

# The Meads 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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to The Meads Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Meads Medical Centre on 3 December 2015. The practice was rated as requires improvement overall, inadequate in safe and requires improvement in effective, caring, responsive and well-led. We undertook a second comprehensive inspection on 13 July 2016. The practice had made significant improvements and was rated as good overall and in safe, effective, caring, responsive and well-led.

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

- The practice had made improvements to their governance systems since their December 2015 inspection. For example, risks to patients were assessed and well managed.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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. The practice continued to make improvements in relation to staff training and associated records.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Improvements had been made to recruitment processes and appropriate employment checks including Disclosure and Barring (DBS) checks had been undertaken.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they did not always find it easy to make an appointment with a named GP or to get through to the practice by phone. However the practice had taken steps to address this by releasing additional GP appointments and ensuring more staff were available to answer the phone during busy times.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- Improvements had been made to fire safety procedures and fire drills had been incorporated into the management of risk in this area.
- 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.
- All staff were trained at the appropriate level in safeguarding children and vulnerable adults.

The areas where the provider should make improvement are:

- To ensure that a report is compiled following regular fire drills identifying areas of good practice and areas where improvements are required.
- To continue to address patient concerns with access to GP appointments and ensure improvements are ongoing and sustainable.
- To continue to ensure that training records are maintained for all staff, including nursing staff attending infection control training updates.

**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
- 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. There had been significant improvements since the December 2015 inspection.

Improvements included;

- All staff had received a DBS check.
- Reception staff undertaking chaperone duties had received training.
- The practice had improved the security of patient identifiable information.
- Staff had received training in fire safety and fire drills had been carried out. However, there was no report available where learning and action taken was recorded.
- All staff had attended basic life support training.
- There was evidence that clinical staff were up to date with Hepatitis B immunisations.
- Risks to patients were assessed and well managed.

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 comparable to the local and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and work was underway to embed completed cycle audits into the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Good



# Summary of findings

- Improvements had been made in the delivery and attendance at staff training.
- 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.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparably for several aspects of care. There was also evidence of improvement in some areas, such as patient's experience of reception staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## 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.
- During the December 2015 inspection, feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day with a paramedic practitioner. Patient feedback via the national GP patient survey rated the practice considerably lower than others for access to care and treatment. During the July 2016 inspection patient feedback continued to highlight concerns about access to GP appointments. However, we saw that clear action by the practice had included increasing the number of phone lines during busy times resulting in an 11% improvement in patient satisfaction in this area. We also saw that a further 16 GP appointments a week had been made available. There was also evidence of the practice working closely with the patient participation group to address these concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

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

## Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice was working on developing their strategy and staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. This was an area of improvement since the December 2015 inspection.
- Improvements had been made to the overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk. Action to improve the management of risk was visible within the practice.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels and clear evidence of improvement within the practice since the previous inspection in December 2015.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offers an ophthalmology review service to ensure accessibility for older patients by reducing travel and waiting times.
- Older, frail patients at risk of admission have personal care plans and regular reviews.
- A community navigator from Age Concern is available to help older patients to access appropriate support.

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.
- Performance for diabetes related indicators was similar to the national average. At 92.2% this was comparable to the CCG average of 90.2% and the national average of 89.2%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met, including patients living in residential care settings. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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.

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 76%, which was comparable to the CCG average of 75% and the national average of 75%.
- Appointments were available outside of school hours and the premises were suitable for children and babies, including immediate access to the urgent care service.
- 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, flexible and offered continuity of care.
- Extended hours appointments were available from 7.30am on a Monday and Wednesday and until 7.30pm on a Monday.
- 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 homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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).

- 74% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average. The practice had proactively sought patients who were at risk of dementia in order to bring their prevalence in line with the national average.
- Performance for mental health related indicators was better than the national average at 100% compared to 95.4% (CCG) and 92.8% (national).
- 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 224 survey forms were distributed and 115 were returned. This represented 1.4% of the practice's patient list.

- 59% of patients found it easy to get through to this practice by phone compared to the national average of 73%. This was an improvement of 11% since the previous inspection in December 2015.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%. This was an improvement of 17% since the previous inspection in December 2015.
- 73% of patients described the overall experience of this GP practice as good compared to the national average of 85%. This was an improvement of 4% since the previous inspection in December 2015.

- 55% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%. This was an improvement of 7% since the previous inspection in December 2015.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Comments about the quality of care included that staff were considerate, helpful and friendly and that staff listened to and involved patients in their care. However, of the 22 comment cards we received, nine included more negative comments about the length of time they felt they had to wait for an appointment.

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

# The Meads 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 a practice manager specialist adviser.

## Background to The Meads Medical Centre

The Meads Medical Centre offers general medical services to people living and working in Uckfield and surrounding areas.

The surgery has two partner GPs (male and female). There are four salaried GPs, two paramedic practitioners, two practice nurses with a third in the process of being recruited. There are two healthcare assistants, a practice manager, an assistant practice manager and a team of reception and administrative staff. There are approximately 8,370 registered patients.

The practice was open between 8.30am and 6.30pm from Monday to Friday. Extended hours appointments were available on one evening up to 8pm and two mornings from 7.30am each week. In addition to pre-bookable appointments urgent appointments were also available for

people that needed them. The practice employed two paramedic practitioners who provided

urgent care appointments and telephone triage appointments on a daily basis, working together with the duty doctor to provide this service.

The practice runs a number of services for its patients including an urgent care clinic, asthma clinics, child immunisation clinics, ophthalmology services, diabetes clinics, new patient checks, and weight management support.

Services are provided from:

Bell Farm Road, Uckfield, East Sussex, TN22 1 BA

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider (111).

The practice delivers services to a slightly higher number of patients who are aged 65 years and over, when compared with the CCG and national average. Care is provided to patients

living in residential and nursing home facilities and a local hospice. Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is lower than the national average.

The practice was subject to a previous inspection in December 2015 where they were found to be inadequate in safe and requires improvement in effective, caring, responsive and well-led services. We undertook this comprehensive inspection on 13 July 2016 to confirm that the practice now meet the regulations.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 July 2016. During our visit we:

- Spoke with a range of staff including GPs, paramedic practitioners, nurses, the practice manager and reception and administrative staff. We also spoke with patients who used the service including two members of the patient participation group.
- 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 form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example an incident resulting from a delay in a prescription for a patient who had been seen on a home visit had been discussed at a practice meeting the following week and amendments made to the home visit protocol on the same day.

### 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. There were improvements to staff training since the December 2015 inspection. GPs and nursing staff were trained to child protection or child safeguarding level 3 and had all attended vulnerable adult safeguarding training.

- A notice in the waiting room advised patients that chaperones were available if required. During the previous inspection in December 2015 not all staff undertaking chaperone duties had been trained and had not always received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). On 13 July 2016 we saw that all staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, infection control was discussed at nurses meetings and regular meetings between the practice manager and cleaning contractor were held to discuss the cleaning schedule. There were improvements noted since the December 2015 inspection and staff had attended training in infection control. However, not all clinical staff had a record of infection control training although we saw evidence of the infection control lead cascading information during clinical meetings and action was being taken to ensure all clinical staff complete the training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy

## Are services safe?

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five 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. During the December 2015 inspection it was identified that not all risks were adequately assessed and well managed. We saw that improvements had been made in this area with areas of risk regularly discussed at practice meetings and staff being informed of risk assessments carried out. The practice had a health and safety policy and up to date fire risk assessments. They had carried out a fire drill since the previous inspection and we viewed a record of this, however the practice had not compiled a report of the drill to record areas for improvement and learning. 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- During the December 2015 inspection it was identified that staff were undertaking home visits without this being risk assessed. In particular a member of the administrative team had been undertaking home visits without appropriate training. During the July 2016 inspection we were told that administrative staff were

no longer undertaking home visits. We saw that all clinical staff undertaking home visits had been DBS checked and appropriate training to carry out the role, including safeguarding training.

- 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. For example, nursing staff covered for each other and we saw that the practice was continuing to address staffing difficulties and were in the process of recruiting to the nursing team in order to strengthen the numbers. Staff we spoke with told us there had been staffing improvements since the December 2015 inspection and that a period of turbulence as a result of unexpected staffing pressures had settled.
- Risks associated with the security of patient identifiable and confidential information had been addressed by the practice and correspondence trays containing confidential information were no longer stored outside of consultation rooms.

### 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 in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.2% of the total number of points available. Exception reporting was similar to CCG and national 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 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. At 92.2% this was comparable to the CCG average of 90.2% and the national average of 89.2%
- Performance for mental health related indicators was better than the national average at 100% compared to 95.4% (CCG) and 92.8% (national).
- Hypertension related indicators were worse than average at 84%, 13.3% below CCG average and 13.8% below national average. Exception reporting was lower than average in this area.
- Chronic obstructive pulmonary disease (COPD) related indicators were similar to CCG (97.8%) and national averages (96%) at 100%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last year. For example, we viewed a benzodiazepine audit where we saw the practice was working to reduce prescribing. Other audits included reviews of patient assessment records and an audit to improve performance in atrial fibrillation indicators. We saw clear plans for repeat audit cycles. the practice had continued to carry out repeat audit cycles to review the monitoring of patients prescribed Disease Modifying Antirheumatic Drugs (DMARDs) and following the December 2015 inspection now held a register of these patients.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of emergency admission care plans included sessions with clinical staff to improve the use of the care planning template.

Information about patients' outcomes was used to make improvements such as:

- Patient information being developed as a result of a significant event where a diabetic patient had been unaware of the impact of a steroid injection on the management of their diabetes. The information included easy to read information on possible side effects and guidance for patients on further support.

### 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. We saw evidence of completed induction records and probationary reviews.
- 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. GPs had specific training in areas such as end of life and palliative care, gynaecology, family planning and sexually transmitted infections.
- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Improvements were noted in the number of staff having received appraisals following the implementation of a practice improvement plan by the practice manager. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice had made improvements to the training available to staff and ensured they had the time to attend training. Records showed improvements in this area although nursing staff told us there were some difficulties with them attending training due to shortages in the team. However, this was being addressed and there were improvements from their previous inspection.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and general lifestyle issues. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 75% and the national average of 75%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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.

## Are services effective? (for example, treatment is effective)

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds and five year olds ranged from 93% to 96%.

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

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

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%. This was an improvement of 16% since the December 2015 inspection.

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

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

Results from the national GP patient survey showed patients responded 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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 99% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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.
- Information leaflets were available in the waiting area.

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

## Are services caring?

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 80 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them including a specific carer's clinic.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments on two mornings and one evening each week for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice provided care and support to patients with a learning disability living in a nearby residential facility.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Urgent care clinics run by paramedic practitioners and a GP were available to patients throughout the day on five days each week.
- There was lift access to all floors of the practice and there was an area of the reception desk which was lower so that patients in a wheelchair could comfortably access reception staff.
- There was disabled access to all areas of the building.
- An ophthalmology review service was available within the practice.
- The practice worked closely with multidisciplinary teams to manage the care of patients at high risk of unplanned hospital admission and those receiving end of life care.

### Access to the service

The practice was open between 8.30am and 6.30pm from Monday to Friday. Telephone cover was available between 8.00am and 8.30am every day and urgent enquiries would be addressed. Extended hours appointments were available on one evening up to 8pm and two mornings from 7.30am each week. In addition to pre-bookable appointments urgent appointments were also available for people that needed them. The practice employed two paramedic practitioners who provided

urgent care appointments and telephone triage appointments on a daily basis, working together with the duty doctor to provide this service.

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

- 63% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 59% of patients said they could get through easily to the practice by phone compared to the national average of 73%. However, following an audit of phone activity between January and April 2016 the practice had increased the number of staff answering phones during the times identified as busiest. This has seen an improvement in satisfaction in this area of 11% since the December 2015 inspection.

Feedback from comment cards and people on the day of the inspection told us that they were able to get appointments when they needed them although some told us they sometimes had appointments with a paramedic practitioner rather than a GP. The practice was working with their patient participation group to address this area and we saw that information was shared with patients on a daily basis via a message board within the practice.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Home visits were the responsibility of the duty doctor who would assess and prioritise visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits and there was a clear protocol in place to manage the process.

### 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.

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

- 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.

We looked at 26 complaints received in the last 12 months and found these were dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a

result to improve the quality of care. For example, action had been taken to improve access to appointments for patients by increasing the number of GP appointments available. There had been a clear improvement in patient satisfaction in this area with a 17% increase in patients saying they were able to get an appointment when they needed one and the overall figure was comparable to the national average.

# 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 clear mission statement and staff knew and understood the values.
- The had begun to work on a strategy and supporting business plans and we saw that discussions had taken place on the future of the practice and how services could develop.

Staff and members of the PPG (patient participation group) we spoke with told us that following a significant period of challenge in 2015 where there had been prolonged sick leave and other staffing pressures, 2016 to date had been a time for creating stability within the practice. We were consistently told that cohesion within the staff team and combined action to improve identified areas had led to staff feeling supported with greater clarity about their roles and the future of the practice.

### 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. These had been embedded since the previous inspection in December 2015 and we saw that policy updates were regularly discussed at practice meetings.
- A comprehensive understanding of the performance of the practice was maintained with clear action taken to improve areas of identified poor performance such as patient satisfaction with access to services.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements, although this was in the early days of implementation and needed to be properly embedded within the practice.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This was an area of improvement

identified since the December 2015 inspection. For example, risks associated with home visits had been identified and addressed and all staff within the practice had been subject to a DBS (Disclosure and Barring Service) check.

### 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 were approachable and always took the time to listen to all members of staff. A practice manager had been in post for nine months and staff, GPs and members of the patient participation group (PPG) consistently told us the practice manager had taken significant steps to ensure improvements within the practice.

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

# Are services well-led?

Good 

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

## 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 every six weeks, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG worked with the practice manager to develop the patient survey. They were also involved in an audit of the telephone system and were consulted around action to take to improve the system.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. They were

also planning to undertake staff surveys. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice manager had led the implementation of an improvement plan which had identified areas of priority in the practice. We saw that significant improvements had been made in areas such as patient access to appointments, staff training and risk management. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, by providing on the day urgent care appointments for patients within the practice.