The Bridge Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Bridge Surgery on 7 September 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded. Significant events were investigated and acted on when necessary. However, senior staff were not always circulating clinical significant events to all relevant staff and conducting reviews of them to identify trends or if further action was required.
- Risks to patients were assessed and well managed. Safe systems were in place for prescribing medicines. Clinical staff processes ensured that patients received safe and appropriate care and this was clearly documented.
- Staffing levels were monitored to ensure they matched patients' needs. Safe arrangements were in place for staff recruitment that protected patients from risks of harm. The practice manager had been absent from the practice for over 3 months and would not be returning. Senior staff informed us they would make arrangements to commence recruitment for a replacement.
- Staff had received training appropriate to their roles and any further training had been identified and planned to enhance their skills and patient care.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their treatment. They said they were satisfied with standards of care they received.
- Telephone appointments were available as well as face to face for the same day. Patients spoken with were not aware they could pre-book appointments. At the time of our inspection the practice did not have an active online service for patients to book appointments however; this was put in place one week afterwards.

Summary of findings

- Information about how to make a complaint was readily available and easy to understand. Complaints were dealt with in a timely way and appropriately.
- The practice had good facilities and was well equipped to assess and treat patients.
- There was a clear leadership structure and staff told us they felt well supported by senior staff. Management proactively sought feedback from patients which it acted on.
- The practice had been working closely with another local practice to promote on-going improvements in patient care. Collaboration working with other local practices was in place with the aim developing ways of meeting future service demands.

However, there was an area of practice where the provider needs to make improvements.

The provider should:

- Ensure that significant events are cascaded to all relevant staff, regularly reviewed and where trends are identified determine whether further actions are required to prevent similar events from occurring.
- Monitor the recently introduced system for booking online appointments to ensure it is working effectively.

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?

Good

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learnt and communicated to relevant staff to support improvement.
- Information about safety was recorded, monitored appropriately, reviewed and addressed.
- An initial safeguarding meeting had been arranged with a health visitor invited to attend to review patents considered to be at risk of harm. Previous safeguarding meetings were held internally only.
- There was an effective system in place for reporting, recording, investigating and acting upon significant events. However, clinical significant events were not cascaded to all relevant staff and not later reviewed to identify trends or if further action was needed.
- Risks to patients were assessed and well managed and these were re-visited when circumstances changed.
- There was a recruitment policy and procedure in place to ensure patients safety was protected. We found that senior staff had adhered to the policy and procedure.
- Staffing levels were regularly monitored to ensure there were enough staff to keep people safe.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and local guidelines were used routinely when planning patient care.
- Staff had reviewed the needs of the local population and engaged with the Clinical Commissioning Group (CCG) and other local practices to secure improvements to patient care and treatment.
- Patient's needs were assessed and care was planned, delivered and appropriately recorded in line with current legislation.

Summary of findings

- Clinical staff carried out patient referrals to non-clinical services such as; Age UK, support for carers, housing needs and exercise groups to improve personal lifestyles.
- Staff had received training appropriate to their role and potential enhanced skills had been recognised and planned for and training put in place.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to provide up to date, appropriate and seamless care for patients.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice in line with others in all aspects of care.
- Staff ensured that patients' dignity and privacy were protected and patients we spoke with confirmed this. Patients had their health care needs explained to them and they told us they were involved with decisions about their treatment.
- We saw that staff treated patients with kindness and respect and maintained confidentiality.
- Information for patients about the services available to them was easy to understand and accessible.
- Carers were encouraged to identify themselves. Clinical staff provided them with guidance, signposted them to a range of support groups and ensured their health needs were met.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where identified.
- Most patients told us it was easy to make an appointment and urgent appointments were available the same day. Patients told us they were not aware that they could book appointments in advance. There was no online service for patients to book their appointments but this was introduced one week after our inspection.

Summary of findings

- The practice provided enhanced services. For example, assessment and early diagnosis of dementia and arrangements made to support these patients in having an improved lifestyle.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence showed that senior staff responded quickly and appropriately when issues were raised.

Are services well-led?

Good

The practice is rated as good for providing well-led services.

- Staff were clear about the vision and their responsibilities in relation to this.
- There was a distinct leadership structure and staff were well supported by management.
- Meetings were held with another practice to share information and identify areas where improvements could be made.
- There were policies and procedures to govern activity and these were accessible to all staff.
- The practice had an overarching governance framework to support to deliver safe care and treatment. They were liaising with other practices and organisations to promote their services
- The practice website sought patient feedback about the services they received and where possible made changes to improve them.

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

Good

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

- Practice staff offered proactive, personalised care to meet the needs of older patients.
- Staff kept up to date registers of patients' health conditions and information was held to alert staff if a patient had complex needs.
- Home visits were offered to those who were unable to access the practice and patients with enhanced needs had prompt access to appointments.
- Practice staff worked with other agencies and health providers to provide patient support.
- Older patients were offered annual health checks and where necessary, care, treatment and support arrangements were implemented.

People with long term conditions

Good

The practice is rated good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions had structured annual reviews to check that their health and medicine needs were being met. Where necessary reviews were carried out more often.
- Clinical staff worked with health and social care professionals to deliver a multidisciplinary package of care.
- Clinical staff reviewed patients within three days of their discharge from their unplanned admission to hospital and developed care plans for them.
- Where necessary patients in this population group had a personalised care plan in place and they were regularly reviewed.

Summary of findings

Families, children and young people

Good

The practice is rated good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Alerts were put onto the electronic record when safeguarding concerns were raised.
- When needing an appointment all children were triaged and if necessary seen the same day.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Extended hours were in place that allowed children to be seen outside of school hours, appointments were available until 7.30pm every Monday and Wednesday. Extended hours were staffed by one GP and a nurse.
- Childhood vaccinations were in line with local averages.

Working age people (including those recently retired and students)

Good

The practice is rated good for the care of working-age people (including those recently retired and students).

- Extended hours were available and telephone consultations for those patients who found it difficult to attend the practice or if they were unsure whether they needed a face to face appointment.
- Repeat prescriptions could be ordered online. The practice was working towards offering online appointments but this service was not available during our inspection.
- Health promotion advice was available and there was a full range of health promotion material available in the practice. The practice website gave advice to patients about how to treat minor ailments without the need to be seen by a GP.
- Staff actively encouraged patients to attend for health screening, such as, breast and bowel cancer. The attendance for breast screening was above the local averages. Staff encouraged patients well in advance of the forthcoming autumn flu vaccination clinics to promote good attendance.

People whose circumstances may make them vulnerable

Good

The practice is rated good for the care of people whose circumstances may make them vulnerable.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those who had a learning disability. All patients in this group had received annual health checks.
- Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- There was a process in place to signpost vulnerable patients to additional health and support services.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- There was a clinical lead for dealing with vulnerable adults and children.
- The practice kept a register of the 3% of patients who were carers. Clinical staff offered them guidance, signposted them to support groups and offered them flu vaccination each year.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated good for the care of people experiencing poor mental health (including people with dementia).

- Patients who experienced poor mental health were offered an annual physical health check.
- Practice staff regularly worked with multi-disciplinary teams in the case management of patients who experienced poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- GPs carried out assessments of patients who experienced memory loss in order to capture early diagnosis of dementia. This enabled staff to put a care package in place that provided health and social care support systems to promote patients well-being.
- Referrals to other health care professionals were made when necessary such as mental well-being support.
- Clinical staff offered opportunistic screening for dementia to ensure an early diagnosis and support plans were developed to improve patients' lifestyles.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed mixed comments compared with local and national averages. A total of 252 questionnaires were distributed with 116 responses received, this equated to a 46% response rate and 2% of the total number of registered patients.

- 81% of patients found the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 83% of patients found it easy to get through to this surgery by phone compared with a CCG average of 79% and a national average of 73%.
- 59% described their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73%.
- 93% of patients said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 65% of patients felt they did not normally have to wait too long to be seen compared with a CCG average of 54% and a national average of 58%.

We asked senior staff about the lower than average results regarding helpfulness of receptionists and patients experience of making an appointment. The acting practice manager told us that some receptionists had been recently employed and that senior staff were monitoring their performance. There were plans in place to provide a training course for receptionists in customer care. At the time of the survey the lack of an online appointment booking system may also have influenced the results.

During our inspection we spoke with seven patients. They told us they were satisfied with the care and treatment they received. Five of the patients we spoke with told us they could no longer make appointments in advance; however, we saw a poster near the check in screen that informed patients they could. We raised this with senior staff who told us they would enlarge the poster and check that receptionists were offering this service.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards all were positive about the standard of care they received. Three patients said that it was difficult to make an appointment.

We also spoke with one member of the Patient Virtual Group (PVG) who was also a registered patient. A PVG are a group of patients registered with a practice who work with the practice via email to improve services and the quality of care. They told us they were very satisfied with the care they received.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that significant events are cascaded to all relevant staff, regularly reviewed and where trends are identified determine whether further actions are required to prevent similar events from occurring.
- Monitor the recently introduced system for booking online appointments to ensure it is working effectively.

The Bridge Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, specialist advisor.

Background to The Bridge Surgery

The Bridge Surgery is located in Headless Cross, Redditch and provides primary medical care to people who also live in surrounding suburbs of Redditch. There are approximately 5,600 patients registered at the practice. The practice holds a General Medical Services (GMS) contract, a nationally agreed contract commissioned by NHS England.

The practice is managed by three GP partners (two male, one female) who between them provide 22 clinical sessions per week. They are supported by a nurse prescriber and three practice nurses who carry out reviews of patients who have long term conditions such as, diabetes. They also provide cervical screening and contraceptive advice. There is one health care assistant (HCA) who carries out duties such as, phlebotomy, health checks and flu vaccinations. The practice manager has been absent from the practice for over three months and will not be returning. Senior staff told us they will commence recruitment of a replacement. The reception manager is currently acting practice manager and a practice manager from a nearby practice provides input for five hours per week. There are also six receptionists and two secretaries. There is a pharmacist who works at the practice one day per week to carry out audits and provide guidance to GPs about appropriate prescribing of medicines for patients.

The practice is a designated training practice for trainee GPs. These are qualified doctors who are learning the role of a GP. There is one registrar working at the practice.

The practice offers a range of clinics for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, minor surgery, injections and vaccinations.

The practice is open from 8am until 6.30pm Mondays and Fridays and 8.30am until 6.30pm on other days. It closes between 1pm and 2pm each day but the telephones remained open.

Appointments times are:

- From 9am until 10.30am followed by telephone consultations and from 11.30am until all patients have been seen.
- From 2.30pm until 5.30pm.

Extended hours are:

- Patients can be seen until 7.30pm each Monday by one or two GPs.
- Patients can be seen until 7.30pm each Wednesday by a GP or a practice nurse.

The practice operates a triage system for those patients who request a same day appointment. This means that a GP will contact the patient to assess their condition, give advice and if necessary provide a same day appointment. Extra appointments are available if needed. Urgent appointments are available on the day. Routine appointments can be pre-booked up to one week in advance in person or by telephone. There is currently no online appointment booking service.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are provided currently by a service

commissioned by NHS Clinical Commissioning Group (CCG), Care UK. When the practice is closed, there is a recorded message giving out of hours' details. The practice leaflet includes contact information and there are out of hours' leaflets in the waiting area for patients to take away with them.

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. 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?

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
- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 September 2016. During our visit we spoke with a range of staff including three GP partners, the nurse prescriber, The health care assistant, the acting practice manager the consultant practice manager, two receptionists and one secretary. We spoke with seven patients who used the service and one Patient Virtual Group (PVG) member who was also a registered patient. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 32 comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

The practice demonstrated an effective system for reporting and recording significant events and we saw examples which had been reported, recorded and shared with some staff.

- 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.
- There had been nine significant events recorded during the last 12 months. The practice carried out a thorough investigation of the significant events and took appropriate action when necessary. However, clinical significant events were not shared with nursing staff and there were no regular formal reviews carried out for trend analysis and to identify if further action was required to prevent similar events from occurring.
- When there were unintended or unexpected safety incidents, patients received reasonable support, clear information, a verbal and written apology and were told about any actions taken.
- Safety was monitored using information from a range of sources, including the Medical and Healthcare products Regulatory Agency (MHRA) alerts and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave an accurate overview of safety.
- Patient safety alerts were sent to all relevant staff and if necessary actions were taken in accordance with the alerts such as; individual reviews of patients who may have been prescribed a particular medicine. We saw that prescribing changes had been made where necessary following an alert to protect patients from inappropriate treatment.
- We reviewed safety records and incident reports and saw that appropriate actions had been taken to minimise risks to patients. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, two pharmacies dispensed the same medicines to a patient. Senior staff informed the respective pharmacies and a system was put in place to prevent a recurrence.

Overview of safety systems and processes

We saw that the practice operated a range of risk management systems for safeguarding, health and safety and medicines management. We saw that risks were addressed when identified and actions put in place to minimise them.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals who were responsible for investigating allegations. There was a lead member of staff for safeguarding who had received appropriate (level three) training to manage child safeguarding. All GPs had received level three training in child safeguarding. All staff had received training that was appropriate to their role. GPs attended safeguarding meetings when possible and when requested, provided reports for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. Staff who we spoke with demonstrated that they understood their responsibilities. A GP described the action they had recently taken when they received information of concern. A first meeting had been arranged with a health visitor present to discuss the care need of all patients considered to be at risk of harm.
- A notice was displayed in the waiting room and in each consulting room, advising patients of their right to have a chaperone. All staff who acted as chaperones had been trained for the role and had undergone a disclosure and barring check (DBS). (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). Some patients we spoke with were aware that they could request a chaperone and they confirmed that clinical staff offered them this service.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The nurse prescriber was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. They carried out regular audits of all clinical rooms and ensured that improvements were made when necessary. The nurse prescriber told us they

carried out regular checks on the clinical waste system and checks on the general hygiene levels within the practice. Any problems identified were report to the acting practice manager who ensured that actions were carried out. There was an infection control protocol in place and staff had received up to date training.

- We reviewed three personnel files for a range of staff including clinical staff and the most recently recruited staff member and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. Appropriate checks had been carried out when the practice used locum GPs.

Monitoring risks to patients

- There were systems in place to promptly deal with abnormal test results to prevent delays in patient care.
- There were procedures in place for the monitoring and management of risks to patient and staff safety. A health and safety policy was available to all staff. There were up to date fire safety risk assessments, staff carried out regular fire drills and weekly fire alarm testing.
- 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 (COSHH), clinical waste and legionella. (Legionella is a term used for a particular bacteria which can contaminate water systems in buildings.)
- Staff told us the practice was well equipped. We saw records that confirmed equipment was tested and regularly maintained. Medical equipment had been calibrated in accordance with the supplier's instructions.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All staff absences were covered by other staff re-arranging or working extra shifts. GPs covered some sessions for each other and they used a locum GP to cover the remaining sessions.
- Patients who received high risk medicines such as; methotrexate and warfarin were monitored at recommended intervals through by blood test results and health reviews to check that the medicine dosage remained appropriate. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Vaccines were stored safely at an appropriate fridge temperature for safe administration. The fridge temperature was checked and recorded daily. There was a rotation system in place to ensure vaccines were administered in date order. We sampled some vaccines and saw that they were in date.
- There was a pharmacist who worked at the practice for one day each week. They carried out audits of GP prescribing and provided advice on the most appropriate prescribing.
- Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Practice staff had access to written policies and procedures in respect of safe management of medicines and prescribing practices. When hospitals requested a change to a patient's prescription, the changes were made and checked by a GP for accuracy before the prescription was issued to the patient.

Arrangements to deal with emergencies and major incidents

- All staff received annual basic life support training. The company who provided this training sent weekly updates to the practice. For example, methods for resuscitation of children. There were emergency medicines available in the treatment room including those required to treat patients if they had adverse effects following minor surgery.
- 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.
- 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. A copy of this was kept off site for eventualities such as; loss of computer or essential utilities.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff carried out assessments and treatment in line with National Institute for Heath and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were up to date. NICE is the organisation responsible for promoting clinical excellence and cost effectiveness and producing guidelines to ensure that every NHS patient gets fair access to quality treatment.

- Staff had access to NICE and local guidelines and used this information to deliver care and treatment that met patients' needs. Clinical staff monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- An enhanced service included detailed assessments of patients who presented with memory problems. This ensured timely diagnosis of dementia and appropriate support plans to promote improved life styles.
- Patients of all unplanned hospital admissions were reviewed within three days of discharge and where necessary care plans put in place to reduce the risk of re-admission.
- The practice held a care management register of 2% of patients considered to be need of the most care. The register was regularly discussed with all GPs and during the multidisciplinary meetings and patient's care needs were updated as required.
- Senior staff were engaging with the Clinical Commissioning Group (CCG) and staff were actively striving to make on-going improvements. Regular meetings were held with the CCG to review performance and agree ways of making further improvements to patient care. Senior staff also attended locality and meetings with other local practices. The purpose of these was to improve patient care pathways and to promote similar working practices. One of the initiatives being considered was developing GP specialisms and for patients to visit the practice that provided it.
- Quarterly multidisciplinary meetings included district nurses and a member of the Macmillan Team who provided palliative (end of life) care.
- All clinical staff specialised in various long-term conditions. For example, a GP led on cardiology. Another GP who specialised in diabetes used a customised screen to share data with patients as a means of education. The nurse practitioner led on asthma, chronic obstructive pulmonary disease (COPD) and sexual health.
- A GP specialised in care of patients with a learning disability and carried out reviews of these patients. There were 22 patients on the register. This provided continuity of care and effective relationships for these patients. We were told that clinical staff maintained good working relationships with learning disability nurses who were informed if a patient had not received their annual review.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). Comparisons were also made with the local Clinical Commissioning Group (CCG). QOF data published in July 2016 showed the practice was performing in line with CCG and national averages;

- The atrial fibrillation (irregular heart beat) review rate was 100% which was1% above the CCG average and 2% above the national average. The practice exception reporting rate was zero% compared with the CCG of 9% and national 6%. Exception reporting is the exclusion of patients from the list who meet specific criteria. This includes, for example, patients who choose not to engage in screening processes or accept prescribed medicines.
- The mental health review rate of 95% was 1% above both the CCG and national averages. The practice exemption rate was 5% compared with the CCG of 7% and national 11%.
- Performance for asthma related indicators was 76% which was 2% above the CCG average and 1% above the national average. The practice exception reporting rate was 1% compared with the CCG of 6% and national 11%.

Good

Are services effective?

(for example, treatment is effective)

- Performance for patients with a learning disability was 100% which was the same as the CCG and national averages. The practice exception reporting rate was 0% and this aligned with CCG and national data.
- The percentage of patients with diabetes whose last blood pressure reading was 140/80mmHg or less was 89% which was 4% above the CCG average and 9% above the national average. The overall practice exception rate was 8% compared with the CCG of 8% and national 11%.
- Performance for chronic obstructive pulmonary disease (COPD) related indicator was 92% which was 1% above the CCG average and 2% above the national average. The practice exception rate was 8% compared with the CCG of 8% and national 11%.
- The percentage of patients with hypertension having regular blood pressure checks was 81% which was 3% lower than both the CCG and national averages. The practice exception reporting rate was 1% compared with the CCG of 2% and national 4%.

When patients did not attend for their appointments they received three reminders by letter or telephone.

Clinical audits had been carried out that demonstrated relevant changes had been made that led to improvements in patient care. Audits were planned to be repeated to demonstrate that improved patient care was provided. They included:

- A GP had carried out an audit as a result of blood test monitoring. It concerned patients who were receiving anticoagulation medicines and was dated August 2016. We saw evidence that plans were in place to make changes to patient care. The findings had not yet been actioned because it was a very recent audit (August 2016). II indicated that it would be repeated one year later.
- Another audit undertaken in May 2015 concerned a specific medicine and the changes in patient care had been recorded. We saw that the audit had been repeated in April 2016 to ensure that improvements had been sustained.
- On-going audits regarding GP prescribing were carried out by the pharmacist and changes were recommended where necessary.

Effective staffing

Staff had the skills, knowledge and experience to deliver appropriate care and treatment. There was evidence of a strong ethos for staff training.

- The practice had an induction programme for newly appointed staff that was role specific. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A locum GP induction pack was available.
- The practice had a training programme in place and extra courses were provided that were relevant to their roles. For example, administration of vaccines, the cervical screening procedure and reviews of patients with long term conditions. Staff who administered vaccines and prescribed medicines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. They told us they were able to ask for additional support at any time. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff we spoke with told us they had the opportunity to build on their knowledge and development to enhance services provided to patients. For example a practice nurse was attending training in cervical screening.

Coordinating patient care and information sharing

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

This included care and risk assessments, care plans, medical records and investigation and test results.

Good

Are services effective?

(for example, treatment is effective)

- Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and the out of hours care team.
- Practice staff carried out 'social prescribing'. This meant that staff made referrals to a range of professional support groups such as: Age UK, socialising opportunities, mental well-being, walking groups and mobility classes, mental well-being and housing support. These services promoted patients' lifestyle and well-being.
- Care plans were in place for patients who had complex needs and these were regularly updated. The assessments and care planning included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that these patients were discussed during the multi-disciplinary team meetings.
- The practice staff were in the process of developing an education package for patients who had atrial fibrillation (irregular heart beat) and those identified as pre-diabetics. The education would involve healthy diet and lifestyles to promote patients well-being.

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 (MCA) 2005. All GPs had received MCA and Deprivation of Liberties training. 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.
- GPs we spoke with understood the Gillick competency test. It was used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through records and audits to ensure the practice met its responsibilities with legislation and national guidelines. Written consent was obtained before each minor surgery procedure commenced.

Supporting patients to live healthier lives

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

- These included patients who received palliative (end of life) care, carers of patients, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. All eligible patients who attended the practice had received advice on obesity. A practice nurse had a degree in weight loss management and healthy living and held regular clinics. Patients were signposted to relevant services.
- Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.
- The uptake for the cervical screening programme was 80%, where the CCG average was 78% and the national average 72%. The practice exemption rate was 2% compared with 6% for both the CCG and national data.
- Patients who had not attended reviews were followed up and contacted and asked to make an appointment.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Data showed us that 80% of eligible female patients had attended for breast screening during a 36 month period, where the CCG 76% and the national average 72%.
- Also 58% of eligible patients had undergone bowel screening in the last 30 month period, where the CCG average was 59% and the national average 55%.
- Newly registered patients received health checks and their social and work backgrounds were explored to ensure holistic care could be provided. If they were receiving prescribed medicines from elsewhere these were also reviewed to check they were still needed.

Good

Are services effective?

(for example, treatment is effective)

- Childhood immunisation rates for the vaccinations given were comparable with or above the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 98% and five year olds from 94% to 100%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and the NHS health checks for patients aged 40–74 years. The practice had carried out 100 health checks during the last 12 months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients and treated them with dignity and respect. This included face to face contact and on the telephone.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consulting and treatment room doors were closed during consultations.
- Reception staff told us they responded when patients wanted to discuss sensitive issues or appeared distressed by offering them a private room to discuss their needs.
- The seven patients we spoke with and the Patient Virtual Group (PVG) member were complimentary about the way in which all staff communicated with them.
- All of the 32 patient comment cards we received were positive about the service they received.
- Patients told us that staff provided either a good or very good service.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The results were in line with CCG and national averages. For example:

- 86% of patients said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 87% of patients said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 89% of patients said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 97% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 98% and national average of 97%.
- 91% of patients said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.

Care planning and involvement in decisions about care and treatment

We spoke with seven patients and reviewed 32 comment cards on the day of our inspection which confirmed that patients felt involved with decisions about their healthcare and treatment. Patients spoke positively about the way that GPs and nurses explained their condition and the options available to them about their treatment.

Results from the national GP patient survey published July in 2016 shared how patients responded to questions about their involvement in planning and making decisions about their care and treatment. The results were comparable the local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

We saw a range of health promotion advice and information leaflets about long term conditions in the waiting area that provided patients with information and support services they could contact.

Staff told us that translation services were available for patients who did not have English as their first language. A member of staff had been trained in sign language and if they were not available staff used a sign language service.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations including a bereavement service. Following a bereavement a GP contacted the family/carer and offered them support and if necessary referral to a counselling service. The 'social prescribing' service available in the Redditch area included a bereavement service.

The practice's computer system alerted GPs if a patient was also a carer. There were 145 carers on the register which equated to 3% of registered patients. There was a dedicated notice board and forms available for patients to complete if they considered themselves to be a carer. The information displayed included details of various support groups. The 'social prescribing' services included a carer support facility.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that practice staff were responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and arrangements were in place to address the identified needs of patients.

Many services were provided from the practice such as; diabetic clinics, healthy living and smoking cessation advice. Services were planned and delivered that took into account the differing needs of patient groups. For example:

- Patients who requested a same day appointment were contacted by a GP for assessment (triage), advice and if they needed a face to face appointment they were given one.
- Requests for home visits were triaged if the patient was not familiar to the clinical staff. The triage service allowed home visits to be prioritised for urgency.
- Home visits were available for elderly patients and those who were unable to access the practice.
- The nurse prescriber carried out reviews of patients with long-term conditions in their own home if they were unable to access the practice.
- Urgent access appointments were available for children and those with serious or complex medical conditions. These patients were seen on the day even if the clinical sessions were fully booked.
- There were longer appointments available for people with a learning disability and patients with other long term conditions.
- There were extended hours available to improve patient access.
- There were facilities for patients with a disability, and translation services available. A member of staff was trained in sign language and if not available a sign language service was available.
- GPs provided care for people who lived in two care homes. We contacted one home and were told that weekly visits were made and that GPs responded well if staff requested extra visits to be carried out when a person became unwell.

Access to the service

The practice was open from 8am until 6.30pm Mondays and Fridays and 8.30am until 6.30pm on other days. It closed between 1pm and 2pm each day but the telephone lines were open and answered by a receptionist.

Appointments times were:

- From 9am until 10.30am followed by telephone consultations and from 11.30am until all patients had been seen.
- From 2.30pm until 5.30pm.

Extended hours were:

- Patients could be seen until 7.30pm each Monday by one or two GPs.
- Patients could be seen until 7.30pm each Wednesday by a GP or a practice nurse.

The practice operated a triage system for those patients who requested a same day appointment. This means that a GP would contact the patient to assess their condition, give advice and if necessary provide a same day appointment. Urgent appointments were available on the day. Extra appointments were available if needed. Routine appointments could be pre-booked up to one week in advance in person or by telephone.

Results from the national GP patient survey published July 2016 showed that patients' satisfaction with how they could access care and treatment were mixed. For example:

- 83% of patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national average of 73%.
- 84% of patients said they were able to get an appointment to see or speak with someone last time they tried compared to the CCG average of 86% and the national average of 85%.
- 59% of patients described their experience of making an appointment as positive compared to the CCG average of 76% and national average of 73%.
- 66% reported they were satisfied with the opening hours compared to the CCG average of 76% and national average of 76%.

Of the 32 comment cards we received three patients reported that it was sometimes difficult to get and

Good

Are services responsive to people's needs?

(for example, to feedback?)

appointment. We looked at the appointments system on the computer during the afternoon of the inspection day and saw that appointments were still available for that day. We looked ahead for a few days and saw there were appointments available for each GP.

Five of the seven patients we spoke with told us they were not aware of their ability to make pre-booked appointments. There was a poster on display near the check –in screen that advised patients they could book in advance. We raised this issue with practice staff who told us they would increase the size of the poster and ensure that receptionists were making patients aware of this service.

The practice did not have an online service for patients to access to make appointments. The day after our inspection we received information that an online service would be available within one week. The practice later confirmed that the service was available and included on the website.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available on the practice's website, in the practice leaflet and in the waiting area.

- The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy informed who the patient should contact if they were unhappy with the outcome of their complaint.
- The practice kept a complaints log and there had been 11 formal complaints received over the past 12 months.
- We saw that complaints had been dealt with in an effective and timely way. Complaints were discussed with staff to enable them to reflect upon them and any actions taken to reduce the likelihood of future incidents. Complaints were reviewed regularly during staff meetings to ensure that appropriate actions had been taken.

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

Senior staff had a vision to deliver quality care and promote positive outcomes for patients. There was a statement of purpose with clear aims and objectives which staff understood.

- Clinical staff met regularly with other practices and through the Federation and Local Medical Council (LMC) meetings to share achievements and to make on-going improvements where possible.
- Senior staff had considered the needs of the future that included the proposed transfer of secondary care services to primary care and how these could best be delivered.
- Senior staff were working with five local practices in developing a way of meeting Government proposals. They were also considering ways of implementing a co-operative service with the practices.

Governance arrangements

There was a clear leadership structure in place and staff felt supported by management.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Staff worked as a team and supported each other in achieving good patient care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals disseminated best practice guidelines and other information.
- All staff attended monthly team meetings to discuss issues, patient care and further develop the practice.
- Practice specific policies were implemented and were available to all staff.
- Senior staff were mindful of staff workloads and were considering ways of ensuring staff were not over stretched whilst meeting patients' needs.
- The practice manager had been absent from the practice for over 3 months and would not be returning. Senior staff informed us they would make arrangements to commence recruitment for a replacement. The reception manager was temporarily acting up into the role. Senior staff had recruited a part time consultant practice manager to assist with management of the practice.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice effectively and promote high quality care. All staff we spoke with during the inspection demonstrated that they made positive contributions towards the running of the practice.

- They prioritised safety, on-going service improvements and compassionate care. The partners were visible in the practice and staff told us they were approachable at all times.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff we spoke with told us they were encouraged to consider their training needs with a view to enhancing their roles.
- The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents practice staff gave affected people reasonable support, information and if necessary, written apology. We saw evidence of where 'duty of candour' had been applied when staff had openly explained and gave apologies to patients.

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.

It had an established Patient Virtual Group (PVG) and liaised via email. PVG are a group of patients registered with a practice who work with the practice to improve services and the quality of care. We spoke with a member of the PVG who told us that practice staff communicated well with them and listened to any concerns that were raised.

The acting practice manager told us they were in the process of establishing a Patient Participation Group (PPG) who would hold regular face to face meetings. We spoke with a patient who told us they were willing to be a member of the PPG.

Are services well-led?

Good

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

The practice web site included an on-going patient questionnaire that was periodically analysed and where necessary an action put in place to make improvements where the need had been identified.

Information was gathered from patients and staff through meetings and appraisals about issues, concerns or where improvements could be made. Staff members were asked to comment before the changes were implemented.