

# Quinborne 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?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Quinborne Medical Practice on 20 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care delivered in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and worked with other health and care professionals to meet those needs.
- Patients said they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment. Urgent appointments were available the same day. The practice regularly reviewed appointment capacity and worked flexibly to meet patient needs.
- The practice had good facilities and was well equipped to treat patients.
- There was a clear leadership structure and staff felt supported by management and senior partners. 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. There was a culture of openness and honesty.

The areas where the provider should:

- Establish systems for the ongoing monitoring of staff registration with their appropriate professional bodies.
- Maintain version control of policies so that it is clear to staff that they are referring to the latest policies and guidance.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording incidents significant events and staff were encouraged to do so.
- Lessons were shared to make sure action was taken to improve safety in the practice and more widely with other practices.
- The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff were aware of their responsibilities in relation to safeguarding patients.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes for many health conditions were higher than other practices within the CCG area.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice took action to improve services where identified and undertook clinical audits to support quality improvement.
- Staff had the skills and knowledge and were well supported to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to assess and plan the care needs of those who were most vulnerable.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for many aspects of care. Data from the latest GP national patient survey (published in July 2015) showed the practice was above average for its satisfaction scores on consultations with doctors. Although, scores for nurses and reception staff were slightly lower than the CCG average.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information was available for patients about services and support available to them.

Good



# Summary of findings

- We saw that staff treated patients with kindness and respect, and were mindful to maintain confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood and was responsive to the needs of its local population. It worked with other providers and engaged with the local Clinical Commissioning Group to secure improvements to services. A range of services were offered through the provider which patients could access including secondary care services hosted at the providers main site.
- Patient feedback in relation to access to appointments and waiting times was in most areas higher than other practices locally and the practice worked flexibly to meet changing demands. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

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 had been involved in developing the ethos of the organisation and were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management and senior partners. The practice had 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. There was a strong focus on performance and service improvement.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

- There was a strong focus on continuous learning and improvement.

# 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



- Patients received personalised care from a named GP to support continuity of care.
- The practice was responsive to the needs of older people offering home visits and urgent appointments for those who needed them.
- Patients in the older age group had a named GP responsible for the management and co-ordination of their care.
- The premises were accessible to patients with mobility difficulties.
- Secondary care services such as audiology and ophthalmology were available at Lordswood House Group which was the provider's main practice, this offered convenience of patients.
- Nationally reported data showed that the outcomes for patients with conditions commonly found in older people were consistently better than other practices in the CCG area and nationally.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was comparable to the national average.
- Shingles vaccinations were available for eligible patients.
- Those at high risk of hospital admission and end of life care needs were identified and reviewed regularly, this included working with other health professionals to provide co-ordinated care.
- Patient record systems were compatible with the local hospice so that patient information could be shared in real time, supporting timely care and treatment.

### People with long term conditions

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

Good



- Patients with long term condition had a named GP responsible for the co-ordination and management of their care needs.
- The practice worked with other health and care professionals to plan to deliver a multidisciplinary package of care for those with the most complex needs.
- Clinical staff had lead roles in chronic disease management to provide appropriate support to patients and were trained for these roles.

# Summary of findings

- Nationally reported data showed that the outcomes for patients with long term conditions were consistently better than other practices in the CCG area and nationally. For example, QOF points received for the management of patients with conditions such as diabetes, asthma and heart failure were all higher than the CCG and national averages.
- Performance for diabetes related indicators was at 97% which was higher than both the CCG and national average of 89%.
- Longer appointments and home visits were available for those who needed them.

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances or failed to attend for immunisations.
- Uptake of childhood immunisation rates were comparable to the national average and a flexible approach was used to ensure children received their vaccinations.
- There was evidence of joint working with midwives and health visitors, clinics were co-ordinated to support effective communication between professionals and for patient convenience.
- Paediatric outpatient services were hosted at the Lordswood House Group site for the convenience of patients.
- Uptake of cervical screening was comparable to CCG and national averages.
- The premises were suitable for children and babies. Appointments were available outside of school hours and information was displayed about services and groups for young mums.

## 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).

Good



- 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 and flexible. For example extended opening and online services for the convenience of patients who worked or had other commitments during the day.

# Summary of findings

- A range of health promotion and screening was available including NHS health checks, smoking cessation and travel advice.
- Sexual health services and a full range of family planning services were available at the practice.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances for example those with a learning disability and carers enabling additional support to be provided.
- The practice was in the process of training staff to provide comprehensive health checks for those with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people to support their care needs.
- Patients were referred to and signposted to access various support groups and voluntary organisations. For example counselling services and substance misuse services hosted at their main site.
- 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.
- HIV testing was available onsite.

## 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).

Good



- Performance for mental health related indicators was higher than the CCG and national averages. For example 93% of patients with severe mental health conditions had a documented care plan in place that had been agreed with the individual, their family and/or carers as appropriate in the preceding 12 months, compared to the CCG and national average of 88%.
- Although the practice was signed up to provide an enhanced service to support the early diagnosis of dementia the proportion of people diagnosed with dementia that had had



# Summary of findings

their care reviewed in a face to face meeting in the last 12 months was lower than the CCG and national averages. The practice told us that they had looked into this and believed it to be a result of coding issues.

- The practice had increased the register for patients with dementia between April 2014 and March 2015 from 93 to 116. This showed that they were actively identifying patients in order to ensure they received appropriate support at the earliest opportunity.
- Although no formal meetings took place the practice described good working relationships with the community mental health team through regular telephone contact.
- Patients had access to counselling services and could also self-refer to the Improving Access to Psychological Therapies (IAPT) who provide support to those with common mental health conditions such as anxiety and depression.

# Summary of findings

## What people who use the service say

The national GP patient survey results for this practice published in July 2015 incorporates data for all three locations under the provider Lordswood House Group Medical Practice. The results showed the practices were collectively performing above the CCG and national averages in most areas. One area that was below national and CCG averages was in relation to the helpfulness of reception staff. There were 109 responses and a response rate of 40%.

- 83% found it easy to get through to the surgeries by phone compared with a CCG average of 62% and a national average of 74%.
- 80% found the receptionists at these surgeries helpful compared with a CCG average of 83% and a national average of 87%.
- 67% of patients with a preferred GP usually got to see or speak to that GP compared with a CCG average of 58% and a national average of 61%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 96% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.

- 76% described their experience of making an appointment as good compared with a CCG average of 67% and a national average of 74%.
- 81% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 66% felt they did not normally have to wait too long to be seen compared with a CCG average of 54% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. With the exception of one comment the responses received from patients were very positive about the service they received. The patients had high regard for the doctors who worked at the practice. They told us that the staff were caring, helpful and friendly and that they took the time to listen.

We spoke with 6 patients during the inspection. Although, most patients were happy with the service two patients described difficulties in getting care and treatment but these were not necessarily directly related to the practice.

# Quinborne Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector, and an Expert by Experience.

## Background to Quinborne Medical Practice

Quinborne Medical Practice is one of three practices registered with CQC to provide primary medical services under the provider organisation Lordswood House Group Medical Practice. Collectively the practices have approximately 25,000 patients. This is the second largest of the three practices with approximately 5,000 registered patients. Data available and reported nationally and in this report relates to all three practices.

The staffing, policies, systems and procedures are centrally managed and are reflective across all three registered practices. We inspected the main site Lordswood House Group on the 11 September 2015 and have inspected both remaining sites Quinborne Medical Practice and Quinton Family practice on the 20 November 2015. All three practices are registered individually with CQC, and therefore each site has an individual report and rating. However, as the provider has one General Medical Services (GMS) contract, patient list and clinical data system the data included in this report reflects all three practices.

The practice is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. The

practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in a purpose built health centre where services are primarily provided. However, patients may sometimes use services delivered at one of the provider's other two locations. Based on data available from Public Health England, deprivation in the area served by the three practices is slightly higher than the national average.

The practice is open:

Monday 8.30am – 6.30pm

Tuesday 8am – 6.30pm

Wednesday 7am – 1pm

Thursday 7am – 6.30pm

Friday 7am – 6.30pm

Patients are able to make appointments with clinicians throughout the day. Before 9am and on a Wednesday afternoon calls are handled by another provider.

The practice's extended opening hours are between 7am and 8am Wednesday, Thursday and Friday.

When the practice is closed during the out of hours period (6.30pm to 8am) patients receive primary medical services through an out of hours provider (BADGER).

The practice has four GP partners (one male and three female) and one salaried GP. Other practice staff consists of a practice nurse and healthcare assistant, a practice manager and a team of administrative staff. Some of the

# Detailed findings

administrative functions are shared with the provider's other locations. The practice is also a training practice for doctors who were training to be qualified as GPs and a teaching practice for medical students.

The practice has not previously been inspected by CQC.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 November 2015. During our visit we:

- Spoke with a range of staff (including GPs, the deputy practice manager, the nurse and health care assistant).
- Spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members

- Reviewed the documents that were made available to us.
- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice had an effective system in place for reporting, recording and monitoring significant events. Both clinical and non-clinical staff were aware of their responsibilities for reporting incidents and near misses and were encouraged to do so. Significant events were routinely discussed and learning shared at the monthly 'reflective meetings' which involved clinical staff from across the provider's three locations. The practice also discussed and shared the learning from significant events with other practices within their local clinical network.

We reviewed the significant events that had occurred since April 2014 across the provider's three locations. There was evidence that incidents were investigated and action taken to mitigate the risk of reoccurrence. Staff told us about various incidents that had been discussed and acted on appropriately. These included a safeguarding concern and failure of the medicines refrigerator.

Patient safety alerts were received by the practice manager who disseminated the information to relevant staff for action. The practice had nominated leads who were responsible for responding to alerts relating to equipment and medicines. The GP medicines management lead covered the providers three locations and shared any important information from the alerts with clinical staff via notifications. The medicines lead also worked closely with the CCG pharmacist to undertake audits in response to alerts received.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse. There was a named GP lead for safeguarding at the practice and also a non-clinical lead. Safeguarding policies were in place and staff had access to safeguarding training for support. Both internal and external contact details were available to staff should they have a safeguarding concern. Staff were able to demonstrate that they understood their roles and responsibilities in relation to safeguarding and described a recent example where prompt action by staff had identified and safeguarded a child who was at risk from harm.
- There was a chaperone policy in place and notices displayed throughout the practice advising patients that they could request a chaperone during an examination or a procedure. It was usually the practice nurse or health care assistant who would act as chaperone and members of reception staff who had received training and an enhanced 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 visibly clean and tidy. Cleaning schedules were in place and signed to show that cleaning had been undertaken. Staff had access to appropriate hand washing facilities and personal protective equipment such as gloves and aprons. Appropriate arrangements were in place for the safe disposal of clinical waste. An in-house infection control audit had been undertaken across the providers three practices within the last 12 months. We saw evidence that action had been taken in response to the audit. For example, the raising of staff awareness and processes in the event of a sharps injury. The practice nurse led on infection control for the practice.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). A repeat prescribing policy was in place which detailed the arrangements for monitoring repeat prescriptions. The lead GP for medicines management provided support and guidance to staff across the providers three locations. Systems were in place to flag relevant medicines alerts when the GP was prescribing medicines. There were systems in place to ensure patients on high risk medicines received regular reviews. We reviewed the management of 14 patients on high risk medicines which required regular monitoring

## Are services safe?

through blood tests and found they were being appropriately managed. Prescription pads were securely stored and there were systems in place to monitor their use.

- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references and appropriate checks through the Disclosure and Barring Service. The practice did not routinely monitor registration with appropriate professional bodies for relevant staff to ensure that once employed they continued to have the right to work in the capacity for which they were employed.

### 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 and staff had access to health and safety training. The premises appeared well maintained. The practice had recently undertaken a fire risk assessments and areas identified for action were in progress. For example two members of staff were booked for fire marshal training in January 2016, fire drills had been introduced and fire exits cleared. We saw evidence that fire equipment and alarms were serviced and checked. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- We saw evidence that electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. There was a designated member of staff responsible for ensuring sufficient equipment stocks were available.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice regularly undertook capacity assessments and adjusted working hours to meet any additional demands on the service. Staff told us that being part of a larger provider enabled them to easily obtain support through cross site working if needed. They also told us that they had been able to support a local single handed GP practice to see patients when their locum had not turned up.

### Arrangements to deal with emergencies and major incidents

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

- Staff we spoke with told us they had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Monthly logs were kept to ensure they were fit for use.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff we spoke with knew of their location. The medicines were regularly checked to ensure they were in date and records were maintained for this.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and services that might need to be contacted in an emergency. The plan had recently been updated but the documents version control did not reflect this so that staff would know they had the most up to date copy. Copies of the business plan were held at the other two provider locations and so were accessible in an emergency.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Weekly educational meetings were held to enable staff to keep up to date with best practice guidance. Clinical staff took responsibility for researching NICE guidance and sharing it with other members of the team at these meetings.
- The provider maintained a document library of commonly asked questions from secondary care. This provided a resource for staff and the sharing of knowledge to support patient care.
- The practice monitored the use of best practice guidance through audit. For example in the management of heart conditions.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). QOF data for this practice incorporates data for all three of the provider's locations registered with CQC under the Lordswood House Group.

The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. The most current published data from 2014/15 showed that the practice had achieved 99% of the total number of QOF points available, which was higher than both the CCG and national averages. Exception reporting was also higher than the CCG and national average at 11%. Exception reporting is where the practice may exclude patients for reasons such as non- attendance for reviews. The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was at 97% which was higher than both the CCG average and national average of 89%.

- The percentage of patients with hypertension having regular blood pressure tests was at 85% which was higher than the CCG average 83% and the national average 84%.
- Performance for mental health related indicators was at 100% which was higher than the CCG average 92% and the national average 93%.
- The percentage of patients with dementia diagnosis was 0.5% which was below the CCG average of 0.6% and national average of 0.7%.

Although, the practice was not an outlier for any QOF or other national clinical targets we discussed the areas in which the practice scored lower than both the CCG and national averages. This included dementia diagnosis, the practice told us that they were reviewing records as they believed there were coding issues. The provider was signed up to the enhanced service for dementia to support early diagnosis and referral to specialist care. We saw evidence of progress being made in this area with an increase in the number of patients identified on the dementia register increasing from 93 to 116 over a 12 month period.

Clinical audits were carried out to support service improvement. We reviewed over 10 audits from across the three sites that had been undertaken over the last two years within the provider organisation. The findings from audits were shared with staff at the providers reflective meetings. We looked at four completed audit cycles including the management of atrial fibrillation (heart condition), diabetes, antibiotic and contraceptive prescribing which had shown improvements in the management of patient care.

### Effective staffing

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

- The practice had an induction programme for newly appointed staff which consisted of shadowing opportunities with more experienced members of staff and access to on-line training. We spoke to one new member of staff who confirmed they had received an induction when they first started.
- There was a comprehensive locum pack available for GPs working on a short term basis.



# Are services effective?

## (for example, treatment is effective)

- Records showed that staff received training in areas such as safeguarding, basic life support and fire safety. All staff had access to and made use of e-learning training modules which covered a range of subject areas.
- Staff who undertook various lead roles within the practice to support the management of patients had received relevant training. These included the management of long term conditions.
- The provider held regular educational meetings in which outside speakers were invited to attend. All staff were invited to these.
- We saw that staff received annual appraisals. These were used to help assess and identify learning needs.
- The GPs we spoke with confirmed they were up to date with their yearly continuing professional development requirements and had recently been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

### Coordinating patient care and information sharing

There were systems in place for ensuring information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. Clinical Staff confirm the information was there when they needed it.

- Information received was scanned onto patient records and the GPs alerted so that they could act on it.
- The practice shared relevant information with other services in a timely way, to support the continuity of care. For example, practice systems were compatible with the hospice so information and issues arising could be dealt with in real time. Information was also sent to the out-of-hours service as appropriate to ensure they were aware of any specific patient requirements.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. Regular multi-disciplinary team meetings took place with case managers, district nurses and palliative care nurses. The practice also met with regularly with health visitors for safeguarding

meetings. Although there were no formal meetings with the mental health teams the practice told us that they regularly spoke on the telephone to discuss patient care.

- Drop in baby clinics with the health visitor, six week baby checks and immunisation clinics were co-ordinated to help support team working and communication between staff teams.

### Consent to care and treatment

The GPs we spoke with were aware of the relevant legislation and guidance in relation to consent and decision making and their duties in fulfilling it. This included the Mental Capacity Act 2005 and consent in relation to children and young people. We saw that some of the clinical staff had received training in this area and all staff had access to online training in the Mental Capacity Act. Clinical staff were able to give examples of how they had applied legislation and guidance in practice when assessing patients capacity to consent to care and treatment. Information relating to Gillick competencies and Fraser guidelines when assessing capacity to consent in children and young people was displayed in clinical rooms as guidance for staff.

### Health promotion and prevention

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

- Systems were in place for the follow up of patients with long term conditions and patients who have had unplanned admissions in order to review their care needs. We were given a recent example where patients had been seen the same day they were discharged from hospital and care reviewed as appropriate.
- The practice hosted a smoking cessation service for all three locations under this provider. There was a display in the waiting area promoting smoking cessation.
- Weekly sexual health clinics were held in recognition of the practice population, staff received additional training for this. Services available included HIV testing.
- Travel advice and clinics were available. Yellow fever vaccinations could be obtained from Lordswood House Group, the provider's main site.



# Are services effective?

(for example, treatment is effective)

- The practice offered health checks to all new patients and NHS health checks for people aged over 40 to 74 years. Any concerns were referred to the GP as appropriate.

The provider's uptake for the cervical screening programme was 77%, which was slightly below the CCG average of 79% and the national average of 82%. The practice had reviewed those that were overdue and sent a personal letter to try and appeal to patients to attend, they believed that early signs were showing this to be successful. The practice nurse kept records of tests undertaken and results to ensure they had been received.

Patient uptake of national screening programmes for breast and bowel cancer were slightly above CCG and national averages. Information to promote breast screening was displayed in the practice and included information in languages other than English.

Childhood immunisation rates for the vaccinations given were comparable to and in some areas higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 96% (compared to the CCG range from 80% to 95%) and five year olds from 91% to 96% (compared to the CCG range from 86% to 96%). Flu vaccination rates for the over 65s were 75%, and at risk groups 46%. These were also comparable to CCG and national averages.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were friendly and helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- If patients wished to discuss sensitive issues or anything in private a room was made available. A notice was displayed alerting patient to this.
- Staff were mindful of maintaining patient confidentiality and rooms were kept locked when not in use. A radio in the waiting room helped to maintain some privacy for patients speaking with reception staff.
- A practice newsletter led by the Patient Participation Group helped to keep patients informed about issues affecting them for example, information about new staff, flu vaccinations, opening and out-of-hours arrangements.
- It was practice policy for staff to not use the practice car park (with the exception of the on-call GP) in order to provide better access for patients using the surgery.
- Staff told us how they had supported patients at another single handed GP practice when their locum had not turned up so that patient could still be seen.

All but one of the 38 completed patient CQC comment cards we received were very positive about the service experienced. Patients said that staff were professional, helpful, polite and caring and that they received an excellent service. We also spoke with six patients who told us they were treated with dignity and respect.

Results from the national GP patient survey (published in July 2015) showed patients were happy with how they were treated and that this was with compassion, dignity and

respect. The practice was above average for its satisfaction scores on consultations with doctors. Scores for nurses and reception staff were slightly lower than the CCG average. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

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

The practice provided personalised care in which all patients had a named GP. Patients with the most complex care needs had been identified and care plans were in place to help support their care needs. Discharge letters were reviewed by the named GP and where appropriate followed up. The care plans were reviewed annually in conjunction with the patient. Staff told us that patients with asthma received a copy of their care records.

Patients we spoke with told us that they felt involved in decision making about the care and treatment they received and about choices given to them as to where they received treatment. They also told us they felt listened to and supported by staff and had sufficient time during consultations to discuss their needs. Patient feedback on the comment cards was also very positive and several patients made specific reference to the doctors listening to them.

## Are services caring?

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

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language and information was available in languages other than English including the self book-in system.

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

Notices were displayed in the patient waiting room advising patients of support groups and organisations they could access. Patients with long term conditions were screened as part of their annual review for anxiety or depression and followed up as necessary.

Patients who were also carers were invited to identify themselves to the practice. Information was displayed in the waiting area along with forms for patients to complete. A carers pack was available in reception advising patients of the support available to them. Data from the latest CCG report showed that the provider had been successful in identifying carers and had increased the number of carers registered across the three sites from 94 to 126 between 2013/14 and 2014/15. Provision of this information enabled the practice to target services such as flu vaccinations to this group of patients.

There was a bereavement policy and pack for relatives that provided information to help and support them such as bereavement counselling and financial support. Staff told us that the patient's usual GP would contact the family following a bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice engaged with the local CCG and other practices locally to plan services and to improve outcomes for patients in the area. For example, the practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care. They also worked with other practices within their local clinical network to identify areas for service improvement. There were members of staff who had key roles within the CCG which helped them keep up to date with local priorities.

- The practice offered extended opening hours between 7am and 8am Wednesday, Thursday and Friday for patients with working or other commitments that could not attend during normal opening hours.
- On-line booking and repeat prescriptions were available to patients.
- Longer appointments were available for patients who needed one and staff were able to give specific examples where they had provided these.
- Home visits were available for patients who were unable to attend the practice for an appointment due to their health needs.
- Same day appointments were available for those whose needs were urgent.
- The practice was accessible to patients with mobility difficulties or used a wheelchair. Ramp access, lifts and disabled toilet facilities were in place. However, the reception desk was too high for patients who used a wheel chair to easily speak to reception staff. Staff stood to accommodate this.
- Translation services were available. There was no hearing loop in place but staff told us that they were considering one for the practice.
- An automated self book-in system with multiple languages was in place for patient convenience.
- There were a variety of services available at the practice for the convenience of patients which included sexual health and family planning services, anticoagulation clinics, phlebotomy (blood taking), electrocardiograms (ECGs) and ambulatory blood pressure monitoring.
- Patients from the practice were able to access specialist clinics hosted at the Lordswood House Group site. For example secondary care services in audiology,

ophthalmology and paediatric out-patients services. There were also specialist skills among the GPs who worked across the three provider locations which patients could access for example dermatology and musculoskeletal medicine.

### Access to the service

Appointments could be pre-booked in advance or on the day. We saw that the next available routine GP appointment was the next working day. Clinical staff told us that they did not turn patients away whose needs were urgent. The practice undertook ongoing reviews of appointments to ensure they had sufficient capacity. Partners told us that they would work extra sessions if needed to meet demand.

The practice is open:

Monday 8.30am – 6.30pm

Tuesday 8am – 6.30pm

Wednesday 7am – 1pm

Thursday 7am – 6.30pm

Friday 7am – 6.30pm

Patients were able to make appointments with clinicians throughout the day. Before 9am and on a Wednesday afternoon calls were handled by another provider.

When the practice is closed during the out of hours period (6.30pm to 8am) patients received primary medical services through an out of hours provider (BADGER). The practice's answerphone message diverted patients to the out-of-hours provider.

Results from the national GP patient survey (published in July 2015) showed that patients' satisfaction on accessing care and treatment was in most areas better than local and national averages and patients we spoke to on the day were able to get appointments when they needed them. For example:

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 76%.
- 83% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 74%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 76% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 74%.
- 81% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

## 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.
- Information was available to help patients understand the complaints system. There was a complaints leaflet for patients to take away and a notice in the waiting area alerting patients of the complaints process.

- There was a designated responsible person who handled all complaints in the practice.
- Both verbal and written complaints were recorded to identify trends and learning.

The provider had received 12 complaints in the last 12 months. We found these had been handled appropriately and in a timely manner. Complaints were investigated and discussed as appropriate with relevant staff. One patient we spoke with told us that they had raised a complaint and that action had been taken to improve their situation. Concerns and complaints were discussed at staff meetings in order to share any learning and we saw evidence of this.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff shared with us their vision and values for the practice and how they were working to develop the service with patients at the forefront. They told us that staff had been involved in developing the ethos of the practice and there were plans to join a larger partnership in the future.

It was evident from our inspection that the practice and staff had a desire to provide a good service that met patients' needs, delivered continuous improvement and for innovation. Staff demonstrated a sense of pride in the work that the practice did.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. We found:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were available to all staff on-line. However, it was not always clear whether these were reviewed on an annual basis as dates of review had not been recorded.
- There was a comprehensive understanding of practice performance. All staff were involved in supporting QOF targets and improving outcomes for patients through this scheme. Staff were aware when performance had fallen below their expectations and had been proactive in taking action to address this for example, in relation flu vaccines, cervical screening and dementia care.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Monthly reflective meetings provided opportunities for staff to discuss and consider complaints, significant incidents and other events that had occurred. These were viewed as learning opportunities to improve the service.

- Various meetings were held that incorporated all staff groups and ensured information was disseminated to staff. These included clinical, nursing and administrative staff meetings. Cross site meetings enabled staff to share experiences and important information.
- The provider had a proven track record of being responsive and address issues to improve the service for example, issues raised as part of the CQC inspection at Lordswood House Group in September 2015.

### Leadership, openness and transparency

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. Staff told us that there was an open 'no blame' culture within the practice with the emphasis on learning.

- There was a clear leadership structure in place and staff felt supported by management and senior partners. The partners were visible in the practice.
- The partners worked closely across the three provider sites which enabled them to share experiences and practices to deliver high quality care.
- Staff told us that they found the senior staff and partners approachable if there was anything they needed to discuss.
- Staff told us that they had practice meetings in which they were able to raise issues that affected them and that they felt they were kept well informed.
- There was a whistleblowing policy in place but none of the staff we spoke with said they had cause to use it.
- Staff described good relationships within the practice and with other health and care professionals. There was an appreciation and respect of each other's role in providing and delivering patient care.
- A notification system enabled important information to be disseminated to staff quickly.

### 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 provider had an active patient participation group (PPG) with representation from each of its locations. The PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the provider management team. For example, work had been carried out to improve information available to patients in the waiting areas. Information about the PPG was displayed in the waiting area. The practice also gained feedback from patients through the suggestion box and complaints received.
- Staff were able to provide feedback through appraisals, meetings and informal discussions. Staff we spoke with confirmed that there was an open culture within the organisation with which to raise any issues.

## Continuous improvement

There was a strong focus on continuous learning, the provider held weekly lunchtime educational meetings in

which outside speakers such as hospital consultants were invited to speak on various topics. Staff spoke of opportunities received for continuing professional development, including attendance at sessions to update their skills and conferences. The provider had instigated a document library of commonly asked questions. This provided a resource for staff and the sharing of knowledge to support patient care.

There was collaborative working with other providers for example, secondary care providers as well as a range of in-house services available for the convenience of patients. The practice was currently participating in an ambulance triage scheme to support unnecessary admissions to accident and emergency departments.

This was a training practice for qualified doctors training to be GPs.