

# Sheldon 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?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We completed a comprehensive inspection at Sheldon Medical Centre on 10 November 2014. Overall the practice is rated as good.

Specifically, we found the practice required improvement for providing safe services. It was good for providing effective, caring, responsive services and for being well led. We found the practice was good for providing services for the six population groups.

Our key findings were as follows:

- Patients were protected from the risk of abuse and avoidable harm. The staff we spoke with understood their roles and responsibilities and there were policies and procedures in place for safeguarding vulnerable adults and children.
- Patients received care and treatment which achieved good outcomes, promoted a good quality of life and

was based on the best available evidence. Systems were in place to review the care needs of those patients with complex needs or those in vulnerable circumstances.

- The practice worked collaboratively with other agencies and regularly shared information to ensure good, timely communication of changes in care and treatment.
- Staff were aware of their roles and responsibilities and also of the lead roles of others. Staff worked well as a team and good management support systems were in place.

However, there were also areas of practice where the provider must make improvements:

The areas where the provider must make improvements are:

- Ensure that systems in place for the storage of medication are robust, including provision of suitable cold storage and appropriate policies and systems to

# Summary of findings

demonstrate that medications are appropriately and securely stored. Ensure that guidance regarding the action to take in case of system failure is available for staff.

In addition the provider should:

- Ensure that documentary evidence is available to demonstrate the actions taken to address any significant events, incidents or accidents that have occurred.
- Ensure that control of substances hazardous to health (COSHH) risk assessments are undertaken to identify the risk associated with the use of substances hazardous to health and detail any mitigating actions to reduce the risk.
- Ensure that staff including the GP have up to date knowledge of the Mental Capacity Act 2005 and how to complete assessments of patient's mental capacity. Also ensure that staff are aware of Gillick competencies and how to apply these for relevant patients at the practice.
- Review arrangements for maintaining business continuity in the event of emergencies such as loss of power, flood, computer failure or staffing crisis.

**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 requires improvement for providing a safe services. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. The majority of risks to patients had been assessed and were well managed. Sufficient amounts of equipment were available which had been regularly maintained and was in good working order. Staff recruitment systems were robust and sufficient staff were on duty to keep patients safe. However, domestic style fridges were used to store vaccinations, these fridges were not lockable and steps had not been taken to reduce the probability of accidental interruption of electricity supply such as installing a switchless socket or clearly labelling the vaccine refrigerator plug. Guidance was not available for staff detailing the action to take in case of a power failure which would affect the storage of vaccinations in medication fridges. The practice had not undertaken a legionella risk assessment (a germ found in the environment which can contaminate water systems in buildings), although this had been highlighted as an issue for action in a recent health and safety risk assessment.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. National Institute for Health and Care Excellence (NICE) guidance was referenced and used routinely. Patients' needs were assessed and care and treatment was planned and delivered in line with current legislation. Staff had received training appropriate to their roles. There was evidence of multidisciplinary working. New patient checks were undertaken and patients were referred to other lifestyle services for promotion of their health and wellbeing.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw that staff treated patients with kindness and respect ensuring confidentiality was maintained. Compassion was shown to the family of bereaved patients with letters being sent with offers of an appointment to see the GP if required.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. There was an effective triage system in place. Children requiring an

Good



# Summary of findings

urgent appointment were always offered same-day appointments. Home visits and telephone consultations also took place. The practice had all of the necessary equipment to treat patients and meet their needs.

There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised.

## Are services well-led?

The practice is rated as good for being well-led. The practice had a clear vision and strategy, although this had not been formalised. There was a strong leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and these were regularly reviewed and updated as necessary. There were systems in place to monitor and improve quality and identify risk. The practice had an active patient participation group (PPG). Staff had attended staff meetings and events so that they were kept up to date and informed of changes.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of older patients in its practice population. There were a range of enhanced services, for example the unplanned admissions enhanced service. This was a scheme to avoid unplanned admissions to hospital by focusing and coordinating care for the most vulnerable patients. The aim was to effectively support them in their home. An enhanced service is a service that is provided above the standard general medical service contract.

The practice was responsive to the needs of older patients, including offering home visits, telephone consultations and rapid access appointments for those with complex needs.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice had a range of protocols in place which set out the processes for the management of patients with various long term conditions in line with best practice. Patients with long term conditions received regular reviews to check their health and medication needs from trained clinical staff that maintained their skills and knowledge in these areas. When needed, longer appointments and home visits were available.

The practice had identified patients and developed care plans for those with the most complex needs as part of the unplanned admissions enhanced service. The practice worked with relevant health care professionals to deliver a multidisciplinary package of care within the patient's home. An enhanced service is a service that is provided above the standard general medical service contract.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk of harm. Appointments were available outside of school hours and the premises were suitable for children and babies. We were provided with examples of joint working with midwives, health visitors and school nurses.

Good



# Summary of findings

## **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 offer continuity of care. The practice was proactive in offering online services and telephone consultations.

The practice offered NHS health checks for patients between the ages of 40 to 74 and screening services such as cervical screening to help detect early signs of disease. There was a range of health information and promotion of health screening checks which reflected the needs for this age group. Patients that needed support to live healthier lifestyles were referred to appropriate services available outside the practice.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with learning disabilities. There was a register for patients with learning disabilities and these showed the majority had received an annual health check in the last 12 months.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and third sector organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

Good



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health including people with dementia. People experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia.

The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations.

Good



# Summary of findings

## What people who use the service say

On the day of our inspection we spoke with seven patients who were registered at the practice. Positive comments were received about the staff at the medical practice and the care and support provided.

We reviewed comments made on the NHS Choices website to see what feedback patients had given. Two patients had left comments about the practice in 2014 and one in 2013. All comments related to the inability to get an appointment or get through to the practice on the telephone.

We looked at results of the most recent national GP patient survey carried out in 2012/13. The results of the survey related to both the main surgery at Arran Medical Centre and this branch surgery at Sheldon Medical Centre. Findings of the survey were based on comparison to the regional average for other practices in the local

Clinical Commissioning Group (CCG). A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. Areas that were assessed as worse than expected included access to appointments and patients' overall experience of their GP practice. Areas in which the practice did best related to convenience of appointments, the helpfulness of reception staff and the nurse was good at giving patients enough time during their appointment. The people who we spoke with on the day of our inspection gave mixed feedback about the practice's opening hours. Some patients said that they were satisfied with the opening hours and others said that they used the walk in centre when the surgery was closed during the day and had found it difficult to obtain an urgent appointment.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that systems in place for the storage of medication are robust, including provision of suitable cold storage and appropriate policies and systems to demonstrate that medications are appropriately, securely stored. Ensure that guidance regarding the action to take in case of system failure is available for staff.

### Action the service **SHOULD** take to improve

- Ensure that documentary evidence is available to demonstrate the actions taken to address any significant events, incidents or accidents that have occurred.

- Ensure that control of substances hazardous to health (COSHH) risk assessments are undertaken to identify the risk associated with the use of substances hazardous to health and detail any mitigating actions to reduce the risk.
- Ensure that staff including the GP have up to date knowledge of the Mental Capacity Act 2005 and how to complete assessments of patient's mental capacity. Also ensure that staff are aware of Gillick competencies and how to apply these for relevant patients at the practice.
- Review arrangements for maintaining business continuity in the event of emergencies such as loss of power, flood, computer failure or staffing crisis.

# Sheldon Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector; the team included a GP, a practice manager and a second CQC inspector.

## Background to Sheldon Medical Centre

Sheldon Medical Centre is based in the NHS Birmingham Cross City Clinical Commissioning Group (CCG) area. Arran and Sheldon Medical Centres provide primary medical services to approximately 5,200 patients in the local community. This practice list is divided between the Arran Medical Centre and this surgery at the Sheldon Medical Centre. The population covered is predominantly white British. This inspection report covers the findings of our inspection of the Sheldon Medical Centre only.

The lead GP at the Sheldon Medical Centre is female. Sheldon Medical Centre is a teaching practice and there were two medical students at the practice at the time of our inspection. Additional staff include a business manager and a practice nurse (female). There are six administrative staff that support the practice. A pharmacist also supports the practice once a week. The practice manager works at both the Sheldon Medical Centre and the Arran Medical Centre and divides their time each week between both practices.

The practice offers a range of clinics and services including, family planning, antenatal care, chronic disease management and minor surgery.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by an external out of hours service contracted by the CCG.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

## How we carried out this inspection

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

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

# Detailed findings

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

- Older people
- People with long-term conditions
- Families, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

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 10 November 2014. During our visit we spoke with a range of staff including a GP, nurse, practice manager and administration staff and we spoke with patients who used the service. We also spent some time observing how staff interacted with patients but did not observe any aspects of patients care or treatment. We spoke with four members of the Patient Participation Group (PPG) who told us their experience not only as a member of the PPG but also as a patient of the service. The PPG is a way in which patients and the practice can work together to improve the service.

# Are services safe?

## Our findings

### Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records and incident reports for the twelve months prior to this inspection. We looked at the minutes of a staff meeting and saw that incidents, complaints and patient safety alerts had been discussed at this meeting. We spoke with staff who said that incidents and complaints were discussed at practice meetings. Staff discussed recent incidents that had occurred and were aware of the actions taken to address incidents.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed the records of significant events that had occurred during the last twelve months. We saw that there had been a low incidence of significant events at this practice. We were told that practice meetings were attended by all staff and were held on a quarterly basis and that a slot for significant events was allocated on the practice meeting agenda. We saw that significant events had been discussed at a practice meeting held in August 2014. Staff spoken with confirmed that significant events were discussed at practice meetings and all staff were able to recall the significant events that had recently occurred. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff. However, the minutes of practice meetings did not always record the action taken regarding significant events. The significant events form used to record information did not always detail the action taken or the date by which the action should be achieved. The practice manager was able to demonstrate actions but documentation seen did not always clearly demonstrate this.

A robust system was in place regarding Medicines and Healthcare products Regulatory Agency (MHRA) alerts. The MHRA regulates medicines and medical devices in the UK. The GP disseminated relevant information to staff and

ensured that necessary action was taken. Copies of MHRA alerts were available for all staff to review as required. These alerts were also discussed at practice meetings to ensure all staff were aware of any relevant to the practice where action was needed.

We saw documentary evidence to demonstrate that significant event audits were conducted following patient safety incidents. This helped to identify and monitor any trends.

### Reliable safety systems and processes including safeguarding

The practice GP was the appointed lead in safeguarding vulnerable adults and children. We saw records which confirmed that they had undertaken additional training to enable them to fulfil this role. The practice manager confirmed that newly appointed administration staff had not undertaken basic level 1 safeguarding vulnerable adults and children training but would complete e-learning as soon as possible. We will check this at our next inspection of the practice. All other administration staff had completed this training.

Staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details were easily accessible.

The practice had systems in place to manage and review risks to children, young people and vulnerable adults. The practice nurse had extended knowledge in safeguarding. Reception staff spoken with were knowledgeable about safeguarding procedures and gave examples of when they would report a safeguarding issue. Flow-charts and external agency contact details were available in clinical rooms. The practice nurse recalled an incident where they dealt with a safeguarding concern in the practice.

We saw that the computer system enabled an alert to be placed on the practice's electronic records to highlight vulnerable patients. This included relevant information so that staff were aware of any issues when patients attended appointments; for example children subject to child protection plans. Staff were able to demonstrate that these were reviewed and current. Relevant children's services data could be accessed direct on the practice computer system.

# Are services safe?

We saw that the practice had a chaperone policy in place. Notices advising patients of the availability of chaperones were visible throughout the practice. A chaperone could be present during intimate examinations. This is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. Staff spoken with were aware of their role and responsibilities regarding chaperoning and confirmed that chaperoning had been discussed with them. We saw that criminal records checks via the disclosure and barring service (DBS) had been undertaken on staff who act as a chaperone. The practice manager had developed a presentation which would be discussed with staff at their next practice meeting. The presentation was detailed and included the roles and responsibilities of a chaperone, scenarios for discussion and information regarding how staff should raise concerns if they were unhappy with any aspects of an examination.

We asked staff about the practice's policy for whistle blowing. Whistleblowing is when staff report suspected wrong doing or poor practice at work, this is officially referred to as 'making a disclosure in the public interest'. The staff we spoke with were aware of this process and were aware of their responsibility to raise any concerns they had. We were told that the whistle blowing policy was available to staff on the practice's computer system. Patients we spoke with on the day of our inspection did not raise any safety concerns.

Patient's individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system which collated all communications about patients including scanned copies of communications from hospitals.

## Medicines Management

We discussed medicines management with the practice nurse and GP. We looked at the storage of medicines in medicine refrigerators. We saw that there were two fridges for the storage of vaccinations, one of which was a domestic style fridge. Steps had not been taken to reduce the probability of accidental interruption of electricity supply, such as installing a switchless socket or clearly labelling the vaccine refrigerator plug.

Thermometers in use to record fridge temperatures were not resettable and did not record the minimum/maximum fridge temperature. The practice nurse had recorded fridge

temperatures on a daily basis and the temperatures recorded were within nationally accepted guidelines. There was no policy in place to guide staff of the action to take in case of power failure. On the day of our inspection issues were identified with the temperature in one of the vaccine fridges. Staff took action to ensure that vaccinations were appropriately stored.

We saw that vaccines inside both fridges were in date and in original packaging. Dates of vaccines were checked monthly and this was evidenced on documentation seen. The practice nurse was knowledgeable about the cold chain and the actions to take to ensure cold chain requirements were met. The cold chain refers to the process used to maintain optimal conditions during the transport, storage, and handling of vaccines, starting at the manufacturer and ending with the administration of the vaccine to the patient.

Vaccines were administered by nurses using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs seen had been signed and were up to date. (A PGD can act as a direction to a nurse to supply and/or administer prescription-only medicines (POMs) to patients using their own assessment of patient need, without necessarily referring back to a doctor).

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were kept securely at all times.

## Cleanliness & Infection Control

We observed the premises to be visibly clean and tidy. Patients we spoke with told us that they had no issues regarding cleanliness or infection control at the practice. We saw there were cleaning schedules in place which recorded the tasks to be completed. Signed cleaning records demonstrated the cleaning undertaken.

We looked at how infection prevention and control procedures were managed at the practice. The practice nurse confirmed that she was the lead for infection control. Infection prevention and control measures in place included the use of personal protective equipment (PPE) infection control audits, clearly labelled sharps bins and spillage kits. We saw that PPE, such as disposable gloves and aprons were available for staff to use and staff were able to describe how and when they would use these.

## Are services safe?

Blood or bodily fluids such as vomit, urine and other body substances could generate spills. They need to be treated promptly to reduce the potential for spread of infection with other patients, staff or visitors. We saw that spill kits were available in clinical areas and in the reception. Staff were aware where spill kits were stored and when they should be used.

Healthcare workers have a duty of care towards their patients which includes taking reasonable precautions to protect them from communicable diseases. Any vaccine-preventable disease that is transmissible from person to person poses a risk to both healthcare professionals and their patients. Immunisation of healthcare workers is therefore important as it may protect the individual from an occupationally acquired infection and also protects patients. The practice nurse showed us records to demonstrate that they had received the necessary immunisations to comply with legislation. We were told that all clinical staff were up to date with relevant immunisations.

We discussed the arrangements for managing clinical waste. We were shown consignment notices which demonstrated that clinical waste was being removed from the premises by an appropriate contractor. We saw that clinical waste was stored in a locked room in a container. However, waste bags were hand tied and not labelled. The practice manager made enquiries to relevant companies about waste labels and gave us assurances that these would be available and in use as soon as possible.

We were told that the practice was not carrying out regular checks for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). These checks are important in order to reduce the risk of infection to staff and patients. The need to complete a legionella risk assessment was highlighted as an area for action in a recent health and safety audit undertaken. Following this inspection the practice manager told us that they were obtaining quotations to have this work completed. We will check this at our next inspection of the practice.

### Equipment

We saw evidence to demonstrate that equipment available at the practice was suitably maintained to keep people safe. Records were available to show that portable electrical appliances had been checked on an annual basis

to ensure they remained safe to use. Stickers were displayed on equipment indicating the last testing date. Records were also available to demonstrate that annual calibration and maintenance had been undertaken on equipment as required. Where items failed this test we saw that new equipment had been purchased.

### Staffing & Recruitment

Recruitment policies were available to assist with future recruitment of staff and the practice manager was aware of the appropriate recruitment checks that should be undertaken.

Records we looked at contained evidence that recruitment checks had been undertaken prior to employment for all staff. For example, proof of identification, references, qualifications and criminal records checks via the Disclosure and Barring Service (DBS). We saw that there was a low turnover of staff with the majority having worked at the practice for many years.

We discussed the systems in place for managing expected and unexpected staff absences. There was an arrangement in place for members of staff, including nursing and administrative staff to cover each other at times of sickness or annual leave. We were told that staffing levels were also increased during busy periods at the practice. Staff told us there were usually enough staff to maintain the smooth running of the practice and to ensure patients were kept safe.

### Monitoring Safety & Responding to Risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. We saw a sample of risk assessments completed, such as health and safety and fire risk assessments. We were told that a control of substances hazardous to health (COSHH) risk assessment had not been completed as yet. A COSHH assessment would be completed to identify those substances and activities where there may be exposure to hazardous substances, which may damage health. Where there is a risk, action must be taken to eliminate exposure by using a non-hazardous alternative.

## Are services safe?

We saw there was sufficient and up-to-date emergency equipment available for use by all trained and competent staff. Routine checks of this equipment were undertaken. Emergency medicines were available and were routinely checked to ensure all items were in date and fit for use.

We saw that the practice had a detailed health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

### **Arrangements to deal with emergencies and major incidents**

The practice had not developed a business continuity plan to deal with a range of emergencies such as power failure, loss of telephone and computer systems and access to the building.

Systems in place to manage emergencies included staff training and emergency medication and equipment. Emergency medication and equipment was appropriately

stored and signage was in place showing the location of the emergency equipment. Emergency equipment was available including access to oxygen, oximeter and nebulisers and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff asked knew the location of this equipment. Records were available showing that equipment was regularly checked to ensure it was available for use and in good working order.

We looked at the medication available for use by staff in a medical emergency situation. We saw that this medication was stored appropriately and was easily accessible to staff when required. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

We saw records showing all staff had received training in basic life support.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

We discussed how relevant and current evidence-based guidance, standards, best practice and legislation were used to develop how care and treatment was delivered. The GP was aware of the need to stay updated regarding changes to guidelines. We were told how clinicians accessed and kept up to date with national guidelines.

Systems were in place to review the care needs of those patients with complex needs or those in vulnerable circumstances. Palliative care meetings took place on a quarterly basis with a multi-disciplinary team such as district nurses, Macmillan nurses and community matrons. The practice carried out annual health checks for people with mental health illness. We were told that if the patient was seen at a secondary care service regarding their mental health, the GP would only complete a physical examination and not enquire about the patient's mental health. We saw that care plans were in place for those for those patients with learning disabilities and these had been reviewed.

Patients had their needs assessed and care was planned in accordance with best practice. Action plans were put in place for all patients at a high risk of admission. These patients had direct telephone access to the practice manager in case of emergency.

We were told about the systems in place to avoid unplanned hospital admissions. Care plans were written and kept in a folder in the reception. The practice manager was in the process of recording this information on the practice's computer system.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race were not taken into account in the decision-making process. The GP told us that nobody in need would be turned away from the practice.

### Management, monitoring and improving outcomes for people

The practice carried out reviews as part of the Quality and Outcomes Framework (QOF). The QOF is a national performance measurement tool which awards practices

achievement points for managing some of the most common chronic diseases, for example asthma and diabetes. Overall the practice was meeting their performance targets for QOF. We were told about the systems in place for recalling patients for annual reviews of their long term health conditions.

The practice had a system in place for completing clinical audits. We saw details of a clinical audit regarding the use of gliptins (a medication that can be used to treat diabetes) and an audit regarding the use of high dose inhalers. We saw that where issues had been identified, action plans had been put in place and reflected learning was documented.

Multi-disciplinary meetings were held on a quarterly basis to manage and monitor the care delivery, treatment and support of patients receiving palliative care. Community services involved in the care delivery of these patients attended these meetings.

### Effective staffing

Systems in place for the recruitment and training of staff were robust. We saw the staff recruitment policy which had recently been implemented. Staff personnel files that we reviewed contained sufficient pre-employment information to demonstrate that robust processes had been followed.

Records showed that staff had attended training considered mandatory by the practice such as annual basic life support as well as other training courses. Staff told us that the lead GP was very proactive and good at suggesting training courses. We discussed the practice nurse's defined duties that they were expected to perform and saw training certificates which demonstrated that they were trained to fulfil these duties. The practice nurse told us that they attended a monthly learning set for practice nurses organised by the clinical commissioning group (CCG). The lead GP had a date for revalidation in 2016. Revalidation is the process by which GPs are appraised annually and every five years undertake a fuller assessment. Only when revalidation has been confirmed by the General Medical Council (GMC) can the GP continue to practice and remain on the performers list with NHS England.

Administrative staff we spoke with also confirmed that they received regular training. We were told that the CCG sent

# Are services effective?

## (for example, treatment is effective)

training information through to the practice which the practice manager arranged on behalf of staff. Staff said that they could ask to attend other training courses if they had a particular need or interest.

Sheldon Medical Centre was a training practice for GP registrars and currently there were two trainees at the practice.

Two of the staff that we spoke with confirmed that they could not recall having had an annual appraisal. One of the staff told us that they felt well supported and would just ask for any development or training that they felt they needed. The practice manager confirmed that she was undertaking appraisals for all staff in the near future.

### **Working with colleagues and other services**

Systems were in place to help ensure that there was a multi-disciplinary collaborative approach to providing care and treatment. We saw minutes of multi-disciplinary meetings which took place on a quarterly basis regarding those patients with end of life care needs. We were told that district nurses regularly visited the practice and spoke with the practice manager or GP as required.

Practice meetings were also held on a quarterly basis and we were told and saw minutes of meetings which confirmed that district nurses and virtual ward staff had recently started to attend these meetings. A virtual ward is a method of providing support in the community to people with the most complex medical and social needs. Virtual wards use the systems and staffing of a hospital ward, but without the physical building: they provide preventative care for people in their own homes.

We saw that the practice effectively shared information with other services, for example the out of hours service. Systems were in place to ensure that special patient notes were sent to out of hours providers so that important information was shared. (A special patient note is information about a patient with complex health and social care needs and is used, for example to alert or highlight any specific care requirements or care plans).

The practice worked with other service providers to meet people's needs and manage complex cases. Blood results, X-ray results, letters from the local hospital including discharge summaries, out of hours providers and the 111 service were received both electronically and by post. The practice policy outlined the timescales and responsibilities

for all staff in passing on, reading and taking action on any issues arising from communications with other care providers. The GP reviewing these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

### **Information Sharing**

We discussed the systems in place to share and record information. The practice had systems in place to provide staff with the information needed to offer effective care. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were trained on the system. Alerts were available within the system to ensure staff were aware of key information relevant to each patient. There was a shared system with the local out of hours provider to enable patient data to be shared in a secure and timely manner.

### **Consent to care and treatment**

The practice had a policy regarding consent which had been reviewed annually. The staff we spoke with were aware of the importance of patients' consent to care and treatment. The practice nurse discussed systems in place to record consent including implied consent.

Written consent for all minor surgical procedures and a patient's verbal consent for other procedures were documented in the electronic patient notes. We were told that the computer system generated the standard consent form available which must always be signed by the patient. Systems were in place to ensure consent for any treatment was received.

Patients with learning disabilities and those with dementia were supported to make decisions through the use of care plans which they were involved in. These care plans were reviewed annually or as needed.

We discussed mental capacity and the GP felt that external support would be required to undertake assessments of a patient's mental capacity. We could not find any evidence to demonstrate that staff had undertaken training regarding the Mental Capacity Act (2005). The practice manager confirmed that they had sourced external training which would be completed by the GP in the near future.

# Are services effective?

(for example, treatment is effective)

The GP did not demonstrate a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

## Health Promotion & Prevention

We were told how people were supported to live healthier lives, this included giving advice during consultations and signposting people to other services available. We saw that health promotion literature was available in the waiting area. This would help to encourage patients to take an interest in their health and to take action to improve and maintain it.

The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with learning disabilities and these patients were offered an annual physical health check. We saw that information was recorded which alerted staff to

the fact that the patient was due a health check. We were told that health checks were undertaken, care plans agreed and recorded and people were signposted to other services as necessary.

The practice offered a full range of immunisations for children and flu vaccinations in line with current national guidance. There was a clear policy for following up non-attenders. We were told about the systems in place to remind people of the need to attend for vaccinations.

The practice nurse was responsible for undertaking any relevant assessments of patients with long term conditions and patients were able to book in at a time that suited them for an appointment with the practice nurse.

It was practice policy to offer all new patients registering with the practice a health check with the practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner.

# Are services caring?

## Our findings

### **Respect, Dignity, Compassion & Empathy**

We spent some time in the reception and waiting area observing the interactions between staff and patients. We saw that staff were careful to ensure confidentiality when discussing patients' treatments in order that confidential information was kept private. Patients told us that staff always maintained confidentiality. We were told that conversations of a more private nature would be held in a side room or a treatment room. We saw that staff were respectful when dealing with patients and those patients we spoke with confirmed this. We were told that staff treated patients with respect and courtesy. Patients said that all staff respected their confidentiality, privacy and dignity.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed so that conversations taking place in these rooms could not be overheard.

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

Patients we spoke with on the day of our inspection told us the GPs always listened to what they had to say and discussed any health issues with them fully. We were told that the GP always explained what was wrong and why it had happened.

Staff told us that translation services were available for patients who did not speak English as their first language.

We saw that the waiting area contained information posters and leaflets signposting people to the various local services available regarding some health related conditions.

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

Staff were aware of where to signpost people for additional support regarding bereavement. We saw that leaflets were available in the waiting area signposting patients to 'Cruse'. Cruse is a bereavement charity which provides free care and bereavement counselling. Staff told us that families who had suffered bereavement were sent a card signed by staff offering their condolences. A letter was also sent offering an appointment to see the GP if they required.

Staff also told us that any patients who required end of life care were telephoned upon discharge from hospital. This enabled staff to offer support and to give contact details for any external organisations that would be able to provide support.

Patients we spoke with on the day of our inspection said that staff were compassionate and provided help and support when required. Staff we spoke with had a caring attitude and showed empathy towards people suffering ill health.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had a patient participation group (PPG). The practice manager told us that they were continually recruiting for new members and information was available on the practice website. PPGs are a group of patients who meet on a regular basis and are involved in decisions that may lead to changes to the services the practice provides. We were told about some of the changes implemented which included installation of an additional telephone line to enable patients' quicker contact with the practice.

The practice had a palliative care register and had quarterly multi-disciplinary meetings to discuss patient and their families care and support needs. Staff were aware of the number of people on the palliative care register. The practice's computer system had been updated with current information. Alert systems were in place so that staff would be made aware if a patient on the palliative care register telephoned in order that staff could prioritise their call.

The practice worked collaboratively with other agencies and regularly shared information (special patient notes) to ensure good, timely communication of changes in care and treatment.

Home visits were available for those patients who were housebound or immobile. Longer appointments were available for people who needed them and those with long term conditions. The practice website reminded patients that they were able to book a longer appointment.

The practice website recorded the various services available at the practice; this included antenatal care provided by midwives, phlebotomy (the taking of blood), minor surgery and family planning clinics. Appointments were available outside of school hours for children and young people and the practice was open until 6.30pm Mondays to Fridays.

### Tackle inequity and promote equality

The practice was located in a single storey building with all services therefore being provided at ground floor level. This made movement around the practice easier and helped to maintain patients' independence. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms.

The practice website was not available in any languages apart from English and did not have a translate facility. However, we were told that the GP spoke two languages and that a translation service was available for those patients whose first language was not English. The practice website confirmed this and requested patients to inform reception staff of the need for an interpreter one week in advance of their appointment.

### Access to the service

We were told about the arrangements in place to ensure patients received urgent medical assistance when the practice was closed; this information was also detailed on the practice website. If patients called the practice when it was closed, (including daily between the hours of 1.00pm – 4.00pm) there was an answerphone message giving the telephone numbers they should ring depending on the circumstances. This included information on the out-of-hours service and the NHS 111 service.

Reception staff told us about the system for booking appointments. We were told that patients could book an appointment up to two weeks in advance. Appointment slots were available each day to be filled by people who may need to see a GP in an emergency. If these appointments slots were all used up, we were told that the patient could speak with the GP over the telephone as a telephone consultation or arrange an appointment as necessary. One of the patients who we spoke with confirmed that on one occasion they were not able to see a GP on the day that they telephoned and they felt that they needed to be seen urgently. However, all other patients said that they were seen on the day that they called if it was an emergency.

The reception of this practice was open between the hours of 08.00am and 6.30pm, Mondays to Fridays. The GP conducted home visits and telephone consultations between the hours of 1.00pm – 4.00pm each day and during that time the Badger out of hours service assisted with the handling of telephone calls. Calls regarding urgent appointments were passed through to the practice. The practice telephone answering machine informed patients that the practice was closed between the hours of 1.00pm – 4.00pm and requested patients to call NHS direct on 111 or to call the out of hours service. Patients that we spoke with said that they had used the walk in centre when the practice was closed during the day.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

We saw that a complaints poster was on display in the waiting area. This gave information to help patients understand the complaints system. Staff told us that patients were able to complain verbally or could complete a complaints form. The practice website did not give any information to assist patients to make a complaint if they wished to do so.

The practice complaints policy and procedure was in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person for handling complaints. Staff were aware of whom to

forward complaints to within the practice. Staff were able to describe the complaints procedure and confirmed that this included a meeting with the practice manager and GP if required.

We looked at the complaints received during 2014. The practice manager had completed an analysis of the complaints received to identify any themes or trends. We were told that complaints were discussed at practice meetings. Minutes of these meetings showed that complaints were discussed. This helped to ensure that all staff were able to learn from complaints.

Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

# Are services well-led?

Good 

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

## Our findings

### Vision and Strategy

We discussed the vision of the service with the practice manager. We were told that there was no formally documented vision statement or strategy for future working. However, the practice manager was able to discuss future changes with us but confirmed that this was not recorded. The practice's statement of purpose recorded the aims of the service which include providing quality health care that was caring, holistic and responsive to patient's needs and preferences.

Staff we spoke with had a caring attitude and all discussed the need to provide high quality care.

### Governance Arrangements

Information governance, (IG), is the set of multi-disciplinary structures, policies, procedures, processes and controls to manage information. Information governance supports the organisation's immediate and future regulatory, legal, risk, environmental and operational requirements.

The practice had completed the information governance (IG) toolkit for 2012/13. The IG Toolkit is an online system developed by the Department of Health (DoH) which allows NHS organisation to assess themselves against DoH information governance policies and standards. The practice achieved a 69% compliance rate which gave them a satisfactory rating. The toolkit had not been completed since that date.

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Policies and procedures we looked at had been reviewed annually and were up to date. The practice manager confirmed that they were currently reviewing and updating all policies and procedures. Staff were informed when changes were made and were required to read the amended policy.

We saw evidence to demonstrate that there was a programme of internal audit, which was used to monitor quality. Systems were in place to identify where action should be taken. We were provided with audit information regarding complaints, infection prevention and control and significant events.

### Leadership, openness and transparency

We spoke with four members of staff and they were all clear about their own roles and responsibilities. Staff were aware that there were lead roles and knew who to speak with if they needed any guidance or had concerns, for example, in areas such as infection control, safeguarding or complaints. Policies we saw recorded the name of the person with the lead role. Staff who undertook the lead role told us that they had received training and support in order to undertake this task.

The practice manager worked at both the Sheldon Medical Centre and at the main surgery at the Arran Medical Centre. Staff said that they had access to a duty rota so that they always knew how to contact the practice manager. Staff told us that they felt valued, well supported and knew who to go to in the practice with any concerns. We were told that the GPs and the practice manager were approachable and supportive and open to feedback from staff. Staff also said that they were able to raise issues at practice meetings.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example recruitment, induction and the disciplinary policy which were in place to support staff.

### Practice seeks and acts on feedback from users, public and staff

We discussed the methods used to obtain patients views and experiences regarding the service they received. We saw that there was a comments box in the patient waiting area. We were told that patients had not made any suggestions.

The practice had an active patient participation group (PPG) which currently had six members. We met with four members of the PPG on the day of inspection. We were told that the PPG met every three months at the practice and a member of staff acted as chair person, made notes and gave feedback to the practice manager and GPs. We were told that the practice had acted upon suggestions made by the PPG. For example, the introduction of a second telephone line due to patients experiencing difficulty in getting through to the practice on the telephone and increasing the volume of the speaker system which called patients into their appointment.

# Are services well-led?

Good 

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

The practice website gave information about the PPG and invited patients to become a member of the group. A copy of the patient participation report for 2014 was available on the practice website. There had been no recent survey undertaken by the PPG.

Satisfaction surveys were undertaken on an annual basis, the analysis and action plan following the last satisfaction survey was reviewed. The analysis information received did not differentiate between the Sheldon Medical Centre and the main surgery at the Arran Medical Practice

We were told that the practice manager and GP had an 'open door' policy meaning that staff could speak with them at any time. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff said that they felt involved and engaged in the practice to improve outcomes for both staff and patients.

## **Management lead through learning & improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Staff told us that the practice was very supportive of training. Staff we spoke with told us that they

all worked well as a team to address and resolve problems in the delivery of high quality care. Staff files seen did not demonstrate that all staff had received a regular appraisal of their performance and staff spoken with could not recall receiving an appraisal. The practice manager confirmed that staff appraisal would be completed as soon as possible.

The practice had completed reviews of significant events and other incidents and shared these with staff via meetings to ensure the practice improved outcomes for patients.

The practice did not have a business continuity plan which would set out how the practice would operate following an incident such as flood, power failure or staffing crisis and how the practice expected to return to business as usual in the quickest possible time afterwards. Other risk assessments were not available such as a control of substances hazardous to health (COSHH) and a legionella risk assessment. Some issues relating to the storage of vaccines had been identified during this inspection and storage of clinical waste. These issues had not been identified by the practice during any internal risk assessments.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>We found that the provider had not protected service users against the risks associated with the unsafe use and management of medicines by means of making of appropriate arrangements for the safe keeping of medicines. Equipment and systems in place were not sufficient to ensure that vaccinations were appropriately stored.</p> <p>Regulation 12(1)(2)(b)(e)(g)</p>