

Meadowgreen Health Centre

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		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 Meadowgreen Health Centre on 9 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff received induction programmes relevant to their role. Clinical staff had their hepatitis B immunity checked. Other newly recruited staff did not receive a health assessment or review of their immunisation status.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- We observed that conversations taking place at reception could be overheard by others in the waiting areas at both sites. Following the inspection the practice informed us they were looking at costings with a view to installing glass partitions at reception areas at both sites.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP or nurse. Telephone triage appointments were offered each day between 8.15am and 6.30pm. Same day appointments were available when clinically indicated.
- The practice had two sites. There were limitations in relation to space at both sites. The practice made good use of the facilities available to them. We saw a premises action plan had been developed to address shortfalls in relation to the decorative standard of both premises.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The practice had a strong ethos of teaching and training throughout all staff groups. One of the GPs was an associate lecturer at the University of Sheffield.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Provide all newly recruited staff with access to a pre-employment health assessment to include a review of their immunisation needs, in line with Public Health England (PHE) guidelines
- Continue to monitor confidentiality for patients speaking with reception staff at both sites and take steps to mitigate conversations being overheard whenever possible.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Recruitment and induction policies were in place and were appropriately used. We saw that newly recruited staff did not complete a health assessment, or have their immunisation status reviewed.
- We saw that display screen equipment (DSE) assessments, including workstation assessments, were not carried out for staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff had received an appraisal in the preceding year. Training and development plans were included in the appraisal process.
- Staff worked with other health care professionals to assess need, plan care and deliver treatment plans to improve outcomes for patients with more complex needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. We saw that the waiting area contained a variety of patient information posters and leaflets to cover subjects relevant to all age groups.
- We saw staff treated patients with kindness and respect. We saw that due to the limitations of the premises, conversations at the reception area could be overheard by patients in the waiting room.
- We were given examples when staff had 'gone the extra mile' to help patients. For example groceries had been purchased for families experiencing hardship, and help given to meet taxi costs to attend accident and emergency.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Sheffield Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the CCG had secured funds from the Prime Minister's Challenge Fund (PMCF). This had enabled the practice to participate in a scheme to offer seven day access to appointments through neighbourhood 'hubs'.
- Patients said they found it easy to make an appointment with a GP or nurse. A duty doctor was available each day to offer telephone triage assessments between 8.15am and 6.30pm. Same day appointments were then made available when clinically necessary.
- The practice had two sites. There were limitations in relation to space at both sites. The practice made good use of the facilities available to them. We saw a premises action plan had been developed to address shortfalls in relation to the decorative standard of both premises.
- The practice had a long established Patient Participation Group (PPG). We were told members represented the patient demographics, having representation from young parents, unpaid carers and patients with learning or physical disability.

Good



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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 patient centred care and promote the best possible outcomes for patients. Staff were clear about the ethos of the practice and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners and practice managers encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.
- We saw a strong focus on training and development at all levels. Staff at all levels were encouraged to progress and develop within their roles, and adopt new roles as skills improved.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Home visits were carried out by GPs, nurses and health care assistants when required.
- The practice had registered patients who resided in a nearby care home for older people. A named GP visited weekly to review the needs of the residents and provide responsive and proactive care to this group of people.
- The practice participated in the avoiding unplanned admissions scheme for those patients identified as most vulnerable. One of the GPs took the lead in this. Contact was made following discharge from hospital to review health needs. In addition routine contact was made on a four monthly basis if patients had not been seen elsewhere during that period.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 97% of patients had a diagnosis of heart failure which had been confirmed by echocardiogram (ECG) or specialist assessment within 15 months of entering onto the register, compared with 95% locally and nationally.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had access to support from a diabetic specialist nurse. Insulin initiation could be carried out at the practice, to avoid the need to attend hospital outpatient appointments. The health care assistant was able to provide foot checks for diabetic patients at the time of their review to avoid the need for patients to attend podiatry appointments.

Summary of findings

- All patients with asthma who had attended hospital were contacted by the practice within 48 hours of discharge to review their health and medication needs.
- The practice made use of patient activation measures (PAMs) which encouraged patients to take ownership of their long term condition, and set individual objectives, in conjunction with clinical input.

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 accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Staff told us that children and young people were treated in an age-appropriate way and gave examples to demonstrate this.
- 88% of eligible women had completed a cervical screening test in the preceding five years which is higher than CCG and national averages of 88% and 81% respectively.
- Appointments were available outside of school hours. Despite some restrictions in relation to space within the premises, baby changing facilities were available, and a private room could be made available for those mothers wishing to breastfeed their baby.
- The practice held regular meetings with health visitors to discuss children and families with additional need. The midwife held an antenatal clinic in the practice, when they would also liaise informally with the GP and nursing staff.

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 acknowledged. Appointments could be booked up to eight weeks in advance with GPs, and up to 12 weeks in advance for nurse appointments. In addition the practice offered telephone triage between 8.15 am and 6.30pm, with appointments being made available on the day when clinically necessary. Extended opening hours were offered on

Summary of findings

Monday between 7am and 8am at the School Lane site, and on Wednesday between 7am and 8am at Lowedges site. This enabled working patients to be seen before or after work when required.

- The practice was proactive in offering online services as well as a full range of health promotion and screening reflecting the needs of this age group. We saw that 1,653 patients (17% of the patient list) had registered for online access.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including palliative care patients, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability or other enhanced need.
- The practice worked with other health care professionals, such as the mental health team, in the case management of vulnerable patients.
- The practice supported a local care home for neurologically disabled adults.
- The practice had access to a local authority employed 'Community Support Worker' (CSW). She worked closely with the practice to holistically assess the needs of more vulnerable patients. Support was given to enable them to access any benefits to which they were entitled. In addition support was given to enable this group of patients to access local groups and services to alleviate isolation and loneliness.
- 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.
- The practice had identified 262 (3%) of their patient population as carers. Seasonal flu vaccination was offered, and information given about local support services such as a local carers charity.
- Alcohol and substance misuse support services were available locally.

Good



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



Summary of findings

- 90% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months which was higher than the CCG and national averages of 85% and 84% respectively.
- 84% of patients with schizophrenia and other psychoses had a record of their alcohol consumption completed in the preceding 12 months which was lower than the CCG and national average of 89%.
- The practice hosted 'Improving Access to Psychological Therapy' (IAPT) services to support those patients experiencing mental health issues.
- The CSW supported patients experiencing mental health difficulties to engage with local support groups and voluntary agencies.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages in most respects. There were 229 survey forms distributed and 108 were returned. This represented 47% of the surveyed population and 1% of practice patient list as a whole.

- 63% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 78%.

We explored the patient satisfaction survey results during our inspection. We were told that the practice had been formed as a result of a recent merger of three local

practices. This had meant that telephone access and appointment systems had changed for some patients. The merger had been completed in October 2015. The practice told us they were planning to carry out a comprehensive patient satisfaction survey in the spring of 2017 to review patient satisfaction.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all very positive about the standard of care received. Staff were cited as exemplary, kind and informative. One comment card expressed frustration with the appointment system, but this had not detracted from an overall positive experience of the practice.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the Friends and Family Test (FFT) over the past 24 months showed that out of 218 respondents, 182 were either likely or extremely likely to recommend the practice to friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Provide all newly recruited staff with access to a pre-employment health assessment to include a review of their immunisation needs, in line with Public Health England (PHE) guidelines
- Continue to monitor confidentiality for patients speaking with reception staff at both sites and take steps to mitigate conversations being overheard whenever possible.

Meadowgreen Health Centre

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 adviser and a second CQC inspector.

Background to Meadowgreen Health Centre

Background to Meadowgreen Health Centre

Meadowgreen Health Centre has two sites. The main branch is situated at School Lane Greenhill, Sheffield S8 7RL. This is located approximately five miles south of Sheffield City Centre. The practice branch site is situated at Lowedges, Sheffield, S8 7LL, which is approximately one mile to the south of the main site. The School Lane site is housed in a former school and is within a conservation area. Due to the age of the building there are some challenges in relation to disabled access. There is one consultation room on the first floor. All other consultation rooms are on the ground floor. Patients with mobility problems are seen in the ground floor rooms. The Lowedges site is housed in a 1970s purpose built premises. This is a single storey building which had some limitations in relation to space. Both sites are accessible by public transport and have car parking available.

There are currently 9,724 patients registered across both sites. The National General Practice Profile shows the majority of the patients are white British, with 2% mixed and 2% black ethnicity.

The practice provides Personal Medical Services (PMS) under a locally agreed contract with NHS England. They offer a range of enhanced services such as minor surgery and rotavirus and shingles immunisations.

The practice is a teaching and training practice, which means it offers training placements for medical students, newly qualified doctors, and more experienced doctors (registrars) wishing to specialise in general practice. One of the partners is an associate lecturer at a local University.

The practice has five GP partners, two female and three male and two salaried GPs who are both female. At the time of our inspection there were also two registrars, one male and one female working at the practice. The clinical team is completed by four female practice nurses and three female health care assistants (HCAs). Supporting the clinical team are two practice managers, two reception managers as well as a range of reception, secretarial and administrative staff.

The practice is classed as being within the fourth most deprived decile in England. People living in more deprived areas tend to have greater need for health services.

68% of the practice population has a long-standing health condition, compared to the local average of 56% and the national average of 54%.

23% of the practice population are aged over 65, compared to the local average of 16% and the national average of 17%.

The average life expectancy for patients at the practice is 79 years for men and 84 years for women, compared to 78 years and 82 years respectively for the CCG, and 79 years and 82 years nationally.

The practice is open between 8.15 am and 6.30pm Monday to Friday at the School Lane site and between 8.15am and 6.30pm Monday, Tuesday, Wednesday and Friday at the

Detailed findings

Lowedges site, and between 8.15am and 1pm on Thursday. Extended hours are offered between 7am and 8am on Monday at the School Lane site and between 7am and 8am at the Lowedges site.

Weekly clinics are held which include asthma, diabetes and childhood immunisations.

Out of hours cover is provided by the Sheffield GP collaborative, which is accessed by calling the surgery number or the NHS 111 service.

Why we carried out this inspection

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 the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Sheffield Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided both before and during the inspection. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national GP patient survey and the NHS Friends and Family Test (FFT) information.

We carried out an announced inspection on 9 November 2016. During our visit we:

- Spoke with a range of staff including one GP partner, one salaried GP, two practice managers, one practice nurse, one health care assistant and three members of the administrative team.

- In addition we spoke with five patients. We also spoke with one member of the PPG over the telephone before the inspection day.
- Observed communication and interaction between staff and patients, both face to face and on the telephone.
- We reviewed an anonymised sample of the personal care or treatment records of patients.
- We reviewed comment cards where patients and members of the public shared their views.
- In addition we reviewed three question sheets completed by administrative, reception and secretarial staff which had been sent out prior to the inspection.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a result of a significant event the practice policy was changed to ensure that pregnancy tests were always completed before the fitting of long term contraceptive devices.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). When a chaperone had been in attendance during an examination the clinician, as well as the chaperone, recorded their presence in the patient's electronic record.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were appropriate (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply and administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber

Are services safe?

(PSD). PSDs are written instructions, signed by a doctor, dentist or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Staff received induction programmes relevant to their role. Clinical staff had their hepatitis B immunity checked. Other newly recruited staff did not receive a health assessment or review of their immunisation status.
- We saw that display screen equipment (DSE) assessments, including workstation assessments, were not carried out for staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control (COSHH) and legionella. Legionella is a bacterium which can contaminate water systems in buildings. At the time of our visit the practice did not have manufacturer's safety data sheets in place for cleaning products, in line

with COSHH regulations. Following our feedback the practice obtained these documents before we left the premises; and had made arrangements to contract with recognised companies to purchase these products in the future.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Almost all staff, both clinical and administrative, rotated between the two sites to provide adequate cover at all times. Locum doctors were occasionally used. We saw that arrangements for supporting and monitoring locums were established.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan (BCP) in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. All staff kept a copy of the BCP at home.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available with 8% exception reporting rate.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or where certain medicines cannot be prescribed due to side effects. The CCG and national average total points achieved is 95% and exception reporting average is 9%.

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

- Performance for diabetes related indicators was in line with local and national averages. For example, 92% of patients with diabetes had a recorded blood pressure completed in the preceding 12 months which was within normal limits compared to the CCG average and national average of 92%.
- Performance for mental health related indicators was similar to local and national averages. For example, 93% of patients with schizophrenia and other psychoses had a comprehensive agreed care plan documented in the preceding 12 months compared to the CCG average of 89% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years. We saw two of these which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice was part of the SPAR 100 research centre which included a group of local practices, led by the nearby university.
- Findings were used by the practice to improve services. For example, recent action taken as a result included identifying all women of childbearing age who had epilepsy which was being treated with Sodium Valproate. These women were offered contraceptive cover to prevent pregnancy during treatment. Sodium Valproate can affect the developing fetus if taken during pregnancy.

Information about patient outcomes was used to make improvements such as standardising diagnosis and treatment options for patients with suspected urinary tract infections (UTI).

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support and mentoring, informal and formal clinical supervision and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance such as Gillick competency. These are used in medical law to decide whether a child is able to consent to his or her own treatment without the need for parental knowledge or consent.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored to ensure it met the practice's responsibilities within legislation, and followed national guidance.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Alcohol and substance misuse services were available locally.
- Smoking cessation advice was provided in-house by local services
- The IAPT team held sessions in house to support those experiencing mental health difficulties.
- The practice had access to a specialist diabetic nurse who was able to provide expertise and guidance in managing diabetes.
- An incontinence nurse was available to offer support to patients experiencing difficulties with incontinence issues.
- The Community Support Worker worked closely with the practice and provided individualised support, enabling people to access local support groups and ensuring they were in receipt of any benefits to which they were entitled.
- All patients with asthma who had attended hospital were contacted by the practice within 48 hours of discharge to review their health and medication needs.
- Those patients identified as at high risk of unplanned admission were contacted at least every four months by the GP, or following any discharge from hospital, to review their needs and update their care plan.

The practice's uptake for the cervical screening programme was 88%, which was in line with the CCG average of 88% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer

Are services effective?

(for example, treatment is effective)

screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 85% to 96% and five year olds from 87% to 98%. CCG averages for 2year olds were 88% and for 5 year olds 89%. National averages were 88% and 89% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We saw that conversations being held at reception could be overheard by patients in the waiting area at both sites. The practice was aware of this, and played music in the waiting area at School Lane to mitigate this. In addition they had marked out a 'privacy lines' at reception in both sites. In addition they had changed the seating positions at the School Lane site. Following the inspection the practice told us they were scoping costings to enable them to install glass privacy partitions at both sites in order to improve confidentiality for patients.
- The practice gave examples of when they had 'gone the extra mile' for patients, by, for example, purchasing groceries for patients experiencing financial crisis, or helping with taxi fares to transport patients to hospital when needed.

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG) over the telephone before the inspection day. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful which was the same as the CCG average and comparable to the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.

Are services caring?

- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83 % and the national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that telephone or face to face interpreter services were available for patients who did not have English as a first language. British sign language (BSL) interpreters could also be accessed for patients with hearing difficulty who could read sign language.
- The School Lane site had access to a hearing loop.
- The practice had signed up to the national 'Accessible Standards' mandate. The practice information leaflet was available in large print and other letters were provided in large font for those patients with visual impairment.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 262 patients as unpaid carers (3% of the practice list). Carers were offered a seasonal flu vaccination, and were able to access support from the CSW or a local carer's charity. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them by telephone. When necessary a home visit was carried out, or an appointment in surgery was offered. In addition information was given to direct patients to appropriate local and national bereavement support organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the CCG had secured funds from the Prime Minister's Challenge Fund (PMCF). This had enabled the practice to participate in a scheme to offer seven day access to appointments through neighbourhood 'hubs'.

- The practice offered extended hours on Monday at the School Lane site between 7am and 8am; and on Wednesday between 7am and 8am at the Lowedges site. This enabled working people to access appointments before work if necessary.
- Telephone triage was offered between 8.15 am and 6.30 pm Monday to Friday. Same day visits were offered if clinically necessary.
- Longer appointments were available for patients with a learning disability or those with additional need.
- Home visits were provided by GPs, nurses and health care assistants for housebound or very sick patients.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice had limitations in regard to their premises at both sites. Patients with disabilities were seen in ground floor consulting rooms at the School Lane site. The Lowedges site was single storey building.
- The School Lane site had access to a hearing loop for those patients with hearing impairment.
- Telephone or face to face interpreters were available if needed. The practice had access to BSL interpreters when necessary.
- The practice leaflet was available in larger font and other letters could be printed in large font if required for those patients with visual impairment.
- The practice premises were in need of some renovation and updating. The practice shared their premises action plan with us, which included replacing the seating at the Lowedges site, replacing the carpets in clinical rooms and other refurbishments.

Access to the service

The School Lane site was open between 8.15am and 6.30pm Monday to Friday The Lowedges site was open

between 8.15am and 6.30pm on Monday, Tuesday, Wednesday and Friday, and between 8.15am and 1pm on Thursday. Extended hours were available between 7am and 8am on Monday at the School Lane site and between 7am and 8am on Wednesday at the Lowedges site.

Appointments were available on the day via the telephone triage system which operated between 8.15am and 6.30pm. Routine appointments with the GP could be booked up to eight weeks in advance, and up to 12 weeks in advance with the nurse.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 76%.

We explored the patient satisfaction survey results during our inspection. We were told that the practice had been formed as a result of a recent merger of three local practices. This had meant that telephone access and appointment systems had changed for some patients. The merger had been completed in October 2015. The practice told us they were planning to carry out a comprehensive patient satisfaction survey in the spring of 2017 to review patient satisfaction.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs? (for example, to feedback?)

The practice had received 21 complaints in the last 12 months. We looked at these and found they had been satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient had not received

their expected call back for telephone triage. When they rang back to check why this was the case the receptionist omitted to pass the message onto the duty doctor. As a result all duty doctors were advised that more than one call back must be attempted to triage patients' symptoms, and reception staff must check that telephone contact details for the patient were correct before placing for triage.

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 provide the best possible service to all its patient groups, and to support the welfare of staff.

- The staff we spoke with demonstrated they knew and understood the practice vision and values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had developed several protocols and policies which supported the delivery of the strategy and good quality care. These outlined the structures and procedures in place and ensured that:

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

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The leadership team encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, by the managers and partners in the practice. Staff told us they felt able to raise issues at staff meetings or informally with GP partners or managers.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been in existence for over ten years. We were told the membership of the group represented the patient demographics, as it included young parents, unpaid carers as well as patients with physical and learning disabilities. The PPG was active in fund raising for the practice, and offered support to the practice throughout the year. They attended the annual 'Flu Saturday' session to promote the role of the PPG. In addition they ran patient information sessions throughout the year, enabling patients to better understand their long term condition, or be made aware of support available to carers. The PPG had raised sufficient funds to provide the practice with a touch screen check in facility, as well as ambulatory blood pressure monitoring devices.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff

Are services well-led?

Good 

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

told us there was an 'open door' policy in the practice, and they would feel able to give feedback and discuss any concerns or issues with management. They told us they felt involved in how the practice was run.

Continuous improvement

- There was a strong ethos on learning and training within the practice at all levels. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was part of a 'Neighbourhood' of local practices which was developing:
- A scheme to employ a shared resource of an emergency care practitioner (ECP) who would be able to undertake home visits on behalf of participating practices, to reduce the burden on GPs
- Use of the Prime Ministers' Challenge fund to roll out seven day access to GP appointments through a shared 'hub' arrangement.