost completed.
- There were positive relationships between staff and teams.
- Systems and processes in place did not fully support good governance and management. For example. We found that there were two versions of the infection control annual statement for 2017-2018 and it was not clear which one was correct..
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The practice had a process whereby staff were not given their formal contract until they had passed their probation period. There was no documentation in the interim to evidence that staff had read or signed a confidentiality statement. Policies and procedures were in place and updated although these were not always done in the given timescales.. Not all policies were fully embedded into practice.

Managing risks, issues and performance

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

- There were processes in place to identify, understand, monitor and address current and future risks including risks to patient safety. Since the previous inspection in July 2017 all actions from health and safety risk assessments including fire safety had been completed. Any new risk assessments undertaken with subsequent action points had been completed in a timely manner. There were still observable areas for improvement which included strengthening the system for logging and disseminating alerts sent by the Medicines and Healthcare products Regulatory Agency (MHRA) to ensure that all staff had received and read the relevant information.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints. However, systems were not always fully followed through to ensure all staff had received the required information. For example, whilst MHRA alerts were cascaded to relevant staff members via email there was no mechanism in place to log that the alert had

There were responsibilities, roles and systems of accountability to support good governance and management. However, these were not always fully embedded.

Are services well-led?

Requires improvement 

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

been received or to document that staff had received the email and read the relevant update and actioned this. However, the practice submitted evidence to show that these alerts were discussed at practice meetings.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was some evidence of action to change practice to improve quality.
- The practice had a business continuity plan in place and had trained staff in basic life support. Staff knew where the emergency medicines were.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example:
 - The partners at the practice had been engaging with the local Clinical Commissioning Group to secure additional funding as part of the practice resilience programme. This included securing funding to provide additional training to staff members.
 - Members of the nursing team had noticed that some Nepalese patients were bringing people with them during consultations to provide translation. Staff assumed these were family members but it turned out that they were often neighbours or friends. As a result a receptionist fluent in Nepali had been trained up as a chaperone to offer support and translation where required.
 - Administration staff highlighted in a meeting that they did not always understand why a patients request for acute medicines had been rejected. Following this discussion the GPs now documented the reason for the rejection in the patients' notes.
 - Saturday appointments have been made available following patient feedback.
- There was an active patient participation group known as the Mayfield Patient Awareness Group (MPAG).
- The service was transparent, collaborative and open with stakeholders about performance.
- The MPAG created a newsletter for patients on behalf of the practice which contained updates about recent changes, initiatives and highlighting awareness of key issues.
- The Local Clinical Commissioning Group were undertaking a patient survey and encouraging each practice to participate. The MPAG organised a rota to sit and complete these surveys with patients in the waiting room and achieved 700 responses which was the highest paper return in the area.

Continuous improvement and innovation

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

Are services well-led?

Requires improvement 

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example staff enrolling onto addition training courses to enhance professional competencies such as the foundation course for practice nurses run by Bournemouth University.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- Following some research completed by Health Watch Hampshire, there have been discussions about the potential for creating a role of a mental health nurse for the practices in the locality. The MPAG representatives have been utilising their contacts with key stakeholders to ensure that Mayfield Medical Centre are on the list of practices interested in this initiative and to receive regular updates on this project.
- The local CCG had approached Mayfield Medical Centre, to determine whether they would collect information on reductions in unnecessary acute hospital admissions, due to primary care visits made. At the time of inspection the GP partners were considering options on how to collate this information.