

# Upperthorpe 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?	Requires improvement	

# 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 Upperthorpe Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Upperthorpe Medical Centre on 15 September 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were generally assessed and well managed. On the day of inspection we observed that disclosure and Barring Service (DBS) checks were not in place for administrative staff who acted as chaperones. Following the inspection we have been advised that all staff that carry out chaperoning have now been DBS checked and the certificates have been received.
- On the day of inspection we observed that prescriptions were not tracked through the practice to comply with NHS Protect Security of prescription

forms guidance (Updated August 2013). Following the inspection, we have seen evidence that the practice has implemented a prescription tracking log to ensure the safety of all prescriptions.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- 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.

The areas where the provider must make improvement are:

- Disclosure and Barring Service (DBS) checks must be in place for administrative staff who act as chaperones.

- Ensure prescriptions are tracked through the practice to comply with NHS Protect Security of prescription forms guidance (Updated August 2013).

The area where the provider should make improvement are:

- An infection prevention and control audit should be carried out at the branch surgery.
- Parliamentary Health Service Ombudsman details should be added to the complaints leaflet. .

**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.

- Although risks to patients who used services were generally well assessed, some of the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, on the day of inspection we observed that Disclosure and Barring Service (DBS) checks were not in place for administrative staff who acted as chaperones. Following the inspection we have been advised that all staff that carry out chaperoning have now been DBS checked and the certificates have been received.
- Prescription governance did not fully comply with NHS Protect Security of prescription forms guidance (Updated August 2013). Following the inspection, we have seen evidence that the practice has implemented a prescription tracking log to ensure the safety of all prescriptions.
- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.

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 above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



# Summary of findings

- 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was part of the Prime Ministers Challenge Fund to improve access for patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. Learning from complaints was shared with staff and other stakeholders. The response time for acting on complaints needed to reflect the complaints policy.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- Although risks to patients who used services were generally well assessed, some of the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, on the day of inspection we observed that Disclosure and Barring Service (DBS) checks

Requires improvement



# Summary of findings

were not in place for administrative staff who acted as chaperones. Following the inspection we have been advised that all staff that carry out chaperoning have now been DBS checked and the certificates have been received.

- Prescription governance did not fully comply with NHS Protect Security of prescription forms guidance (Updated August 2013).
- 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 sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

# 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.
- A named GP took the lead for two nursing and residential homes allocated to the practice. They held a weekly clinic at the home incorporating medication and long term condition reviews along with regular appointments. The matron that we spoke to on the day of inspection at one of the nursing homes described the services offered by the practice as 'exemplary'

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 long term condition management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national average. For example, the percentage of patients with diabetes, on the register who had a foot examination in the preceding 12 months was 87% (CCG average and national average 88%).
- 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. 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.

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 94%, which was higher than the CCG average of 89% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

## **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.
- 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.

Good



# Summary of findings

- 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.

## 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 living with dementia).

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 86% and the national average of 84%.
- Performance for mental health related indicators was higher than the CCG and national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 98% (CCG average 90%; national average 88%).
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living 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 those living with dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 244 survey forms were distributed and 109 were returned. This represented a response rate of 45% compared to the national average of 38% and represented 3% of the practice's patient list.

- 78% of patients found it easy to get through to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG and the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Patients described the GPs as understanding and caring and they had confidence in the practice.

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

# Upperthorpe Medical Centre

## Detailed findings

### Our inspection team

#### 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 Upperthorpe Medical Centre

Upperthorpe Medical Centre is located in Sheffield city centre and has a branch surgery at Ecclesall. The practice provides services for 11,200 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the fifth more deprived areas in England. The age profile of the practice population is similar to other GP practices in the Sheffield Clinical Commissioning Group (CCG) area.

The practice has seven GP partners four female and three male, three practice nurses and one healthcare assistant. They are supported by a team of practice management staff and an administration team. The practice is open between 9am to 12.30 and 2pm to 6pm Monday, Tuesday, Wednesday and Friday and 9am to 12 midday on Thursdays. Appointments with staff are available at various times throughout the day. Extended hours are offered on Mondays and Fridays from 7am to 8am and Saturdays from 8.30 to 10am.

Patients requesting same day appointments are triaged over the telephone and offered a face to face appointment if required. When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 September 2015. During our visit we:

- Spoke with a range of staff (GPs, practice nurses, health care assistant, manager of a local nursing home, practice manager, administrative and reception staff) and spoke with patients who used the service.
- Observed interactions with patients who were being cared for.
- 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?

# Detailed findings

- 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 a 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 record relating to a power failure in the vaccine fridge contained the investigations undertaken and reported. This was discussed and shared with practice staff at a practice meeting.

### Overview of safety systems and processes

The practice had some 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 child and adult safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. On the day of inspection we noted that all staff who acted as chaperones were trained for the role but the administrative staff who acted as chaperones had not received a Disclosure and Barring Service (DBS) check. Following the inspection we have been advised that all staff that carry out chaperoning have now been DBS checked and the certificates have been received. (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). Since the inspection we have seen evidence that the practice had risk assessed the decision to not carry out DBS checks for administrative staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection prevention and control protocol in place and staff had received up to date training. An infection prevention and control audit had been undertaken at the main surgery and we saw evidence that action was taken to address any improvements identified as a result. On the day of inspection we noted that an infection prevention and control audit had not been carried out at the branch surgery. Since the day of inspection, we have seen evidence that an audit has been carried out at the branch surgery. As part of our inspection we visited the branch surgery and found the premises to be clean and tidy.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally kept patients safe however we noted on the day of inspection that prescriptions were not tracked through the practice to comply with NHS Protect Security of prescription forms guidance (Updated

## Are services safe?

August 2013). Following the inspection, we have seen evidence that the practice has implemented a prescription tracking log to ensure the safety of all prescriptions.

- 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 teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found some appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body however we noted that appropriate checks through the Disclosure and Barring Service had not been completed for administrative staff who acted as chaperones. Following the inspection we have been advised that all staff that carry out chaperoning have now been DBS checked and the certificates have been received.

### Monitoring risks to patients

Some risks to patients were assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. 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).

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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 98% of the total number of points available which is 7% higher than the CCG average and 8% higher than the national average, with 10% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 showed:

- Performance for diabetes related indicators was similar to the CCG and national average. For example, the percentage of patients with diabetes, on the register who had a foot examination in the preceding 12 months was 87% (CCG average and national average 88%).
- Performance for mental health related indicators was higher than the CCG and national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 98% (CCG average 90%; nation average 88%).

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.

The practice participated in local audits, national benchmarking and accreditation. Findings were used by the practice to improve services. For example, a recent audit of the locally commissioned service (LCS) for Care Homes was carried out to help drive quality and share good practice amongst GPs in the locality. Information about patients' outcomes was used to make improvements to patient care pathways for emergency admissions and end of life care in local Care Homes.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those staff who reviewed patients with long term conditions had undertaken relevant qualifications at the local university.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccines could 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 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, clinical supervision and facilitation and support for revalidating GPs. 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.

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- IAPT (Improved Access to Psychological Therapy), counselling services and Health Care Support workers were available at both sites.
- Health Visitors and district nurses were onsite at Upperthorpe Medical Centre which allowed greater access for patients through drop in services.

The practice's uptake for the cervical screening programme was 94%, which was higher than the CCG average of 89% and the national average of 82%. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 99% and five year olds from 83% to 95%.

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 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 37 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:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.

- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

### 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 higher than both local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national average of 85%.

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

- Staff told us interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 36 patients as carers (1.2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and 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. For example, the practice was part of the Prime Ministers Challenge Fund to improve access for patients,

- The practice offered extended hours on Mondays and Fridays from 7am to 8am and Saturdays from 8.30am to 10am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- 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 require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and those only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available.
- A named GP took the lead for two nursing and residential homes allocated to the practice. They held a weekly clinic at the home incorporating medication and long term condition reviews along with regular appointments. The matron that we spoke to on the day of inspection at one of the nursing homes described the services offered by the practice as 'exemplary'

### Access to the service

The practice was open between 9am to 12.30 and 2pm to 6pm Monday, Tuesday, Wednesday and Friday and 9am to 12 midday on Thursdays. Appointments with staff were available at various times throughout the day. Extended hours were offered on Mondays and Fridays from 7am to 8am and Saturdays from 8.30 to 10am. When the practice was closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 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.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 73%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.

### Listening and learning from concerns and complaints

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

- Its complaints procedures were in line with recognised guidance and contractual obligations for GPs in England, however we noted that the Parliamentary Health Service Ombudsman details had not been added to the complaints leaflet and the response time for dealing with complaints was not in line with the time frame documented in their complaints policy. Since the day of inspection we have seen evidence that the Parliamentary Health Service Ombudsman details have been added to the complaints procedure.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a summary leaflet was available.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way using openness and

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

transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a recent

patient complaint regarding limited appointment availability resulted in the practice increasing their appointment slots and availability to improve patient access.

# Are services well-led?

Requires improvement 

(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 vision to deliver quality care and promote good outcomes for patients.

- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements
- Although risks to patients who used services were generally well assessed, some of the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, on the day of inspection we observed that Disclosure and Barring Service (DBS) checks were not in place for administrative staff who acted as chaperones. Following the inspection we have been advised that all staff that carry out chaperoning have now been DBS checked and the certificates have been received.
- On the day of inspection we observed that prescription governance did not fully comply with NHS Protect Security of prescription forms guidance (Updated August 2013). Following the inspection, we have seen evidence that the practice has implemented a prescription tracking log to ensure the safety of all prescriptions.
- On the day of inspection we observed that there was no infection and prevention control audit in place at the branch surgery. Since the day of inspection, we have seen evidence that a complete audit has been carried out at the branch surgery.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience 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.

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 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 in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, one of the suggestions

# Are services well-led?

Requires improvement 

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

was to improve communication to patients when GP appointments were running late. We were shown a white board installed in the waiting room to inform patients of when appointments were not running to time.

The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. 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 team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was part of the Prime Ministers Challenge Fund to help improve access to general practice and stimulate innovative ways of providing primary care services.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 HSCA (RA) Regulations 2014 Good governance</b></p> <p>We found that the registered person did not always assess, monitor and mitigate the risks in the management of regulated activities.</p> <p>This is because:</p> <ul style="list-style-type: none"><li>• Disclosure and Barring Service (DBS) checks or a risk assessment were not in place for administrative staff who acted as chaperones</li><li>• The practice did not ensure that prescriptions were tracked through the practice to comply with NHS Protect Security of prescription forms guidance (Updated August 2013).</li></ul> <p>This was in breach of regulation 17(1)(2)(d)(i)(ii) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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