

# Forest Hill Group Practice

## Quality Report

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Date of inspection visit: 8 February 2018  
Date of publication: 29/03/2018

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

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Requires improvement</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

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## Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** At our previous inspection on 22 June 2017 the practice was rated as inadequate and placed into special measures this followed our first inspection on 12 April 2016 where the practice was rated as requires improvement.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

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 – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Forest Hill Group Practice on 8 February 2018. This

inspection was undertaken as the service was rated as inadequate at our previous inspection and placed into special measures. At our last inspection on 22 June 2017 the practice was rated as inadequate for providing services that are safe and well led and requires improvement for effective. We identified breaches of regulations 12 and 17 of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches related to the practice failing to adequately assess and mitigate risks associated with infection control, the management of medicines and equipment, and recruitment and monitoring. In addition, the practice's chaperoning procedures did not ensure patients were kept safe. The practice had also not reviewed high rates of exception reporting and did not have adequate systems in place to follow up patients following a cervical screening test.

Prior to that we inspected the service on 12 April 2016 and rated the service requires improvement for providing care that was safe, effective and well led. We identified breaches of regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches related to deficiencies in safety systems for the management of medicines, infection control, recruitment and training. There was also limited evidence of quality improvement work, lack of effective systems relating to the management of significant events and a lack of effective policies and processes. Staff also had not received an annual appraisal and there was a lack of mechanisms to ensure staff felt supported.

At this inspection we found:

# Summary of findings

That the concerns from our previous inspection had all been addressed. The practice had taken action not only to address the concerns identified on our last inspection but also to improve leadership and management to ensure that improvements made were embedded and sustained.

For example:

- The practice now had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- 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.
- Staff treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

However:

- Although national patient survey scores were largely positive in respect of access, some patients that we spoke with on the day of the inspection found it difficult to access routine appointments or get through on the telephone and the next available routine GP appointment was four weeks. The

practice had recently recruited four additional salaried GPs with a view to improving both access and continuity of care for patients and was in the process of upgrading their phone systems.

- The practice had not met Public Health England targets related to childhood immunisations and cervical screening. Public Health England data for targets related to smoking cessation also indicated that the practice was performing below local and national averages though unverified data provided by the practice indicated that they were meeting this target.

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

- Work to monitor and improve access to routine appointments and to monitor and improve telephone access.
- Work to improve the care of patients with rheumatoid arthritis and fragility fractures, increase the uptake of childhood immunisations and review higher than average exception reporting rates.
- Improve systems and processes that support the identification and record keeping in respect of patients with caring responsibilities to enable appropriate support and signposting to be provided.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Forest Hill Group Practice

## 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, an inspection manager, a member of the CQC learning and development team and an expert by experience.

## Background to Forest Hill Group Practice

Forest Hill Group Practice is part of Southwark CCG and serves approximately 12,500 patients. The practice is registered with the CQC for the following regulated activities Maternity and Midwifery Services; Surgical Procedures; Diagnostic and Screening Procedures; Family Planning and Treatment of Disease, Disorder or Injury.

The practice population has a slightly higher proportion of working age people and slightly lower proportion of those over 65 than the national average. The surgery is based in an area with a deprivation score of 6 out of 10 (1 being the most deprived).

The practice is run by two GP partners; who are female. There are also three female and one male salaried GP. The practice is a teaching and training practice and has one GP trainee. The practice also trains primary care pharmacists though there is no student currently at the practice. The practice also employs a full time advance nurse practitioner, three practice nurses and two full time pharmacists.

The practice is open at 7.30am every week day and closes at 7.30pm Monday to Wednesday and 6.30pm Thursday and Friday. Appointments are available during these hours.

The practice offers 44 GP sessions per week.

Forest Hill Group Practice operates from a property with treatment and consulting rooms based over two floors with additional rooms used as office space or by other services that the practice hosts on the third floor. The service is accessible to patients with mobility issues. Staff told us that they could accommodate those with mobility issues on the ground floor but had also installed a stair lift to assist people accessing care on the upper floors.

Practice patients are directed to contact the local out of hours service when the surgery is closed and the practice can also book patients at a local GP hub which provides appointments from 8am until 8pm seven days per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice had difficulties recruiting and retaining both clinical and non-clinical staff over the last two years. Since our last inspection the partnership had lost two partners and the practice manager. We were told that the practice had successfully recruited a new practice manager who was due to start a few weeks after the inspection.

The practice is part of a GP federation.

# Are services safe?

## Our findings

**At our first inspection we rated the practice the practice as requires improvement for providing services that were safe. The concerns identified on inspection related to the management of significant events, absence of child safeguarding training for nursing staff, absence of basic life support training, infection control, medicines management and recruitment procedures. At our last inspection we rated the practice as inadequate for providing safe services. Again we found concerns in respect of significant event management, infection control, medicines management and recruitment and training. At this inspection we found that previous issues and concerns had been addressed. The practice is now rated as good for providing safe services.**

### Safety systems and processes

At our last inspection we found that staff were not chaperoning in accordance with best practice and guidance. This issue had been addressed and all staff had now received chaperone training and understood how to chaperone correctly. At the last inspection we found that there were some staff who did not have references. We also found that the arrangements in place to identify and mitigate risks associated with infection control were not effective as there was a lack of training for staff, not all risks in the latest infection control audit had been mitigated and staff did not have clear understanding of infection control procedures.

At this inspection we found that all necessary recruitment checks had been completed and that there were effective systems in place to identify and mitigate risks associated with infection control. In addition we found the practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. There were 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.
- The practice carried out (DBS
- 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.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. A number of staff had left during the period between our last inspection and this inspection. The practice had lost two of the partners and the practice manager and a number of salaried GPs had also left. The practice had used locum staff to fill vacancies and had made use of the extended access hub operated by the federation to ensure that patients had access to on the day appointments when these were limited. At this inspection we were informed that two salaried GPs had recently started at the practice and that another was due to start that month. The practice aimed to stabilise the workforce would improve both appointment availability and continuity.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

# Are services safe?

## 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 which was confirmed from reviewing records.

## Safe and appropriate use of medicines

At the last inspection we found that there was a lack of effective systems in place to ensure that prescriptions were stored securely and their use monitored, some Patient Group Directions (PGDs) had not been fully completed and we found some expired equipment stored with the practice's emergency medicine supply. These issues had been addressed at this inspection and the practice now had safe and reliable systems for the appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines and emergency medicines and equipment, minimised risks. The practice kept prescription stationery securely and monitored its use.
- There were valid PGDs in place for nursing staff.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately, predominantly by the practice pharmacists. The practice involved patients in regular reviews of their medicines.

## Track record on safety

We found that there were good systems in place to respond to and manage risks

- There were comprehensive risk assessments in relation to safety issues. Most of the action points within risk assessments had been acted upon with the exception of the risk assessment related to fixed wiring within the service. However, we were shown evidence that remedial works to address these risks were scheduled to be completed by 19 February 2018.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

At our last inspection we found that there was a lack of awareness among staff about how to report a significant event and learning from events was not embedded.

We found at this inspection that staff were aware of the significant event process and that staff 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.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example the practice had tightened safety netting processes for referrals for urgent diagnostic reviews in response to a delay in a patient attending an appointment for an urgent assessment.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. The practice pharmacist would provide details of batch numbers of effected medicines to the local pharmacy.

# Are services effective?

(for example, treatment is effective)

## Our findings

**At our first inspection completed on 12 April 2016 we rated the practice as requires improvement for providing effective services as not all staff were receiving regular appraisals and there was no formal induction process in place, not all staff had completed essential training including safeguarding, infection control and basic life support and there was no evidence of work including audit being undertaken which resulted in quality improvement. At our inspection completed on 22 June 2017 we rated the practice as requires improvement as we found that staff were receiving appraisals and work designed to improve the quality of clinical care was being undertaken. However there had been no analysis of higher than average exception reporting rates. Not all staff had completed essential training and there was no system in place for following up patients referred for colposcopy.**

**At this inspection we found that there were still a number of clinical indicators for which the practice was performing below local and national averages. Consequently the practice remains rated as requires improvement for providing effective services.**

### 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.
- The practice was not an outlier in respect of its prescribing of antibiotics or hypnotics.
- 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.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.

- The practice participated in a scheme within the locality to offer holistic health assessments to frail or vulnerable older people.
- The practice supported patients who lived in a local residential care home. The manager of this service told us that they were satisfied with the quality of clinical care provided by the practice.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

### People with long-term conditions:

- 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.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice held virtual clinics with specialist consultant support to help manage complex patients with Diabetes, atrial fibrillation, Hypertension and Chronic Obstructive pulmonary disease.
- The practice had in-house clinics which were run by the practice pharmacists and had planned diabetes workshops in February 2018.

### 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 below the target percentage of 90% for three of the four immunisations with rates of immunisations between 84% and 85%. The practice told us that they were aware of the lower uptake rate and that this was due to the fact that many of their parents did not want their child to receive combined vaccines. However the practice offered three childhood immunisation clinics each week and would offer immunisations on an ad hoc basis. Reception staff were proactive in contacting new parents to arrange appointments for immunisations.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

# Are services effective?

## (for example, treatment is effective)

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

- The practice's uptake for cervical screening was 72%, which was comparable to the CCG average and the same as the national average. At our last inspection we found that there was no effective system in place for monitoring and following up patients who were referred for colposcopy. The practice had now implemented a system to ensure that patients who were referred to colposcopy were followed up if results were not received by the practice.
- The practice had systems to inform eligible patients to have the meningitis vaccine.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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 those with a learning disability. The practice told us that these checks were a priority and they were proactively trying to ensure that all patients received a check this year.

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

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 92%; CCG 92%; national 91%);

and the percentage of patients experiencing poor mental/ physical health who had received discussion and advice about smoking cessation (practice 93%; CCG 95%; national 95%).

- The practice had access to support from consultant mental health specialists.
- The practice worked with the federation to provide multi-disciplinary care for mental health patients.

### Monitoring care and treatment

At our last inspection we found that there was no oversight of higher rates of exception reporting rates. At this inspection staff were able to outline analyses undertaken of higher rates of exception reporting which indicated that exception reporting rates for the most recent QOF year were due to low patient numbers or that those patients exception reported were done so appropriately.

The most recent published Quality Outcome Framework (QOF) results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 97%. The overall exception reporting rate was 7.9% compared with a national average of 9.6%. (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.)

There were some indicators where performance was lower than the local and national average. For example the percentage of patients with rheumatoid arthritis who had a face-to-face review (last 12 months) was 71.7% in the practice compared with 90.4% in the CCG and 86.8% nationally. 54% of these patients had been reviewed so far in the current QOF year. From reviewing patient notes we found that the practice had been actively recalling these patients.

Patients aged over 75 with a fragility fracture that had been treated with bone-sparing agent was 50.0% in the practice compared with 86.2% in the CCG and 74.0% nationally. We found that this was due to the fact that there were only a small number of patients who met this criteria on the patient list.

- There were a number of areas where exception reporting was higher compared to other practices. For example:

# Are services effective?

## (for example, treatment is effective)

- The percentage of patients with peripheral arterial disease exception reported was 14.1% in the practice compared with 3.8% in the CCG and 5.8% nationally. From an interrogation of the clinical record system we found that there were issues around clinical coding but of the records reviewed of patients who were exception reported and found that this was appropriate.
- The percentage of patients exception reported under the cardiovascular disease - primary prevention indicator was 60.0% in the practice compared with 14.2% in the CCG and 25.3% nationally. However the practice told us they only had two patients who required assessment under this indicator.
- The percentage of patients with Rheumatoid arthritis who were exception reported was 20.8% in the practice compared with 2.5% in the CCG and 6.7% nationally. We reviewed records of patients who were exception reported and found that this was appropriate.
- The practice was actively involved in quality improvement activity. For example the practice had completed an audit of antibiotic prescribing for patients with urinary tract infections. The practice reviewed antibiotics prescribed for this type of infection in 2016. It found 60% of patients had correct doses of antibiotics prescribed, 65% were prescribed the antibiotic for the correct period of time, and 65% were directed to the correct frequency of treatment. The practice feedback the findings in a clinical meeting and displayed posters with antibiotic guidelines around the practice. During the second cycle completed in 2017 the practice had increased compliance with guidelines to 100%, 100% and 94% respectively.
- The practice had also completed an audit related to the provision of counselling and documentation of relevant information in respect of contraceptive implants. The provision of counselling information remained consistent between the first and second cycle of the audit; with all patients receiving counselling. There was a noted improvement in respect of the clinician documenting the expiry date of the implant which was observed to have been inconsistently noted in the first cycle but was completed for all insertions undertaken after the first cycle.

### Effective staffing

At our last inspection we found that a number of staff had not completed essential training including information governance, basic life support training, infection control and fire safety training. At this inspection we found that staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. Essential training had been completed by all staff.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### 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.
- 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 worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

# Are services effective?

(for example, treatment is effective)

- 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.
- 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. Data from Public Health England from 2016/17 indicated that the percentage of smokers with a record of an offer of support and treatment was 71% compared with 91% in the CCG and 89% nationally. The practice provided unverified data from their patient

record system after our inspection which showed that 90% of smokers had been offered support and treatment. This covered the period from March 2016 to March 2018.

## 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

**At our last two inspections we rated the practice as good for providing caring services. The practice, and all of the population groups, continues to be rated 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.
- All of the six patient Care Quality Commission comment cards we received were positive about the service experienced. However one comment referred to difficulties getting an appointment and another mentioned issues with repeat prescribing. Patients we spoke to on the day were mostly satisfied with the quality of care provided though two of the 10 patients spoken to stated felt that GPs were sometimes not compassionate.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and sixty two surveys were sent out and 96 were returned. This represented about 0.75% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.
- 86% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 83%; national average - 86%.

- 88% of patients who responded said the nurse was good at listening to them; (CCG) - 85%; national average - 91%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 86%; national average - 91%.

### 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.
- 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. They helped them ask questions about their care and treatment.

The practice identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had 81 patients coded as carers on the patient record system (0.6% of the practice list).

- The practice offered carers annual flu immunisations.
- Staff told us that if families had experienced bereavement, their usual GP sent them a sympathy card which included information on how to find a support service.

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:

- 93% 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 83% and the national average of 86%.
- 85% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 77%; national average - 82%.

## Are services caring?

- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 85%; national average - 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 80%; 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 had systems and processes which facilitated compliance with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous two inspections we rated the practice as good for providing responsive services. At this inspection we rated the practice 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.

- The practice provided extended opening hours, online services such as repeat prescription requests and directed people to local services to assist with common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example the practice had a chairlift installed for patients with mobility difficulties to enable them to access the upper floors and we were told that typically these patients would be accommodated on the ground floor. However we saw instances during the inspection where patients with mobility aids were climbing stairs to access the upper floors and were not offered assistance.
- 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 whatever setting they lived, whether it was at home or in a care home or supported living scheme. Continuity of care had been difficult as a result of staff turnover but the practice had employed four additional GPs since our last inspection with the aim of improving continuity of care for patients.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

#### People with long-term conditions:

- 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.
- 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

#### 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 and flexible. The practice had worked to improve continuity of care by recruiting new GPs. The practice provided extended opening hours appointments. We were told that clinical staff would on occasion move the days that they offered extended hours in response to demand from patients. The practice could refer patients with acute presentations to the local extended access hubs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

#### People whose circumstances make them vulnerable:

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They had systems in place to enable homeless patients to register if they had no fixed address.

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 hosted a psychologist.

### Timely access to the service

The next available routine GP appointment was four weeks away and the next available appointment with a nurse or advanced nurse practitioner was 21 February 2018. The practice offered 50 same day appointments. Any patient calling after these appointments had been booked would be placed on an overflow list and telephone triaged by a clinician who could either deal with their problem over the phone, offer an appointment at the extended access hub or book the patient in to be seen. The practice had worked to recruit additional staff but had previously had to rely extensively on locum staff to fill gaps. Four of the 10 patients that we spoke with on the day of the inspection mentioned long wait times for routine appointments. However the practice had successfully recruited four GPs with a view to improving continuity of care. We were told that two of the recently recruited GPs had initially been allocated acute same-day patients to enable them to acclimatise to the new working environment which impacted on the availability of routine appointments.

The partners had set aside the remainder of GP resilience funding to employ a consultant who could review and improve patient access.

The practice had systems in place to enable patients with the most urgent needs to have 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 comparable to local and national averages. This was supported by observations

on the day of inspection and completed comment cards. Two hundred and sixty two surveys were sent out and 96 were returned. This represented about 0.75% of the practice population.

- 76% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 80%.
- 65% of patients who responded said they could get through easily to the practice by phone; CCG – 75%; national average - 71%.
- 71% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 73%; national average - 76%.
- 62% of patients who responded described their experience of making an appointment as good; CCG - 70%; national average - 73%.

Four of the 10 patients we spoke to also reported difficulties in getting through to the practice by telephone. The practice was planning to upgrade the phone system and had received quotes for this. The practice also was actively looking to recruit two additional reception staff to assist with taking calls and the interim practice manager told us of plans to restructure the reception team to ensure there were more people available to take calls.

### 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. Fourteen complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted on the basis of this information to improve the quality of care. For example a number of complaints related to difficult in obtaining an appointment and getting through to the practice on the telephone. The

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

practice had recruited additional GPs to increase the number of appointments and improve continuity. In addition the practice was obtaining quotes with a view

to upgrading the telephone system. The practice was recruiting additional reception staff and planned to restructure the reception staff to improve telephone access.

# Are services well-led?

Good 

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

## Our findings

**At our first inspection we rated the practice as requires improvement for providing well led services as concerns raised in respect of the safe and effective key questions highlighted deficiencies in governance. This has not improved at the time of our second inspection which resulted in the practice being rated as inadequate for this key question. At this inspection we found that there had been improvements in the practice's governance arrangements. Consequently the practice is now rated as good for providing a well led service.**

### Leadership capacity and capability

Leaders had made efforts to improve the governance and put the practice on a stable and sustainable position.

- 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. They prioritised compassionate and inclusive leadership. The two partners had reduced their clinical sessions to ensure that they had sufficient time to effectively monitor and respond to business needs.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice strategy had predominantly focused on making improvements and ensuring there were sufficient staff to provide services for patients but there was also evidence of future strategic planning to ensure the practice continued to operate effectively.

- There was a clear vision and set of values. The practice had a realistic strategy and business plans to achieve priorities and address weaknesses.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. For example they held clinics for diabetes and planned diabetes workshops in February 2018.
- The practice monitored progress against delivery of the strategy.

### Culture

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

- Staff stated they felt respected, supported and valued.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff.

### Governance arrangements

At our last inspection we found that there was a lack of effective governance systems in place which limited the

# Are services well-led?

Good 

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

practice's ability to provide safe and effective care. At this inspection we found that there were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. 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 proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

At our last inspection we found that the practice lacked systems and processes which identified and addressed risks. At this inspection arrangement for the management of risks had improved and there were now clear and effective processes for 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.
- The practice had processes to manage current and future performance. Practice pharmacists had oversight of MHRA alerts and incidents, and complaints were well managed.
- 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.
- The practice had 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 actively discussed.
- 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 consulted with patients about the service provided though we were told by the patient participation group that there was a lack of information from the practice about complaints. However we were also told of instances where the practice had acted upon suggestions from the PPG around the provision of educational sessions for patients with long term and mental health conditions.

There was a patient participation group (PPG). We were told that there were approximately 20 members. We were told by both the practice that the PPG had made suggestions around the provision of educational sessions targeting particular population groups. For example the practice were holding diabetes educational sessions in February 2018 and were due to host a member of the counselling service at the next PPG meeting. However the PPG informed us that they were not involved in discussions around complaints and that the practice had not provided information on demographics that the PPG had requested.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

# Are services well-led?

Good 

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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice participated in virtual clinics with specialist consultants to assist in the management of patients with complex long term conditions. The advice provided improved clinical knowledge of complex conditions which could be applied to every day practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared with staff and used to make improvements. For example staff fed back concerns about the practice's cleaning arrangements and the practice was now in the process of changing cleaning contractors.
- The practice had arranged two diabetic educational meetings in February which aimed to provide support and advice on self-management.