

Forest House Medical 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 Forest House Medical Centre on 15 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.
- Patient survey figures showed patients rated the practice lower than others for some aspects of care. The practice had an action plan to improve on the areas highlighted.
- Comments about the practice and staff were positive, however some patient said they found it difficult to make an appointment others stated that they had no problems.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs although the staff commented that the practice at Forest Medical Centre was in need of decoration.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- Safety alerts and alerts from Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and cascaded to the appropriate persons.

Summary of findings

- 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 meetings.
- The practice had a high number of patients in residential care homes, approximately 1.5% of their patients.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice had identified 140 patients as carers (1% of the practice list).

The areas where the provider should make improvement are:

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.
- Complete any actions from Legionella risk assessment as required.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events including complaints investigated and discussed as such.
- 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.
- National patient safety and medicine alerts were disseminated within the practice in a formal way and there was a system to record that these had been appropriately dealt with.
- The practice carried out a review of significant events at practice meetings

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mainly 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. The practice had a system in place to monitor and ensure that staff had completed training when it would need updating.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



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 some aspects of care however there were some areas that were lower.
- The practice were working in conjunction with the PPG to look at improvements which were mainly in relation to appointments and
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.
- Patients said they found it difficult to get through on the telephone. However the practice had increased staffing levels to cope with demand since the survey results and were looking to purchase a new telephone system.
- Some comments from patients said that they were pleased that they could now book appointments on line.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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 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 encouraged a culture of openness and honesty.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice provided medical care to six local care homes and weekly ward rounds with a lead GP designated to one of the homes.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Reviews were completed in patients home were required.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nurse appointments were available Saturday mornings.
- Performance for diabetes related indicators was comparable to CCG and national averages. (91% compared to 93% CCG average and 90% national average).
- Longer appointments and home visits were available when needed.
- The practice worked with community specialist nurses for heart failure, complex diabetic patients and chronic obstructive pulmonary disease patients.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were above CCG averages for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was similar to the CCG average of 79% and the national average of 76%.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- Appointments were available on the day and there was an option to book an appointment with a GP for the next day.
- Saturday morning nurse clinics were available.
- Patients could book appointments on line and patients were sent a text message to remind them of their appointment.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The register was monitored to ensure patients were attending for their annual reviews.
- The practice offered longer appointments for patients with a learning disability.
- The practice arranged home visits for those patients in residential care when required and to complete annual reviews.
- 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



Summary of findings

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).

- 71% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 81% and the national average of 84%.

This meant that the practice needed to complete 140 face to face reviews due to the higher number of patients that were diagnosed with dementia. This was part of the work that the supporting vulnerable practice scheme was working toward so that by adapting some processes and working more efficiently would give the practice more time to focus on areas of need such as this.

- 90% of patients experiencing poor mental health were involved in developing their care plan in last 12 months which was better than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above with local and national averages. 230 survey forms were distributed and 113 were returned. This represented 0.80% of the practice's patient list.

- 50% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% 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 87% and the national average of 85%.
- 69% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average and the national average of 78%.

We spoke to the practice regarding the results. In relation to getting through on the telephone the practice had

amended the staffing levels to assist with this. The practice had also changed the appointment system in April 2016 and that this would be reflected in next year's survey. However the practice had an action plan to look at areas in more detail. Actions we saw included raising awareness to patients to book double appointments if they required more time and discussions at future practice learning sessions.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 69 comment cards which were positive about the standard of care received. Patients said they felt the practice offered an excellent and efficient service and staff were helpful, caring and treated them with dignity and respect. 25 of the comments whilst positive about the care and staff at the practice mentioned the appointment system and that this had changed many times. Some patients commented that it was at times difficult to get an appointment whilst others said that they had no problems getting an appointment when they needed one.

Areas for improvement

Action the service SHOULD take to improve

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.
- Complete any actions from Legionella risk assessment as required.

Forest House Medical 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 two additional CQC inspectors.

Background to Forest House Medical Centre

Forest House Medical Centre is a seven partner practice which provides primary care services to approximately 14000 under a General Medical Services (GMS) contract.

- The practice is situated across two sites in Leicester Forest East. Both sites have car parking with disabled spaces.
- Forest House Medical Centre has a car park with a disabled bay and on street parking nearby.
- Warren Lane Surgery is a purpose built surgery situated within a popular housing estate. There is a designated car park with disabled parking bays and further street parking is available if required.
- Services are provided from 2a Park Drive, Leicester Forest East, Leicester, Leicestershire, LE3 3FN and Warren Lane, Leicester Forest East, Leicester, Leicestershire, LE3 3LW.
- The practice consists of seven partners (four male and three female).
- The nursing team consists of two nurse practitioners, two practice nurses, two health care assistants (HCA) and two phlebotomists.
- The practice has a practice manager who is supported by 20 clerical and administrative staff to support the day to day running of the practice.
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice has a lower than average number of patients aged 0 to 39 years of age and higher than average number of patients 50 years of age and above.
- 1.5% of the patients are in residential care homes.
- The practice provides training for doctors who wish to become GPs and at the time of the inspection had two doctors undertaking training at the practice. (Teaching practices take medical students and training practices have GP trainees and F2 doctors).
- The practice has low deprivation and sits in the second least deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures; family planning, diagnostic and screening procedures, maternity and midwifery services; and treatment of disease, disorder or injury.
- The practice lies within the NHS East Leicestershire and Rutland Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.
- The practice is open between 8am and 6pm Monday to Friday. Forest House Medical Centre has pre bookable nurse appointments available Saturdays 8.30am to 12pm.

Detailed findings

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, 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 15 November 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice manager, nursing staff and administrative staff).
- Spoke with two members of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

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 forms that had been completed showed 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.
- Complaints received that were also significant events had been recorded and investigated as such.
- The practice carried out a review of significant events at practice meetings.

We reviewed safety records, incident reports, 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, an audit had been undertaken following an incident to check to see if there were any other patients that may have been affected. We also saw that patients were contacted and apologies were given when the practice had made a mistake. Patient safety alerts were managed in the practice, staff were aware of recent alerts and we saw a log that showed the practice disseminated and actioned these as necessary. These were discussed at clinical meetings.

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 were trained to child protection or child safeguarding level 3. We saw examples of safeguarding concerns raised and multi-disciplinary meetings that were held to discuss individual cases. The practice had flow charts showing the relevant telephone numbers to raise concern and these were displayed on walls in the surgeries and at reception. The practice had quarterly safeguarding meetings which the health visitor is invited to. The practice also communicated with the other agencies through the practice electronic computer system to discuss any concerns.

- A notice in the waiting room and on the doors of all treatment rooms 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.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed both of the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The lead and the practice manager had attended a one day course in infection control. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had a detailed action plan for both practices which showed actions that had been completed immediately and others with a date that completion was due. These actions were also rated in level of importance.
- 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

Are services safe?

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 effective 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. Health care assistants were trained to administer influenza, vitamin B12 and pneumococcal vaccines and medicines against a patient specific prescription or direction from a prescriber.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments. 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. The practice Legionella risk

assessment was due to be reviewed in May 2016, this had not been completed however the practice had arranged for this for the 25 November 2016. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency equipment and 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, specific incident plans and the fire evacuation procedure.

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.
- The practice had employed a pharmacist part time to input into prescribing for patients to ensure appropriate prescribing in line with best practice.

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. Exception reporting for the practice was 9% which was in line with national and CCG averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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 comparable to CCG and national averages. (91% compared to 93% CCG average and 90% national average).
- Performance for mental health related indicators comparable to CCG and national averages. (98% compared with 97% CCG average and 93% national average).

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed in the last two years, most of these were single cycle audits. The practice were aware of the need to perform a second cycle and had plans to do so.
- Two audits we looked at were completed, two cycle audits where the improvements made were implemented and monitored. One in relation to prescribing following NICE guidance and one to confirm appropriate documentation in patient records.
- Audits had been identified through significant events, complaints, safety alerts and NICE guidance.
- The practice had a plan of audits proposed for the year.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, new protocols implemented.

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. The practice had a comprehensive training matrix which showed training completed and dates when they were due for review.
- The practice used a locum GP. This was GP was a retired partner from the practice. We viewed the recruitment files for this staff member and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, DBS and training.
- 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

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. Appraisals that we looked at showed training needs identified.
- 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.

- 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.

- 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.

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, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was similar to the CCG average of 79% and the national average of 76%. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. The practice had a process for ensuring patients attended for the cervical screening and letters were sent by the practice to those that did not attend. Alerts were added to the patient electronic record system to show those still outstanding. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were similar when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged between 97% to 99%, (CCG averages ranged between 95% to 98%) and five year olds from 97% to 100% (CCG averages ranged between 94% to 98%).

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

Are services caring?

Our findings

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.
- The waiting area was situated away from consulting rooms.
- 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.

All of the 69 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent and efficient service and staff were helpful, caring and treated them with dignity and respect. 25 of the comments whilst positive about the care and staff at the practice mentioned the appointment system and that this had changed many times. Patients commented that it was at times difficult to get an appointment.

We spoke with two members of the patient participation group (PPG). They also told us they were very 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 mostly comparable with national and CCG average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.

- 76% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% 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%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 92%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

We spoke to the practice regarding the results in relation to the GP's and this was thought to be due to changes with the GP appointments as previously patients had a named GP that they saw. The practice had also changed the appointment system in April 2016 and that this would be reflected in next year's survey. However the practice had an action plan to look at areas in more detail. Actions we saw included raising awareness to patients to book double appointments if they required more time and discussions at future practice learning sessions.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards said patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. A number of comments said that they did at times feel rushed in the appointment however they appreciated that the practice was busy. We also saw that care plans were personalised.

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

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.

Are services caring?

- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 79% 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 the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice had a hearing loop at the Forest House Medical surgery for those that required it, but not at the Warren Lane surgery. Staff we spoke with said that they write things down for patients or patients bring a relative with them.

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 140 patients as carers (1% of the practice list). The practice had a form to complete for patients that were identified as carers. These patients were offered for example flu vaccinations and were flagged on the computer system so that appointments could be more flexible to help them with their caring role. The practice could refer to local caring support agencies which could help with equipment and finances for example. The practice were looking to introduce clinics and workshops for carers. Leaflets were also available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement a GP may contact the families and phone calls were either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Staff at care homes had a separate phone line that they were able to use to contact the practice which meant they did add to the calls for the appointments and ensured they had quick access to the practice when required.

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.

- Patients could book and cancel appointment on line, by phone and in person.
- There were longer appointments available for patients with a learning disability or any patient that felt they required it.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Residential care homes where patients resided received a weekly ward round from a GP and home visits were available when required.
- A bypass telephone was provided for care home staff to contact the practice so they did not have to go through reception.
- To cope with patient demand the practice employed two advanced nurse practitioners and offered on the day appointments for minor illness clinics.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop (at the main site) and translation services available.
- Pre-bookable appointments were available with the nurse on Saturday mornings and patients could book an appointment with a HCA from 8am Monday to Friday.
- The practice housed services such as physiotherapy and counselling that they could refer into.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Forest House Medical Centre has pre bookable nurse appointments available Saturdays 8.30am to 12pm. Appointments were from 8am to 5.30pm. GP appointments were available on the day and pre-bookable appointments could be booked up a week in advance. Next day routine appointments were available with GPs which could be booked the day before at 9.30am.

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

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 50% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

Comment cards said in relation to appointments that there were difficulties at time. Comments said that the appointment system had changed and a number of patients commented that this had helped. Some comments said that they were pleased that they could now make appointments on line.

When we spoke to the partners and the practice manager we were told that the new appointment system had commenced in April 2016 and that this would be looked at in the next survey. There was also an action plan to look at each point and the practice were considering purchasing a new telephone system, however in the meantime staffing levels had been increased to cope with the demand of answering the telephone.

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.
- We saw that information was available to help patients understand the complaints system for example a complaints poster in reception.
- The practice recorded all complaints even if they were made verbally.

We looked at three complaints received in the last 12 months and found these were handled accordingly in line with the practice policy and dealt with in a timely way. Response letters that were sent included details of lessons learned and how learning would be shared in the practice. Apologies were given where appropriate. The practice had

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

completed an annual review of the complaints. Action was taken to as a result to improve the quality of care. For example, a patient leaflet had been implemented following one complaint.

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.

- The practice had a vision to be the best that they could be and to strive for excellence in all areas of their service and to be accountable to the patients they serve.
- The practice had identified challenges short and long term and were looking at ways to overcome these by working with other practices and other stakeholders.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff either on the shared drive or hard copy in a folder. Some policies did not have a date to say that they had been reviewed within the past 12 months.
- 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 in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management 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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings of which minutes were available.
- 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, particularly by the management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Some staff commented that there had been a shortage of staff and that they were all taking on extra roles. Staff on the whole said that they enjoyed working at the practice and that they had strong support from their colleagues.

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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, suggestions about how to improve the appointment system.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings and annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff members commented that the changes such as updating registration forms had been implemented following a staff suggestion to improve them.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking. The practice had a high number of patients in residential care and a GP visited the

care homes each week, this had impacted on the GP appointments in practice. The practice had met with other stakeholders and practices to look at this workload however a fairer distribution had not been successful.

The practice were also aware of the new housing developments which was causing increased demand and that there was a further 4000 houses planned to be built over the next few years. The practice due to these demands put themselves forward to the CCG to engage with the supporting vulnerable practice scheme to work at more innovative ways to address the challenges they were faced with.

The practice had recently applied for funding which had been successful to expand the site at Warren Lane.