

# Dr Yella Sambasivarao

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Requires improvement overall.** (Previous inspection 26/08/2015 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

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

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

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

People whose circumstances may make them vulnerable – Requires improvement

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

We carried out an announced inspection at Mayfield Medical Centre on 23 March 2018 as part of our inspection programme.

At this inspection we found:

- Some risks to patients were assessed and well managed. When incidents did happen, the practice learned from them and improved their processes.
- However, patients were potentially at risk of harm because systems relating to emergency medicines and equipment were not fully effective to keep patients safe.
- Recruitment checks were not managed effectively in line with the practice policy and regulations. Health and safety assessments did not fully minimise risks.
- Arrangements relating to health and safety were not managed effectively.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Data showed patient outcomes were mostly in line with or above the local and national averages for most indicators. However, cancer screening rates were below local and national averages.

# Summary of findings

- Staff involved and treated patients with compassion, kindness, dignity and respect. Feedback from patients we spoke with during our inspection was highly positive about the caring approach of all staff.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice understood the needs of its population and tailored services in response to those needs.
- The practice had a number of policies and procedures to govern activity, but some of these needed to be reviewed to ensure they contained up to date information.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Consider annual reviews of significant events to facilitate trend analysis of the issues recorded.
- Establish a system for logging safety alerts received to assure themselves how these have been acted on.
- Strengthen the system for managing staff training to ensure all training considered mandatory is undertaken and up to date.
- Update the complaints leaflet for patients with up to date signposting information.
- Strengthen ways in which the service seeks and acts on patients' views in regards to the care and treatment provided through engaging with more patient participation group members.
- Review processes in place to improve uptake rates for national screening programmes.

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

# Summary of findings

## The six population groups and what we found

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

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

# Dr Yella Sambasivarao

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice manager specialist advisor and a second inspector.

## Background to Dr Yella Sambasivarao

Mayfield Medical Centre provides primary medical services to approximately 3,199 patients in the Hyson Green area of Nottingham. The registered address with Care Quality Commission (CQC) is 12 Terrace Street, Hyson Green, Nottingham NG7 6ER.

The practice provides primary care medical services via a General Medical Services (PMS) contract commissioned by NHS England and Nottingham City Clinical Commissioning Group (CCG). It is located within Greenfields Medical Centre, whose premises are co-owned by the two GP practices who operate from the building.

Dr Yella Sambasivarao is a single handed male GP who manages the practice. Dr Sambasivarao is the Registered Manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

He is supported by three long term locum GPs (two male and one female) providing a total of four sessions a week. The staff team includes five administrative staff, a practice manager and a business manager. The senior receptionist has a dual role as a phlebotomist. At the time of our inspection, the provider employed two bank nurses providing four sessions a week whilst they were recruiting for a permanent position. Cleaning staff were employed directly by Greenfields (the provider co-owned the building called Greenfields with neighbouring practice) and they were managed by the business manager

Public Health England data shows the area served by the practice is in the most deprived decile, meaning they have high deprivation levels which are above the practice average across England. There are 44% of people in the practice area who are from BME groups. It has a higher proportion of people aged under 18 years old compared to the CCG and national averages.

The practice is open from 8am to 6:30pm on Monday to Friday. Extended opening hours are offered on Monday evenings from 6.30pm to 8pm. GP consultation times start at 8.30am until 5.50pm. The practice has opted out of providing out-of-hours services to their own patients. When the practice is closed, patients are advised to dial NHS 111 and they will be put through to the out of hours service which is provided by Nottingham Emergency Medical Services (NEMS) provider.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing safe services.**

The practice was rated as requires improvement for providing safe services because:

- On the day of inspection we found the practice did not have effective systems in place for managing and monitoring recruitment checks and cleaning arrangements.
- The systems for managing emergency medicines and equipment did not fully minimise risks.
- Arrangements relating to health and safety were not managed effectively. This included the management of fire risk and boiler checks.
- Reflection on lessons learned could be improved through reviews of significant events and recording actions taken following receipt of alerts.

### Safety systems and processes

The practice systems to keep patients safe and safeguarded from abuse required improvement.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. However, we found the checks were not managed effectively in line with the practice policy and regulations. We looked at eight recruitment files and found that evidence of appropriate checks was ad hoc. For example, evidence of Disclosure and Barring Service (DBS) checks undertaken was not recorded where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A risk assessment to determine the rationale for not undertaking a DBS check had not been carried out.
- The practice used a range of information to identify risks and improve patient safety. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.

- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. Both safeguarding and chaperone training were included in mandatory training undertaken at regular intervals.
- There was a system to manage infection prevention and control. The lead GP was the interim nominated clinical lead with the support of the business manager until a permanent nurse was recruited, who took responsibility for ensuring actions from audits were completed. Infection control audits commissioned by the CCG were undertaken at regular intervals by infection control specialists, with reviews undertaken to follow up on actions identified.
- However, we found that cleaning arrangements were not monitored effectively. Although the business manager told us she monitored the cleaning staff, there was no evidence of how cleaning staff recorded their activities and no evidence of how their work was audited, as well as frequency of cleaning. Training of the cleaning staff was ad hoc; there was neither evidence of their training nor evidence of DBS checks or risk assessments undertaken in relation to their employment. Following this inspection the practice supplied evidence to show they had strengthened training arrangements for cleaning staff and carried out DBS checks.
- There were systems for safely managing healthcare waste.

### Risks to patients

The systems to assess, monitor and manage risks to patient safety needed strengthening.

- There was an effective induction system for temporary staff tailored to their role, including locum doctors. However, we found limited evidence of appropriate recruitment checks undertaken on locum GPs and nurses prior to employment. The practice provided assurance following the inspection of the documentation collected in line with the regulations.

# Are services safe?

- The management of emergency equipment was ineffective. We saw records which showed the defibrillator and oxygen tank had last been checked in November 2017. These were shared with the adjoining neighbouring practice who shared the same building. Whilst we found these to be in working order, there was a lack of effective systems in place to ensure regular checks were carried out. Following this inspection the practice supplied evidence to show they had introduced a system of regular checks of emergency equipment.
- There were arrangements for planning and monitoring the number and mix of staff needed. A rota system was used for all staff and cover arrangements were made if any staff were absent. The practice engaged locum GPs and nurses to cover absences.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. We saw examples of sepsis prompts on their clinical system.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment did not fully minimise risks.

- On the day of inspection we found the practice did not have some of the appropriate emergency medicines on site and had not carried out a risk assessment in relation to these. However, we received confirmation after the inspection that these items had been purchased and delivered to the practice.
- Additionally, there was no system for checking expiry dates of the emergency medicines which were stored in

different rooms, posing a risk to responding speedily during an emergency. Following this inspection the practice supplied evidence to show they had introduced a system of regular checks of emergency medicines.

- Nurses did not always have the appropriate documentation in place to administer medicines to patients through Patient Group Directions (PGDs). (PGDs allow specified health professionals to supply and / or administer a medicine directly to a patient with an identified clinical condition without the need for a prescription or an instruction from a prescriber). We found the majority of PGDs in place to allow nurses to administer vaccinations were not signed appropriately. We received evidence showing these were remedied immediately after our inspection.
- The practice kept prescription stationery securely and monitored its use.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. There was a system in place for monitoring patients on high risk medicines. A review of some records showed patients were reviewed regularly and followed up as appropriate.

## Track record on safety

- Arrangements relating to health and safety were not managed effectively. We found there was no overarching risk assessment completed on the premises by a competent person. For example, there was no evidence of an effective formal fire risk assessment undertaken by a competent person, and no clear records of regular fire drills, training and alarm checks. Additionally, annual boiler checks were overdue by two years. Following this inspection the practice took action and arranged for these assessments and checks to be completed.
- Staff completed their own visual display unit assessments and there was no evidence of how these were managed.
- The practice had a risk assessment in place to monitor safety against legionella. (Legionella is a term for a

## Are services safe?

particular bacterium which can contaminate water systems in buildings). We saw that appropriate action was taken to act upon any identified risks to ensure these were mitigated.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Significant events were a standing item on the agenda of the monthly staff team meetings.
- We reviewed two significant events recorded in the previous year and found that learning observed had been shared with staff at team meetings. However, there was no regular review of significant events to facilitate trend analysis of the issues recorded.
- There was a system for receiving safety alerts. Alerts were a standing item on the agenda of the monthly staff team meeting. Staff demonstrated an awareness of the alerts, including those from the Medicines and Healthcare products Regulatory Agency (MHRA). However, there was no log kept of the alerts received and how these had been acted on. There was evidence of searches carried out regularly in the clinical system triggered by the alerts. The practice learned from external safety events as well as patient and medicine safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and across all population groups.**

### Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Practice rates of prescribing of hypnotics were in line with CCG and national averages.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- GPs checked hospital letters daily in the surgery and out of hours, taking actions as appropriate before the letters were scanned into patient records. If patients did not attend hospital appointments, they were telephoned to check the reason why in case the invitation letters had not been received.
- A clinical meeting was held informally every Wednesday and formally on monthly basis with the GPs and nurses to discuss complex cases and any peer reviews of clinical practice.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, they carried out a number of annual clinical audits triggered by MHRA alerts and NICE guidelines to ensure they were managing patients effectively. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 90% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 96%. The overall exception reporting rate was 9% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good

practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Older people:

- The achievement for indicators related to rheumatoid arthritis was 100% which was 6% above the CCG average and 2% above the national average.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- Patients aged over 75 were invited for a health check, and those over 65 years were offered flu and pneumococcal vaccinations as appropriate. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

People with long-term conditions:

- Achievement for hypertension related indicators was 97% which was 1% above the local average and 0.4% above the national average.
- Achievement for diabetes related indicators was 76%, which was 6% below the local average and 15% below the national average.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- GPs carried out quarterly audits of secondary care attendances related to long term conditions which led to peer reviews of referrals to ensure consistency in the quality of care they provided before the referrals were made and afterwards.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were broadly in line with the target percentage of 90%.
- Same day appointments were offered to people in this population group. This was supported by patients whom we spoke to on the day.

# Are services effective?

## (for example, treatment is effective)

- The practice encouraged the use of the 'pharmacy first' scheme for children with minor ailments. Under the initiative, people could go to see a trained pharmacist for free advice and treatments to self-care, or buy medications at no cost or at a lower cost.

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

- The practice's uptake for cervical screening in 2016/17 was 64%, which was below the 80% coverage target for the national screening programme.
- The breast cancer screening rate for females aged 50 to 70 old who were screened within six months of invitation was 56%, compared to the CCG average of 60% and the national average of 62%.
- The bowel cancer screening rate for people aged 60 to 69 years who were screened within six months of invitation was 29%, compared to the CCG average of 52% and the national average of 54%.
- The practice was aware their bowel screening rates were below local and national averages and had a programme in place to invite patients for screening using dedicated staff within the practice, with the support of voluntary services that provided leaflets in different languages. Improvements were yet to be observed to show any improvement in screening uptake.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including refugees and those with a learning disability. There were 25 people on the learning disabilities register who were offered annual health checks. Staff told us people with learning disabilities were offered longer appointments.
- There were 12 people on the palliative care register. Palliative care was discussed at bi-monthly multi-disciplinary meetings.

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

- There were 11 people on the dementia register. 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average of 84%.
- Practice supplied data showed there were 49 patients on the mental health register. We reviewed care plans of 10 patients and found these were managed effectively. There were no patients on medicines requiring regular monitoring; however all patients on the mental health register were offered annual reviews and followed up when necessary.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months, higher than the CCG average of 88% and the national average of 90%. This was achieved with an exception rate of 0%, compared to the local and national average of 10%.
- Self referrals to local counselling services were encouraged for patients with less urgent needs.

### Effective staffing

At the time of our inspection, the practice had vacancies for a permanent nurse and a notes summariser. Staff told us there were plans to recruit a health care assistant in the near future. The senior receptionist had a dual role as a phlebotomist and the practice manager had notes summarising experience, which she used to provide cover when needed.

- Staff were able to access training through an online system and in-house protected learning events. However, there was no system for managing staff training to ensure all training considered mandatory was undertaken and up to date. The practice manager was aware of the gaps in training and in the process of creating records to manage training more effectively.
- Staff were encouraged and given opportunities to develop. For example, a senior receptionist had been supported in undertaking phlebotomy training and held blood taking clinics four mornings a week for registered patients.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings and appraisals.
- Some staff were trained to carry out multiple roles. This ensured there was adequate cover for sickness or annual leave absence.

# Are services effective?

(for example, treatment is effective)

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. Multi-disciplinary meetings were held every two months which incorporated care coordinators, district nursing teams and end of life teams.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. There were various information leaflets available in different languages to support this.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

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

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

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- 36 out of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced, and described being treated respectfully by the practice team. This was in line with feedback received from the two patients we spoke to on the day of inspection.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 376 surveys were sent out and 75 were returned. This represented about 2% of the practice population. The practice satisfaction scores were mostly in line with local and national averages. For example:

- 84% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 81% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 86%.
- 90% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 80% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 84%; national average - 86%.
- 87% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 91%.
- 86% of patients who responded said the nurse gave them enough time; CCG - 90%; national average - 92%.

- 93% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%.
- 93% of patients who responded said they found the receptionists at the practice helpful; CCG - 87%; national average - 87%.

Feedback from the NHS Friends and Family Test surveys collected between March 2017 and March 2018 showed 85% of respondents were likely or extremely likely to recommend the practice to friends and family.

Feedback from patients we spoke to and from the CQC comment cards we received was highly positive about the care and attention given by the GPs, with some patients telling us that although they had moved outside of the practice area, they remained registered with the practice because of the care they received.

### Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice proactively identified patients who were carers opportunistically and at registration with the practice. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 44 patients as carers (1.4% of the practice list).

- Leaflets were available for local carers support groups.

## Are services caring?

- Staff told us that if families had experienced bereavement, their usual GP contacted them or offered a home visit. Referrals to bereavement support services were offered where appropriate.

Results from the national GP patient survey showed patient responses were mixed when asked questions about their involvement in planning and making decisions about their care and treatment. Results were either lower than or in line with local and national averages:

- 77% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 70% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 81%; national average - 82%.
- 87% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 83%; national average - 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. Since our last inspection in 2015, the practice population had increased from 2,578 to 3,199 following list closures by two surgeries nearby.

- The practice had changed its electronic patient records system to SystemOne, a system which allowed them to share records and communications more easily internally as well as with other community healthcare teams like health visitors who used the system.
- Additionally, the practice had adopted a telephone text messaging service which they used to send appointment reminders to patients. Staff told us this had resulted in fewer non-attendances.
- There was a noted increase in the number of patients who spoke other languages. The practice responded to this by having patient information leaflets available in other languages such as Polish and Punjabi. Some of the staff were bilingual, and they all knew how to access translation and interpreting services for patients who needed them.
- Phlebotomy services were provided in-house every morning except on Thursday, reducing the need for patients to travel to other centres to access the services.
- Additional services such as ECGs were offered in house.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The practice worked with a care coordinator to ensure those with complex needs had reviews when discharged from hospital.

- Referrals were made where appropriate to support housebound patients and those resident in care homes.

#### People with long-term conditions:

- The nursing team held clinics for chronic disease management. There were dedicated staff for each disease register who ran monthly reports to check who was due for a review and invite them to book an appointment.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Patients referred to other services were sent reminders by text to encourage them to attend their appointments.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- The practice held regular meetings with health visitors and midwives to ensure coordinated care. Staff told us there were significant safeguarding issues due to the high deprivation levels in the area served by the practice, therefore meetings were held more regularly on a monthly basis compared to other practices in the same CCG.
- Baby clinics were held every Wednesday with the health visitors, GP and practice nurse. This enabled new mothers and babies to have their six to eight week health checks at one appointment.
- All parents or guardians calling with concerns about a child under the age of two years old were offered a same day appointment when necessary. This was supported by feedback from patients we spoke to at the inspection.



# Are services responsive to people's needs?

## (for example, to feedback?)

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were offered on Monday evenings from 6.30pm to 8pm for the convenience of working age people.
- Pre-bookable appointments were available to patients online.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- NHS checks were offered for 40-74 year olds.
- The lead GP provided minor surgery clinics on a Saturday morning once a month for the convenience of working age people.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including refugees and those with a learning disability.
- People on the learning disabilities register were offered longer appointments during quieter times at the surgery.
- Staff were aware of vulnerable patients and prioritised their access when necessary.
- Self-referral was encouraged for services such as counselling and drug and alcohol services for those who needed them. Carers were signposted to local support services.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had been awarded the 'Dementia Friendly' status by the Alzheimer's Society for being accessible to people with dementia. This included an assessment of the practice environment, clinical care and staff awareness of how to help people with dementia.
- Longer appointments were offered to people with dementia to ensure their needs were assessed fully. The practice told us they had participated in projects to support people with mental health problems such as the PhysForm initiative where patients were offered 30

minute appointments to ensure a comprehensive assessment of their health was undertaken. Practice supplied data showed 30 people with severe mental health problems had been reviewed under this initiative in the last year.

### Timely access to the service

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

- Telephone lines were opened at 8am daily for same day appointments, with emergency appointments offered at the end of clinics. Patients unable to get an appointment on the same day were asked if they would like to go on a cancellation list whereby they would be contacted if any appointments became available on the day due to cancellation.
- 50% of the appointments were pre-bookable in advance with up to 13 GP sessions offered in a week, and the remaining 50% were offered on the day.
- GP appointments could be booked up to two weeks in advance, and nurse appointments could be booked up to four weeks in advance.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. The nurse and health care assistant provided phlebotomy services and ECGs.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than or similar to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 76% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 85% of patients who responded said they could get through easily to the practice by phone; CCG – 71%; national average – 71%.
- 87% of patients who responded said that they were able to see or speak to someone the last time they tried; CCG – 82%; national average – 84%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 83% of patients who responded said their last appointment was convenient; CCG - 79%; national average - 81%.
- 80% of patients who responded described their experience of making an appointment as good; CCG - 71%; national average - 73%.
- 54% of patients who responded said they don't normally have to wait too long to be seen; CCG - 54%; national average - 58%.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. However, we found the complaints leaflet for patients contained outdated signposting information.
- The practice had received three written complaints in the last year. We reviewed the complaints and found that they were satisfactorily handled in a timely way and they had all been discussed with staff at team meetings.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. Verbal complaints were discussed at team meetings. It acted as a result to improve the quality of care.



# Are services well-led?

Requires improvement 

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

## Our findings

**We rated the practice and all of the population groups as requires improvement for providing a well-led service.**

The practice was rated as requires improvement for providing well led services because:

- On the day of inspection we found the practice did not have effective governance systems in place for managing and monitoring systems related to safety. This included systems related to recruitment checks, cleaning arrangements, emergency medicines, emergency equipment, and health and safety.

### Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy. However, we found the management of systems and processes relating to keeping people safe could be improved.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Roles between the practice manager and business manager were clear and understood by the staff. Whilst succession planning had been considered, the practice had not successfully recruited permanent GPs who could succeed the lead GP in future. The business manager was due to retire in the very near future and there were plans to recruit a medical centre manager in her place.

### Vision and strategy

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

- There was a clear vision and set of values. The practice aims were described on their website, underpinned by values which included providing services in a non-judgemental way to all patients irrespective of ethnicity, religious beliefs or social background.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- There was an acknowledgement to the challenges faced in delivering care. For example, the practice was working with commissioning providers to request for more blood test collections during the day due to an increased demand for the phlebotomy service at the practice. Additionally, they acted on staff shortages by recruiting locum staff whilst they were advertising for permanent staff.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Most staff had worked at the practice for many years and left due to retirement.
- The practice focused on the needs of patients. Staff knew most patients well due to the small size of the staff team and patient population.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- We saw evidence of several meetings which were minuted to ensure communications were recorded and accessible to all staff.
- There were positive relationships between staff and teams. Staff told us the management were approachable and they felt they were part of the practice family.

### Governance arrangements

- Structures, processes and systems to support good governance and management were clearly set out and understood. However, we found some systems relating to safety were not managed effectively, posing potential

# Are services well-led?

Requires improvement 

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

risks to patients and staff. This included systems related to the management of recruitment checks, cleaning arrangements, emergency medicines, emergency equipment, and health and safety. Following this inspection the practice supplied evidence to show they had taken steps to improve and strengthen these safety systems.

- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety. However, some policies and procedures were not followed effectively and some required updates in order to reflect current practice, for example, the complaints procedure. Following this inspection the practice supplied evidence to show that they had reviewed and updated their complaints procedure.

## Managing risks, issues and performance

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. However, processes were not fully effective in relation to keeping people safe.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. There were two clinical audits undertaken in the last two years which had been repeated, showing quality improvement in patient care.
- The practice had business continuity plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

## Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active, albeit small, patient participation group (PPG) with three regular members who met quarterly, and their meetings were attended by a member of the practice team. However, minutes from the meetings showed these were sometimes attended by just one member of the group.
- The PPG reviewed patient feedback from surveys, a suggestion box and the NHS friends and family test, and agreed actions to improve patient experience. For example, the PPG had suggested raised chairs in the waiting room for people who required them, and this was implemented by the practice.
- Information about how to join the PPG was available on the practice website, including minutes from previous meetings, and also displayed in the practice.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not operate systems effectively to improve the quality and safety of services and to assess, monitor and mitigate risk. In particular:</p> <p>Systems related to recruitment checks, cleaning arrangements, emergency medicines, patient group directions, emergency equipment and health and safety were not managed effectively.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>