The Wand Medical Centre

Quality Report

15 Frank Street
Highgate
Birmingham
West Midlands
B12 0UF
Tel: 0121 440 1561
Website: www.thewandmedicalcentre.nhs.uk

Date of inspection visit: 25 October 2016
Date of publication: 06/12/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to The Wand Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Wand Medical Centre on 25 October 2016. Overall, the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Risks to patients were assessed and well managed. Following the inspection we received evidence that fire drills and fire risk assessments had been completed in line with Fire Safety Regulations.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The majority of feedback from patients about their care was positive.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they meet people's needs.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision, which had quality and safety as its top priority.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

Summary of findings

- The practice implemented a written record to show how the practice implements and shares National Institute for Health and Care Excellence (NICE) guidance and the alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) following the inspection.

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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice, however we found that there was no annual review of events for trend analysis.
- When things went wrong patients received reasonable support, information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed. Exceptions included, the vaccine fridge temperatures, which had the potential to reach above the optimum range, which the practice acted on during the inspection and subsequently provided evidence that further safety measures had been put in place.
- Immediately after the inspection, the practice provided evidence that a fire drill date had been set and a fire risk assessment planned with an external company. Following the inspection we received evidence that these had all taken place.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There were numerous clinical audits, which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with the local Clinical Commissioning Group (CCG) and above the national average in others for several aspects of care.
- The majority of patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified frail and vulnerable patients and offered signposting and supportive information where required.
- The practice held a carers' register and had systems in place, which highlighted to staff, patients who also acted as carers. They were active in attempts to increase the carers register, which was less than 1% of the registered population.

Good

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The majority of patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. This included arrangements to monitor and improve quality and identify risk.

Good

Summary of findings

- There was a high level of constructive engagement with staff together with a high level of staff satisfaction and enthusiasm.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted upon. The patient participation group was active and attempts were being made to increase the number by considering a virtual PPG group as an integral part of the practice.
- There was a strong focus on continuous learning and improvement at all levels, including research, teaching and training.

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 as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided GP services to six care homes. This involved dedicated time to provide proactive healthcare to this group of patients including support to reduce admissions to the local hospital. Two of these homes provided care to support patients from specific ethnic groups in their older years.
- The practice had assisted one care home in providing GP's with an accurate picture of the patient's health condition in order that timely, urgent care could be determined more readily. The practice had provided equipment, training in the equipment use and in understanding when to contact the practice regarding findings.
- The practice held a frail and vulnerable register of patients and these were discussed at regular multi-disciplinary meetings with other health and social care professionals.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Specific asthma, Chronic Obstructive Airways Disease (a respiratory condition) and diabetic clinics were run by nurses. The data for 2015/16 showed however, that the percentage of patients with asthma, who had an asthma review in the preceding 12 months, was 64%, which was lower than the CCG average and national averages of 76%. In addition, performance rates for the diabetes related indicators were slightly lower than local and national averages. For example, 71% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the CCG average of 77% and national average of 78%.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The frailest 2% of practice patients had an admission avoidance care plan in place, which included many patients with long-term conditions. The practice had systems in place to "flag" patients with chronic or life limiting conditions to the out-of-hours service and provide information to enable continuity of care.
- The practice held a list of patients who required palliative care and their GP acted as the lead. The gold standards framework was used for the coordination of end of life care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.
- The practice provided GP services to a care home for young people.
- The practice held regular clinical meetings where children at risk, child welfare concerns and safeguarding issues were discussed to ensure awareness and vigilance.
- The practice held meetings which included Health Visitors every eight weeks.
- The practice provided services, which included contraception, and sexual health advice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- Every week day morning, the practice offered a walk in service.
- The practice provided GP telephone consultations.
- Same day appointments were available for patients with urgent need.
- Extended pre bookable appointments were available with a GP or nurse.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Appointments and prescriptions could be booked online.
- The practice provided NHS health checks to those in the over 40 to 74 age groups.

People whose circumstances may make them vulnerable

Good

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

- We found that the practice enabled all patients to access their GP services.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and with complex needs.
- The practice provided GP services to two care homes for patients with physical and learning disabilities.
- The practice provided GP services to two hostels for homeless males.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities, such as, information sharing, the documentation of safeguarding concerns and in how to contact relevant agencies both in and out of normal working hours.
- All patients on the practice palliative care register were reviewed at least on a monthly basis at their multidisciplinary meetings.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- Clinical staff had received training in the Mental Capacity Act and used this when assessing appropriate patients.
- The practice completed dementia assessments and treatment for patients with dementia at a local care home.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. Three hundred and sixty eight survey forms were distributed and 92 were returned, a response rate of 25%/ This was a lower than average response rate and represented less than 2% of the registered population.

- 44% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 68% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 67% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

In response to patient feedback the practice had introduced GP telephone consultations to improve patient access.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards, the majority of which were positive about the standard of care received. Patients commented in four of the completed comment cards on the difficulty in obtaining an appointment. The majority of patients had chosen to write a significant amount about how much they valued the practice, the professional approach of the staff, GPs, nurses and all staff inclusively. Their comments included words such as; an excellent service, caring, professional and a clean practice.

Patients said they received excellent care and treatment and found staff to be professional, approachable, committed and caring.

Care Quality Commission

The Wand Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Wand Medical Centre

The Wand Medical Centre is located in Highgate, Birmingham. The practice is based in purpose built tenanted premises. Patient areas are on the ground floor and there is a lift to the first floor. It is part of the NHS Birmingham South and Central Clinical Commissioning Group. The total practice patient population is 6,572. The practice has a higher proportion of patients under 18 years old (26.5%) when compared with the practice average across England of 21%, and of patients aged between 0 and 4 years old (8%) when compared to the national average of 6%. The practice provides GP services in an area of deprivation within its locality. People living in more deprived areas tend to have greater need for health services. The average life expectancy at the practice for males is 75 years and females 81 years both of which are lower than the local averages of 77 and 82 and national life expectancy averages of 79 and 83.

The practice is open Monday to Friday from 8.30am to 6.30pm (excluding bank holidays) with the exception of a Wednesday when the practice closes between 1pm and 3pm for staff training. The practice telephone lines are closed on a Wednesday and on a Thursday afternoon when calls to the service are taken by the out of hours provider, Badger. In addition, the practice offers pre-bookable appointments that can be booked in advance. Urgent appointments are also available for patients that need them. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Badger, the out-of-hours service provider. The practice is a teaching and training practice and often has GPs in training or medical students.

The staff team work a mixture of full and part times hours. Staff at the practice include:

- Five GP Partners, providing 4.25 whole time equivalent (WTE) hours.
- A practice manager.
- Four practice nurses, including a nurse manager and a research nurse, providing 1.7 WTE hours.
- A health care assistant.
- Five reception staff
- Four administration staff including a medical secretary and read coder providing 6 WTE hours.
- A clinical pharmacist

The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. They also provide some Directed Enhanced Services, for example, they offer minor surgery and identify patients who are at high risk of avoidable unplanned admissions. The practice provides a number of services, for example long-term condition management including asthma, diabetes and high blood pressure. The practice offers NHS health checks and smoking cessation advice and support.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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 25 October 2016. During our inspection, we spoke with a range of staff, which included the practice management, nursing staff, administrative and receptionist staff and GPs. We reviewed 19 comment cards where patients shared their views and experiences of the service.

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events and held a monthly clinical at which events were discussed.

We reviewed safety records; incident reports, patient safety alerts and records showed that these were discussed in staff training meetings. We saw evidence in the partner meeting agenda dated August 2016 that clinical events including significant events were a standing agenda item. There had been seven recorded significant events in a 12-month period. We found that these were investigated, discussed with the patient's involvement, appropriate measures were taken and the learning from the event shared within the practice to prevent the risk of reoccurrence. There was no evidence of an annual review of incidents or significant events but the practice completed a trend analysis and annual review for complaints.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards, for GPs this was level three in safeguarding children. The lead GP was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records and separate registers were maintained. The practice had electronic systems in place, which flagged patients and families at risk appropriately and removed those who were no longer on the risk register.
- Chaperones were available when needed. Only clinical staff acted as chaperones, they had a disclosure, and barring services (DBS) check and understood their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room and on the waiting room televisual screen.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. An IPC audit of the whole service was completed in 2016. Staff had their handwashing technique assessed and feedback was given to staff when appropriate. We saw the practice took action following audits and changes in IPC guidance and had appropriate levels of personal protective equipment available for staff. The lead nurse in IPC had yet to attend a local IPC link meeting but additional IPC training had been requested and granted.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, and their clinical pharmacist staff member, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were

securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- Vaccines were stored in lockable fridges. We found that the maximum temperature range was set at 14c which is above the optimum of 8c and therefore a potential risk to the efficacy of the medicines stored. The temperature readings recorded by staff found that the fridge temperatures had all been at, or lower than, 5c, however we could not be assured that the temperature had not reached 14c at any other point in time. The practice did not have a data logger thermometer, which is a device that can be electronically downloaded with the fridges actual temperatures over 24 hour periods, to be assured the fridge temperatures had remained within range. Staff said the fridge had been serviced and they were informed the fridge would alarm at 8c despite being set at 14c. However, there was no documentation to support this and the manufacturer instructions on the fridges suggested staff could set the maximum required temperature range. The GP partners assured us that action would be taken and this would be addressed. Following the inspection, the practice evidenced that action had been taken and that fridge data loggers had also been sourced.
- We reviewed three personnel files and a locum GP file and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room, which identified local health and safety representatives. The practice did not have a copy of an up to date fire risk assessment and had not carried out regular fire drills. Staff could not recall the date of the last fire drill and there were no records of drills seen. Subsequent to the inspection, we received confirmation that a fire risk assessment was booked to take place on 1 November 2016 and a fire drill on 31 October 2016. We also received evidence from the practice that these taken place. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Recommendations from the Legionella risk assessment had not all been actioned and the practice manager assured us that these would be assessed and discussed at their next staff meeting and actions taken. Subsequent to the inspection the practice confirmed this had taken place.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available to staff.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The layout of the building had been considered when siting emergency medicines, for example, where immunisations took place, emergency allergy medicines were to hand.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage and a copy was held off site. Not all staff we spoke with were aware of the practices business continuity plan.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice individual GPs monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records, which were evidenced. There was however no documentation to show how they shared best practice guidelines with each other including, NICE and the Medicines and Healthcare products Regulatory Agency (MHRA).

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 90% of the total number of points available. The clinical domain QOF exception rate was 6%, which was lower than the local CCG average of 9% and national average of 10%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance rates for all of the diabetes related indicators were slightly lower than local and national averages. For example, 71% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the CCG average of 77% and national average of 78%.
- Performance rates for mental health related indicators were comparable with the local and national averages. For example, 91% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 93% and national average of 88%.
- Patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 85%, which was in line with the local CCG average of 86% and national average, 84%.
- The percentage of patients with asthma, who had an asthma review in the preceding 12 months, was 64%, which was lower than the CCG average and national averages of 76%. Clinical exception reporting however was lower at 2%, compared with the CCG average of 4% and national average, 8%.

The frailest 2% of practice patients had an admission avoidance care plan in place, which included many patients with long-term conditions. The practice had systems in place to "flag" patients with chronic or life limiting conditions to the out-of-hours service and provide information to enable continuity of care.

There had been a wide range of clinical audits completed in the last two years. We reviewed two full cycle audits completed within the last two years. We found that where improvements were needed these were implemented and monitored. Findings were used by the practice to improve services and information about patients' outcomes was used to make improvements. For example, recent action was taken in response to an audit on the management of chlamydia in general practice. The practice produced an action plan, which included:

- Education of all clinical staff on the NICE guidelines relevant to the audit.
- Staff training on treatment, contact tracing (with contract trace cards readily available), and contraceptive advice for patients diagnosed with chlamydia.
- Improvement in documenting discussions in the patients' record, including the reason for the use of a particular treatment.
- Formulating a template for staff to use.

Good

Are services effective?

(for example, treatment is effective)

A further audit took place which showed improvement in that the practice met the NICE target of 100% in both the administration of first line treatment and contraceptive advice

Effective staffing

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

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- The practice had an induction programme for all newly appointed staff, which covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, there was no signed and completed, competency document in the records reviewed.
- The learning needs of staff were identified through appraisals, and staff told us they felt supported.
- Staff received training that included safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Each Wednesday staff held a training meeting.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings and support for revalidating GPs. The staff had a regular annual appraisal and planned dates were in place for staff who had yet to receive an appraisal. All said that their training and development needs had been met and that they had been able to approach the senior management team if they had had any concerns.
- There was adequate clinical capacity within the practice to meet anticipated demand, including internal cover for holiday leave and other planned absences.

Working with colleagues and other services

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment.

- This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice identified patients approaching the end of their life and there were processes in place to monitor and appropriately discuss the care of patients with end of life care needs.
- We saw that referrals for care outside the practice were appropriately prioritised and the practice used approved pathways to do so with letters dictated and prioritised by the referring GP. For example, the two-week wait and urgent referrals were sent the same day.
- We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated where patients' needs had changed.
- The practice provided GP services and support to six local care homes as well as a younger person's residential home and two hostels for homeless males. The practice had provided equipment, training in the equipment use and in understanding when to contact

the practice regarding findings. This assisted one care home in providing GP's with an accurate picture of the patient's health condition in order that timely, urgent care could be determined more readily.

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. Clinical staff had had access to training on consent and MCA 2005 through on-line training and the practice had held clinical training meeting on the MCA 2005 and the deprivation of liberty safeguards (DoLs) in April 2016. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Support and advice was available at the practice such as, smoking cessation advice and help to slim advice. Other providers used the practice premises to offer weight management clinics, antenatal scanning, and counselling services.
- The practice had attached healthy trainers and substance misuse workers and provided substance misuse services in partnership with Change, Grow, Live (CGL). CGL is a social care and health charity that works with individuals who want to change their lives for the better and achieve positive and life-affirming goals.
- The practice held a register of patients living in vulnerable circumstances including 36 patients living with a learning disability. Patients with a learning disability had received an annual health assessment.
- The practice had developed a notice board to target information aimed at younger people and to provide teenage support to those under 18 years old targeting, family planning, healthy living/ health responsibility messages.

Data from 2014, published by Public Health England, showed that the number of patients who engaged with national screening programmes was lower than the national averages:

- 58% of eligible females aged 50-70 had attended screening to detect breast cancer. This was lower than both the CCG average of 67% and national average of 72%.
- 35% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 46% and national average of 58%.

The practice were aware they had a lower uptake of bowel, breast screening and abdominal aortic aneurysm (AAA) screening. AAA is a swelling (aneurysm) of the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body. The practice were taking part in a patient promises Local Improvement Scheme (LIS) to try to increase the uptake screening within their patient population. This involved a member of staff contacting patients should they not attend appointments for bowel screening to try to encourage them to attend. The practice encouraged its patients to attend national screening programmes:

The practice was aware of the percentage uptake for the cervical screening programme of 83%, which was slightly higher than the CCG average of 81% and the national average of 81.5%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred because of abnormal results.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, 2014/15 data showed that childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 97% and five year olds from 82% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice were considering the appointment of a healthcare assistant to further support this work.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Four patients commented on the availability of appointments and difficulty accessing the service via phone. The majority of patients had chosen to write a significant amount about how much they valued the practice, the GPs, nurses and all staff inclusively. We spoke with members of the practice participation group. They found staff to be professional, diligent, approachable, committed and caring. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the compared to the CCG average of 88% and national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 90%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. The practice had a multi ethnic population and is based in an Inner city area of high deprivation

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients as carers (less than 1% of the practice list). Subsequent to the inspection the practice confirmed they hadidentified 299 potential carers and were proactively contacting them to establish their needs. Written information was available on the practice notice boards to direct carers to the various avenues of support available to them. The practice was aware of the low numbers of carers registered and had tried various methods of requesting this additional information, including asking new patients when they register at the practice.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice provided GP services to six local care homes as well as a younger persons' residential home and two hostels for homeless males. The practice had provided equipment, training in the equipment use and in understanding when to contact the practice regarding findings, to assist one care home in providing GP's with an accurate picture of the patient's health condition in order that timely, urgent care could be determined more readily.
- Three GPs in the practice provided patients with telephone consultation slots, which took place over the period of an hour each weekday morning as well as telephone slots at the end of the morning surgery so patients could speak to a GP of their choice.
- The practice provided minor surgery and joint injections to both registered and non-registered patients.
- Contraceptive services were provided including intra-uterine device insertion (coils) and subdermal contraceptive fittings and removals.
- Specific asthma and respiratory conditions, Chronic Obstructive Airways Disease (COPD) and diabetic clinics were provided for patients, which were nurse led.
- The practice hosted attached services and these included; healthy trainers and substance misuse workers, weight management clinics, antenatal scanning, and counselling services. The district nursing team had an office within the premises and the practice had a case manager attached to the practice.
- Same day appointments were available for children and those with serious medical conditions.
- The practice ran a walk in surgery in the mornings for urgent problems.
- There were disabled facilities, translation services available, and a hearing loop.
- There were longer appointments available for patients with a learning disability.
- Home visits were prioritised in line with NHS England's guidelines. Home visits were available for patients whose clinical needs resulted in difficulty attending the practice.
- Patient Access was available to all patients aged 16 and over. Patient Access allowed patients to book appointments, order repeat prescriptions, update address details and view all aspects of their medical record online 24 hours a day.
- Electronic prescription's access was provided for patients as well as on line appointment booking.
- The practice was responsive to the needs of older people, and offered yearly health checks to all those aged 75 and over.
- Emergency admissions to hospital were reviewed and patients contacted on discharge to review their care needs if required.
- The practice designed their notice boards to ensure there were specific notice boards dedicated, and specifically relevant to: young people including teenagers, long term conditions management and a current health topic, for example flu vaccinations.

Access to the service

The practice was Monday to Friday from 8.30am to 6.30pm (excluding bank holidays) with the exception of a Wednesday when the practice closed between 1pm and 3pm for staff training. When the practice telephone lines were closed on both a Wednesday afternoon for staff training and on a Thursday afternoon, calls to the service were taken by the out of hours provider, Badger. The practice offered pre-bookable appointments that could be booked in advance. Urgent appointments were available for patients that needed them. The practice did not provide an out-of-hours service to its own patients but had alternative arrangements for patients to be seen when the practice was closed through Badger, the out-of-hours service provider.

During the winter months in 2015 and in collaboration with the practice locality 'Network', pre-bookable GP appointments were available from hub sites, which had access to patient's records between 8am to 8pm. The practice hoped to gain access to a similar service for winter 2016.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey, July 2016, showed patient's satisfaction with how they could access care and treatment when compared to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 44% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Four patient comment cards reported they had had difficulty accessing appointments, the remainder were positive on appointment access.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available in various formats to help patients understand the complaints system.

There had been 30 complaints received in the period April 2015 to April 2016. We reviewed three and found these were satisfactorily handled and dealt with in a timely way. There was openness and transparency when dealing with the complaint, which included the complainants' involvement. Lessons were learnt from individual concerns and complaints. There was an analysis of trends, action was taken as a result, to improve the quality of care, and this was shared with all practice staff. Complaint records reviewed demonstrated that complaints were recorded and well documented. Information about how to make a complaint had to be requested from reception staff. During the inspection staff ensured that how to complain information and literature was freely available in the waiting room.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had aims and objectives, which staff understood. Staff members told us their aims were to provide high quality, safe care to their patients.
- The practice took the opportunities available to them to provide patients with more services, for example, the practice was a 'Research Ready' practice and had an attached research nurse contracted for 25 hours per week of research work at the practice.
- The practice were taking part in a patient promises Local Improvement Scheme (LIS) to try to increase the uptake of screening within their patient population. This involved a member of staff contacting patients should they not attend appointments for bowel screening to try to encourage them to attend.

The practice had no documented strategy or supporting business plan, which reflected the vision and values. However, staff maintained the practices keen sense of identity, they attended regular clinical, partner, multi-disciplinary and staff meetings and the practice regularly monitored its performance and progress in the schemes they were involved with and plans for those they were considering in the future.

- The practice met with other practices in the Clinical Commissioning Group (CCG) to consider and develop local robust health strategies and discuss plans to meet the needs of the local population.
- The practice was actively involved in wider engagement such as with the CCG Federation, Local Medical Committee locality board to ensure they had a voice in the Sustainability and Transformation Plans (STP). They attended strategic meetings and were involved in developing new ways of working.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had produced a practice organisation chart with defined roles and responsibilities and could refer to these outlines.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were systems for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of fire drills and the optimum fridge temperature settings. The practice addressed these findings immediately following the inspection.

Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular meetings. There was a clearly dated meeting planner in place for staff to refer to.

Are services well-led?

Good

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the partners who they found to be approachable and always took the time to listen to all members of staff. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Staff at the practice were enthusiastic, driven toward patient health improvement and demonstrated patient focussed objectives such as:

- Nursing staff were autonomous in ensuring that patients with long term conditions had their condition management needs met and that performance in relationship to this was achieved. The GPs were involved in providing the nurses with support, which included discussion of any clinical change.
- GPs each had lead responsibilities and these were actively monitored.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

- The practice informed us that the PPG had struggled to recruit further members to attend meetings. They were in the process of considering the PPG to include virtual members who had no time to attend the practice but were happy to be involved. In the past, the PPG had carried out patient surveys but there had been no survey completed in the past 18 months.

The PPG had with the practice improved areas such as:

- Waiting times to be seen had been discussed and GP telephone consultations for improved GP access had commenced.

The practice had gathered feedback from staff through staff meetings, appraisals and daily discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff said they could add to the practice meeting agenda and in meetings discuss their thoughts and ideas; they felt involved and engaged in how the practice was run.

Continuous improvement

The practice was a teaching and training practice for GP registrars and medical students. There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice involvement with the Local Improvement Scheme (LIS) to try to increase the uptake screening within their patient population.