

Summerfield Group 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?

Requires improvement



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 Summerfield Group Practice on 7 November 2016. Overall the practice is rated as good.

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.

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.
- The practice spoke about challenges faced to recruit permanent GPs to the practice but systems were in place to ensure sufficient cover.
- 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.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patient feedback showed access to appointments was similar to other practices locally however patients at this practice found it more difficult to get through on the phone
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw an area of outstanding practice:

- The practice estimated approximately 90% of patients had English as a second language and 99 different languages were spoken among patients on their practice list. There was a high need for translators. In response to this the practice had regular block bookings each week with translators for five different

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languages , they could then offer patients of these languages appointments in which a translator was available. Staff told us that having translators on-site meant they were more efficient and were able to keep appointments to time.

The areas where the provider should make improvement are:

- Ensure equipment calibration checks include all relevant clinical equipment.
- Review how the use of clinical audits may better support service improvement.
- Review processes for managing diabetes at the practice to see how this might be improved.
- Ensure patients with a learning disability receive the opportunity for an annual health review.
- Identify and implement actions to improve uptake of national screening programmes for bowel and breast cancer.
- Review and implement ways in which the identification of carers might be improved so that they may receive support.
- Review how the practice might further improve telephone access.

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.
- 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. The practice struggled in recruiting clinical staff and relied on locum GPs however systems were in place to ensure duties were covered.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to CCG and national averages in most areas. However, outcomes for patients with diabetes were comparatively low.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had been undertaken but showed limited evidence in supporting quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Although the practice was working with the national cancer screening teams the uptake of screening for breast and bowel cancer were lower than CCG and national averages.
- Few patients with a learning disability had received the opportunity of a health review.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice similar to others locally.

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- 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 and support was available but staff were not consistently aware of this.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was participating in the CCG led primary care commissioning framework aimed at improving services and patient outcomes.
- Feedback from patients showed that access to appointments was comparable to other practices locally although patients found getting through on the telephone more difficult.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients and was aware of the challenges faced.
- Staff were clear about their roles and responsibilities for delivering the service.
- 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 service. 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 encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 had a very low proportion of patients in this population group. For example, only 0.7% of the practice population was over 75 years of age, compared to the CCG average of 6% and national average of 7.8%.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. There were systems in place to follow up those patients who were high risk of admission.
- The practice was responsive to the needs of older people, and offered home visits and same day appointments for this population group.
- Patients over 75 years were offered the flu vaccination.
- The practice has a designated lead for end of life care and meets regularly with the community team to ensure the patients care needs were met.
- As part of the CCG led primary care commissioning framework the practice is implementing systems to identify and follow up those patients at risk of falls.

People with long term conditions

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

Good



- All clinical staff were involved in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with a long term conditions were invited to receive a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Performance for diabetes related indicators (2015/16) was 74% which was below the CCG average of 88% and national average of 90%.
- Patients with complex diabetes were able to access a local clinic run by a diabetes consultant.
- Longer appointments and home visits were available when needed.

Summary of findings

- The practice was participating in a local initiative to review patients on eight or medicines using a specific medication review template.
- For the convenience of patients some diagnostic and monitoring services were available from the practice which included electrocardiographs (ECGs) and phlebotomy (blood taking).

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 those who did not attend for immunisations.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Uptake of cervical screening (2015/16) was at 80% was similar to the CCG average 79% and national average 81%. Exception reporting was 14% compared to the CCG average of 9% and national average of 7%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Baby changing and breast feeding facilities were available.
- The practice worked closely with the health visiting team in the management of vulnerable children.

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 and offered continuity of care. The practice was open until 8pm, Monday to Friday for the convenience of those who worked or with other commitments during the day.
- The practice was proactive in offering online services for appointments and repeat prescriptions.

Summary of findings

- A range of health promotion and screening that reflects the needs for this age group was also offered. However, uptake of national screening programmes for bowel and breast cancer were significantly lower than other practices within the CCG and nationally.

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 was located in an inner city area with high levels of deprivation and a high proportion of patients whose first language was not English. To meet the needs of their population the practice had translators booked daily so that they could quickly respond to some of the language barriers. This also helped to maintain more timely appointments.
- The practice held a register of patients living in vulnerable circumstances such as those with a learning disability and those with caring responsibilities.
- There were 14 patients on the learning disability register however only two of these had received a health check in the last 12 months. Following the inspection the practice manager advised us that these were being followed up.
- Longer appointments could be booked for patients who needed them.
- Clinicians were able to access route2 wellbeing a local service which identified support available locally to patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

- Nationally reported data for 2015/16 showed 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG and national average 84%. There was no exception reporting.
- National reported data for (2015/16) showed 92% of patients with poor mental health had comprehensive, agreed care plan

Good



Summary of findings

documented, in the preceding 12 months which was comparable to the CCG average of 91% and national average 89%. Exception reporting was also comparable at 12% to the CCG average of 10% and national average of 12%.

- There was a designated lead GP for mental health.
- The community health team provided weekly clinics at the practice.

Summary of findings

What people who use the service say

latest national GP patient survey results were published in July 2016. The results showed the practice was mostly performing in line with local and national averages. 369 survey forms were distributed and 54(15%) were returned. This represented 0.8% of the practice's patient list.

- 52% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and national average of 73%.
- 66% 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 61% and national average of 76%.

- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% national average of 85%.
- 76% 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 66% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards. We also spoke with the chair of the CCG. The feedback received was very positive about the standard of care received. Patients described the staff as polite, helpful and kind. They also told us that they were treated with dignity and respect.

Summerfield Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP specialist adviser.

Background to Summerfield Group Practice

Summerfield Group Practice is part of the NHS Sandwell and West Birmingham 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 is located in a purpose build health centre within an inner city area which it shares with three other GP practices (one of which is also an urgent care centre) and community health teams. All clinical services are provided on the ground floor. The practice list size is approximately 6,500 patients. The demographics of the population served is significantly younger compared to the national average with the majority of patients being under the age of 44 years and fewer patients over this age. For example, 30.9% of the practice population is under 18 years of age compared to the CCG average of 24% and the national average of 20.7%. While 0.7% of the practice population was over 75 years of age, compared to the CCG average of 6% and national average of 7.8%. The practice population is very diverse and practice staff told us that for approximately 90% of the population English is a second language. The practice has a transient population and estimate that the annual turnover of patients is approximately 10% to 15%.

Based on data available from Public Health England, the practice is located in one of the most deprived areas nationally and within the 10% most deprived areas.

Services to patients are provided under an Alternative Provider Medical Services (APMS) contract with NHS England. The practice was originally established for immigrants and patients waiting to be allocated a GP and had a very transient population. These services have since been reallocated to other practices. Practice staff told us that the practice population is less transient than it was.

The practice has two partners (both male). The partners rarely work clinical sessions at this practice but provided managerial and clinical support to the practice manager and GPs at the practice. Both partners had other practices where they worked. The practice had one part time salaried GP (male) and five long term locums (both male and female) working at the practice (approximately 30 GP clinical sessions). Other practice staff included a practice nurse, a health care assistant, a practice manager and a team of administrative staff.

The practice is open Monday to Friday 8 am to 8 pm. Appointment times varied between the clinical staff but usually ranged from 9am to 12.30pm and 2pm to 7.30pm. When the practice is closed services are provided by an out of hours provider which are reached through the practice's telephone number.

The practice has not previously been inspected by CQC.

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

Detailed findings

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 November 2016. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, the practice nurse, the practice manager and administrative staff).
- Observed how people were being cared for.
- Reviewed how treatment was provided.
- Spoke with health and care professionals who worked closely with the practice.
- Spoke with a member of the practice's Patient Participation Group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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 were aware of the systems for reporting incidents and told us that they were encouraged to do so.
- Staff notified the practice manager of any incidents who recorded them and brought them to the clinical meetings where they were discussed.
- The practice used an electronic reporting system for recording significant events and actions taken which enabled them to be shared with the local CCG.
- The incident recording system 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).
- During 2015/16 the practice had recorded 11 significant events. Examples of incidents seen demonstrated the practice carried out a thorough analysis of the significant events and staff were able to give examples of action taken and learning from them.
- Learning from significant events were shared through staff meetings, they were also saved onto the computers for those who were unable to attend the meetings.

There were systems in place for managing safety alerts such as those received from the Medicines and Healthcare Products Regulatory Agency (MHRA). Staff were able to provide examples of ones they had recently acted on. Records were maintained of action taken in response to safety alerts.

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:

- 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. Contact details for further guidance if staff had concerns about a patient's welfare were available in the reception area. There was a lead GP for safeguarding. Staff told us that the GPs attended safeguarding meetings when possible and

provided reports where necessary for other agencies.

Staff demonstrated they understood their

responsibilities and were able to give examples of

recent referrals made. Training records seen showed

staff had received training on safeguarding children and

vulnerable adults relevant to their role. Clinical staff

were trained to child safeguarding level 3. An alert on

the patient record system ensured clinical staff were

aware at the point of contact if a patient was at risk.

- Notices were displayed throughout the practice which

advised patients that chaperones were available if

required. Staff who acted as chaperones were trained

for the role and had received a Disclosure and Barring

Service (DBS) check. (DBS checks identify whether a

person has a criminal record or is on an official list of

people barred from working in roles where they may

have contact with children or adults who may be

vulnerable).

- The practice maintained appropriate standards of

cleanliness and hygiene. We observed the premises to

be visibly clean and tidy. The practice nurse was the

infection control clinical lead and had received training

in this area. Staff had access to appropriate hand

washing facilities and personal protective equipment

such as gloves and aprons. There were cleaning

schedules in place for the cleaning staff and the practice

manager carried out monthly spot checks to ensure

standards were maintained. The practice nurse also

maintained records for the cleaning of clinical

equipment. We saw evidence that action was taken to

address any improvements identified as a result of

infection control audits.

- The arrangements for managing medicines, including

emergency medicines and vaccines, in the practice kept

patients safe (including obtaining, prescribing,

recording, handling, storing, security and disposal).

Processes were in place for handling repeat

prescriptions which included the review of high risk

medicines. The practice received support from the local

CCG pharmacy teams, to ensure prescribing was in line

with best practice guidelines for safe prescribing. Blank

prescription forms and pads were securely stored and

there were systems in place to monitor their use. Patient

Group Directions had been adopted by the practice to

allow nurses to administer medicines in line with

legislation. The Health Care Assistant at the practice did

not administer vaccines and medicines.

Are services safe?

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety and the premises appeared well maintained. There was a health and safety policy available with a poster in the reception office which identified the practice's health and safety representative. Maintenance of the building, cleaning, security and disposal of waste were managed by the owners of the primary care centre who were located on site. The practice told us that they attended user meetings with the owners and notified them by email if anything needed doing.
- There was an up to date fire risk assessments held by the health centre manager. Weekly alarm testing took place and evacuation information was displayed. Regular fire drills were carried out.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We noticed the scales had been missed from calibration checks. Following the inspection the practice manager told us that these had been sent for testing and were awaiting return.
- There were a variety of other risk assessments in place to monitor safety of the premises which had been carried out by the provider which included equality risk

assessment, control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The partners told us that they struggled to recruit GPs to the practice and believed that the complexities of the population and challenging work put many potential applicants off. The practice had mainly locum staff although some had been there long term (up to three years). A weekly rota was in place which set out the daily staff duties including clinical staff to ensure they were completed.

Arrangements to deal with emergencies and major incidents

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

- Staff received annual basic life support training which had been carried out as a practice event.
- 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 we checked were in date and stored securely.
- Oxygen with adult and children's masks was available and in date but the practice did not have a defibrillator (used in cardiac emergencies). A risk assessment had been completed and notices were displayed that a defibrillator was available in the urgent care centre which was located in the same health centre which they could use.
- A first aid kit and accident book were available in reception.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for services and a staff list was also maintained. Copies were kept off site.

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. NICE guidance was accessible to staff via their computers.
- The practice nurse told us that they attended practice nurse forums through the CCG which enabled them to share information and best practice.
- Although, the practice held comprehensive clinical meetings there was no inclusion of NICE guidance for discussion on the agenda.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 for 2015/16. This showed the practice had achieved 91% of the total number of points available, which was slightly lower than the CCG and national average of 95%. Overall exception reporting by the practice was 7% which was also slightly below the CCG and national average of 10%.

Data from 2015/2016 showed:

- Performance for diabetes related indicators was 74% which was lower than the CCG average of 88% and national average of 90%. We looked at the data that had recently been published for diabetes and saw that exception reporting was consistently lower than CCG and national average for all eleven diabetes indicators. There were some areas in which the practice's performance was above the CCG and national averages for example, foot examination, referral to a structured education programmes and patients recorded as

receiving a flu vaccination. However, patients recorded with a HbA1c (an indicator of diabetic control) of less than 75 mmol/mol or less in the preceding 12 months was below the CCG and national averages.

- Performance for mental health related indicators was 100% which was higher than the CCG average of 92% and national average of 93%.
- The practice was an outlier for exception reporting patients with heart failure. However we reviewed five patients and these had been exception reported after three attempted contacts.

There was evidence of clinical audit being used to try and drive quality improvement. We saw one two cycle audits in which the practice had reviewed mental health outcome data and the reasons as to why some patient did not have a care plan in place. The follow up audit did not show improvement and further actions and repeat audit were identified.

The practice also showed us two one cycle audits which had yet to be re-audited in order to demonstrate service improvements. This included a review of completeness of monitoring checks for patients with hypothyroidism and a record keeping audit. The record keeping audit was undertaken during October 2016. Sixteen records were reviewed and all GPs working the practice were included. The practice had made use of national advice and guidance available on record keeping for example from the Royal College of General Practitioners and included where appropriate whether the voice of the child had been heard. Results were discussed with the individual GPs to promote learning and improvement.

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. New staff were allocated a buddy who signed off competencies once completed.
- Locum GPs also received an induction and a comprehensive induction pack which provided them with important information to support them working at the practice. Although the partners did not often work at the practice staff confirmed they were always contactable if needed. However, we spoke with one locum who had not yet met the partners at the practice.

Are services effective?

(for example, treatment is effective)

- 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 also received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate that they attended regular updates to stay up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals in which personal development was discussed. Staff told us that they found the practice supportive of training.
- Staff had access to and made use of e-learning training modules and in-house training that included: safeguarding, fire safety awareness, basic life support and information governance.

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. Patient information received including hospital letters and test results were effectively managed. We saw that administrative staff were processing patient information within one working day. There was a rota in place for GPs who reviewed and acted on the information received and we saw that this was up to date.

There were documented processes in place for following up patients who had an unplanned admission. These patients were contacted within a week and invited into the practice to review their care needs.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice held joint multi-disciplinary team meetings with one of the partners other practices located close by. This was usually attended by the practice manager and the salaried GP or one of the long term locum GPs. These were held to discuss some of the practice's most vulnerable patients including those with complex and palliative care needs. We spoke with members of the community health team who confirmed they held regular meetings and found the practice responsive when they needed support.

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff had access to on-line Mental Capacity Act training. However some but not all clinical staff had completed this.

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 with or at risk of developing a long-term condition as well as patients requiring life style advice.

Various services were available to patients at the practice such as smoking advice and support from the community mental health team. Patients were also referred to the health exchange for lifestyle support who ran weekly clinics at the practice. Health information was displayed on the noticeboards in patient areas including the promotion of the flu vaccination.

The practice's uptake for the cervical screening programme (2015/16) was 79 %, which was comparable to the CCG average of 79% and the national average of 81%. Exception reporting was higher at 14% than the CCG average of 9% and national average of 7%. There were systems in place for ensuring results were received for samples sent for the cervical screening programme.

The uptake of national screening programmes for bowel and breast cancer screening were lower than the CCG and national averages. For example,

- 49% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 67% and the national average of 72%.
- 26% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 46% and the national average of 58%.

We asked the practice about action taken to encourage uptake of national screening programmes. The practice told us that during the summer there had been a promotional event for bowel screening within the health centre and that they had shared with the breast screening team the languages spoken by patients to help support uptake. We saw information available in various languages

Are services effective?

(for example, treatment is effective)

for patients to take away on breast cancer screening. Uptake of screening programmes had been discussed at a recent staff meeting including action to remind patients to attend when they attended the practice.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 92% compared to the CCG average of 52% to 94% and national average of 73% to 95% and five year olds from 67% to 92% compared to the CCG average of 82% to 95% and the national average of 87% to 95%.

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

There were 14 patients on the practice's learning disability register however only two (14%) of these had received a health check in the last 12 months. Following the inspection the practice manager advised us that they were calling these patients in for their review.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very 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. A barrier around reception encouraged patients to stand back while reception staff spoke with other patients.
- Staff were mindful to maintain patient confidentiality and a poster was displayed in reception advising staff on actions to maintain patient confidentiality and data protection.
- We heard reception staff offering patients the choice of a male or female GP for their appointment.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said the staff were polite, helpful and kind and that they were treated with dignity and respect

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's results were comparable to the CCG and slightly below the national average for satisfaction scores on consultations with GPs and nurses and for helpfulness of reception staff. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 91%.

- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Results from patient surveys and the friends and family test (which invites patients to say whether they would recommend the practice to others) were displayed in the practice. The friends and family test showed 38 out of 41(93%) of respondents said they were likely or extremely likely to recommend the practice to others.

Care planning and involvement in decisions about care and treatment

Feedback received from patients through the comment cards received told us that they felt listened to and that staff were supportive. We saw evidence of personalised care plans in place.

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

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care which included the use of translation services for those who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 13 patients as carers (0.2% of the practice list). The practice felt the low numbers were reflective of the young practice population.

Information was displayed on the notice board about local carer support available. A carer resource pack was available in reception so that staff were able to advise patients who

Are services caring?

were carers about avenues of support available to them. However, reception staff we spoke with were not aware of this. The practice manager advised us following the inspection that they had been updated on this.

The salaried GP was the lead for end of life care at the practice. Staff told us that if families had suffered

bereavement they would contact them and send condolence card as appropriate. The practice kept contact details of various support available to share with those who had recently been bereaved.

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. The practice was participating in the primary care commissioning framework led by the CCG aimed at improving services and patient outcomes as well as consistency in primary care services.

- The practice was open until 8pm daily and was able to offer evening appointments for working patients or those with other commitments where they could not attend during normal opening hours. Patients could also obtain Saturday appointments at one of the partners other practices located close by.
- Patients could request longer appointments if needed.
- Home visits were available for those who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice was accessible for patients with mobility difficulties. There were parking spaces and toilet facilities for patients with a disability as well as ramp access and automatic doors. We saw patients who used wheelchairs were able to access the practice easily.
- The practice estimated approximately 90% of patients had English as a second language and 99 different languages were spoken among patients on their practice list. There was a high need for translators. In response to this the practice had regular block bookings each week with translators, they could then offer patients of these languages appointments in which a translator was available. Staff told us that having translators on-site meant they were more efficient and keep appointments to time. Translators could also be booked as required and information for the service was readily available to staff.
- Services such as phlebotomy (blood taking) and electrocardiographs (ECGs) were available in-house for the convenience of patients.

Access to the service

The practice was open between 8am and 8pm Monday to Friday. Appointment times varied between the clinical staff but usually ranged from 9am to 12.30pm and 2pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, same day appointments were available. These were released in the morning and afternoon for those with urgent needs. Telephone bookings were also available on request.

We saw that the next available routine appointment with both a GP or a nurse was on the day of our inspection.

Results from the national GP patient survey (published July 2016) showed that patient's satisfaction with how they could access care and treatment was above local and national averages for satisfaction with opening hours but below for ease of getting through to the practice by phone.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 79%.
- 52% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 73%.

In response to patient feedback about telephone access the practice had increased the lines to two. They told us that the language barrier often made calls longer.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice with support from the partners.
- We saw that information was available to help patients understand the complaints system. A complaints leaflet was available for patients to take away. This explained the complaints process and expected timescales as well as what to do if the patient is unhappy with the practices response.

The practice had 11 recorded complaints in the last 12 months. We reviewed two of the complaints received and found that they were satisfactorily handled and dealt with

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

in a timely way. Complaints were routinely discussed at staff meetings where they were a standing agenda item. Records were also maintained from verbal complaints so that there could be learning from them also.

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.

- As part of the presentation the partners told us about their plans for the future and desire to improve patient access. They spoke of recruitment difficulties but were considering new ways of working for example telephone triage.
- The practice had joined a local federation, along with other local practices, as part of a CCG initiative to look at new models of care.
- During the inspection we saw that the practice was very busy and practice staff we spoke with demonstrated values that were caring and supportive.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on their computers.
- There was an understanding of performance. The practice manager undertook regular reviews of the long term condition registers to ensure they received appropriate follow up.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Significant events, safety alerts, complaints and safeguarding concerns were standing agenda items on the clinical meetings.
- The practice manager was in regular contact with the partners who they turned to for advice and support when needed.

Leadership and culture

On the day of inspection the leadership team (consisting of the partners and practice manager) demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the partners were approachable and always took the time to listen and respond to issues raised with them.

- We found the practice manager was well organised and played an effective role in managing the high turnover of locum staff.
- Staff told us the practice held regular team meetings. Administrative meetings were held approximately every two months. Clinical meetings were shared meetings with one of the partners other practices nearby. All clinical staff including the locum GPs, the practice nurse and practice manager were invited. Minutes of meetings were placed on the computer's shared drive for those unable to attend.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The partners encouraged a culture of openness and honesty.
- The practice kept written records of verbal interactions as well as written correspondence.

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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We spoke with the chair of the PPG who told us that there were approximately five members who met on a quarterly basis. The group was attended by one of the GPs and the practice manager. The chair told us that he felt the group was listened to and had made efforts to improve telephone access. They were complimentary about the practice manager and the way they managed the practice. They told us that although there were a high turnover of clinical staff they had all provided a good service. A display in the waiting area shared with patients the results of the latest patient survey and of action taken in response to patient feedback for example changes to telephone number, evening appointments with the nurse and additional GP appointments.

Are services well-led?

Good 

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

- The practice gathered feedback from staff through meetings, appraisals and general discussions with senior staff.