

Heathfield Family Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

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 Heathfield Family Centre on 5 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events. Learning outcomes were shared with staff.
- Risks to patients were assessed and well managed. Health and safety precautions had been taken which included checking that equipment was fully working and safe to use. Infection prevention control measures were in place. The practice was able to respond in the event of a patient's emergency.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Positive patient feedback was obtained regarding the care and treatment provided by staff.
- 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.
- National GP survey feedback showed that patients found it difficult to make an appointment with a named GP. The practice told us they were continually reviewing its appointment system to meet increasing patient demand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure in place. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had adopted a policy for visiting their patients who were close to the end of their life, every two weeks at their home address, if these patients agreed to the visits.

The areas where the provider should make improvement are:

- Continue to improve access to care and monitor the effectiveness of the arrangements.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. All staff knew how to report incidents and a number of documents we were provided supported this assurance process.
- Lessons were shared to make sure action was taken to improve safety in the practice. Records included analysis of the events and risk assessment took place to reduce potential reoccurrence. Learning outcomes were documented.
- When things went wrong, patients received information, reasonable support and a verbal or 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. This included the management of high risk medicines, infection control, staff recruitment procedures and the training of staff in safeguarding.
- Risks to patients were assessed and well managed. This included health and safety, ensuring sufficient staff in place to meet patient needs and suitable emergency procedures if a patient presented with an urgent medical condition.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national averages. The practice had achieved 100% of total QOF points available in 2015/16 compared with the CCG and national averages of 95%.
- The practices overall exception reporting rate was 11.3% which was above the CCG rate of 9.5% and above national rate of 9.8%. We noted high exception reporting in relation to a number of clinical indicators.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Clinical audits demonstrated quality improvement. For example, outcomes from a diabetes audit showed the practice had adopted a highly effective model for delaying and preventing diabetic complications in patients with this condition.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff we spoke with told us they felt supported by management and were able to maintain their continuing professional development.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed how patients rated the practice for several aspects of care. Findings were mixed when compared with local and national averages. For example, 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- Data also showed that 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.
- The practice partnership told us that an open registration policy and an influx of patients whose first language was not English had resulted in some communication difficulties with reception staff. They said they considered this had impacted upon a lower patient satisfaction score. The practice told us they were taking steps to increase overall patient satisfaction.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. This information was available to patients in different languages to meet the needs of a diverse patient population.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

Requires improvement



Summary of findings

- Practice staff 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. A range of services were provided which included phlebotomy, (blood taking) family planning, chronic disease clinics and travel vaccinations.
- Feedback from the national GP survey showed that whilst patients were satisfied with the practice's opening hours, appointments were not always easy to access or with a named GP. For example, 24% of patients were usually able to see or speak to their preferred GP compared to the CCG average of 45% and national average of 59%.
- The practice told us they continuously reviewed their appointment system and had modified its GP led triage system to respond to the needs of their patient population. Other measures had been implemented such as increasing the number of staff to answer telephone calls during peak periods and restricting patient requests for non urgent issues to quieter times of the day.
- The majority of patients we spoke with on the day of our inspection told us they were able to get an appointment when required.
- 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 quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- 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 had systems in place for notifiable safety incidents and ensured this information was shared with staff so that appropriate action was taken. Reviews took place to ensure any corrective measures implemented from incidents which occurred, had been effective.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. This was reflected in the practice review of CCG benchmarking data, audit activity and the practice plans for the future.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice reviewed all its elderly patients who were at risk of falling or who had experienced a fall within the previous 12 months. Those identified at risk were referred for further assessment and discussed in regular multi-disciplinary team meetings with other health care providers. All these patients had a personalised care plan.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included carers of housebound patients.
- Data showed the practice had obtained 100% of total points within osteoporosis clinical indicators. Achievement was above the clinical commissioning group (CCG) average of 82% and above national average of 87%.
- The practice GPs used Single Point of Access (SPA) to help manage its housebound patients. This was a service designed to ensure the right care was delivered for urgent and non-urgent referrals, to help prevent hospital admission and manage long term conditions in the community. The service supported patients in the community as a preferred action.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 97% which was above the CCG average of 88% and national average of 90%. Overall exception reporting for the diabetes indicators was 11.7%, which was above the CCG average of 10.6% and similar to the national average of 11.6%.
- The practice provided specialist diabetes clinics for those patients with complex conditions. These clinics were run collaboratively with the practice nurse, diabetes specialist nurse and a hospital consultant.
- Longer appointments and home visits were available when needed.

Summary of findings

- The practice had undertaken an audit on the prevalence of chronic obstructive pulmonary disease (COPD) as they had identified this was low in comparison with the national average. The practice identified several reasons which included incorrect diagnosis of asthma. Audit outcomes included 35% increase in patients being diagnosed with COPD from 2015 to 2017, and improved management of these patients as in accordance with evidence based guidelines.
- 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.

Families, children and young people

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 Accident & Emergency attendances.
- Childhood immunisations data provided by the practice in 2015 showed the practice was meeting national targets set for all two year olds and for most five year old immunisations. The practice followed up those childrens families who did not attend for the immunisation programme.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. The practice told us they always tried to provide appointments for young patients at a flexible time to suit their needs.
- A range of contraceptive and family planning services were offered to patients who would benefit from these.
- The practice operated a daily walk in session from 11am to 12pm during school holidays so patients did not have to pre-book an appointment. The sessions were intended to benefit school age children.
- The premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice provided appointments until 8pm two evenings of the week to benefit working aged patients and others who preferred evening appointments.
- A range of online services were offered which included appointment booking and prescription ordering. The practice participated in the electronic prescription service, enabling patients to collect their medicines from their preferred pharmacy without having to collect the prescription from the practice.
- Practice patients could also download an app onto their mobile devices. This enabled patients to receive reminders about their appointments and cancel appointments electronically. It was also used to send alerts, information and reminders to patients.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group.
- 82% of women aged over 25 but under 65 had received a cervical screening test in the previous five years. The practice was performing above the CCG average of 79% and national average of 81%.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 46 patients on the learning disability register. Data from 2016/17 showed that all patients had been offered a health check and 42 had been carried out.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice provided a substance misuse clinic for its patients. This was run in conjunction with an external healthcare specialist and one of the practice partners.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice used 'route to wellbeing', a website to signpost their patients.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 92% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was similar to the CCG average of 91% and the national average of 89%. The practice exception reporting rate was 44% which was above the CCG average of 14.7% and national average of 12.7%. The practice told us the high exception reporting was as a result of staff coding errors (codes that staff use to identify which patients have certain conditions). They told us they had rectified the issue for future reporting purposes. We saw evidence relating to the practice's investigation of its exception reporting.
- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG average and national averages of 84%. The practice exception reporting rate was 4.5% which was below the CCG and national averages of 6.8%.
- 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 told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



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 performance was generally lower when compared with local and national averages. 369 survey forms were distributed and 78 were returned. This represented 21% response rate and 1% of the practice list size.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%.
- 28% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 60% and national average of 73%.
- 62% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and national average of 85%.
- 71% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and national average of 85%.
- 48% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 64% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. Comments included that the care provided by staff was excellent, doctors were understanding, they explained things well and they listened to their patients. We noted that five comment cards also contained mixed feedback regarding difficulties in getting through to the practice by telephone and obtaining an appointment.

We spoke with 12 patients during the inspection. We noted that 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Feedback was also positive regarding access arrangements to obtain an appointment. One patient told us that it was difficult to obtain an appointment and felt they didn't always get enough time during a consultation.

The practice's results from the NHS Friends and Family test showed that from September to November 2016, 14 patients would recommend the practice to their friends and family and seven were unlikely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to improve access to care and monitor the effectiveness of the arrangements.

Outstanding practice

- The practice had adopted a policy for visiting their patients who were close to the end of their life, every two weeks at their home address, if these patients agreed to the visits.

Heathfield Family Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Heathfield Family Centre

Heathfield Family Centre is located in Handsworth, an urban area of northwest Birmingham in the West Midlands. It lies just outside Birmingham city centre.

There is access to the practice by public transport from surrounding areas. There are no on-site parking facilities, but there is street parking available close to the practice.

The practice currently has a list size of 7551 patients.

The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is held between general practices and NHS England for delivering primary care services to the local communities. The practice provides GP services commissioned by NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is situated in an area with high levels of deprivation (level one, Indices of Multiple Deprivation decile, IMD). Level one IMD represents a most deprived area and level ten, the least deprived. A higher number of patients registered at the practice are unemployed (21%) compared with the CCG average (13%) and national average (5%).

The practice has a higher than national average number of children, teenagers and adults in their 20's 30's and 40's living within the practice area. It has a lower than national average number of people approaching retirement age and older age adults. The practice has a high prevalence of patients with diabetes when compared with the national average. The patient population is mixed. This includes patients with a South Asian background and an increasing number of Eastern Europeans registering with the practice.

The premises are purpose built and patient services are all available on the ground level of the building.

The practice is currently managed by three GP partners. (one male, two female). The partners employ a practice manager. The partners also employ three salaried GPs (male and female) and have support from two regular sessional locums. They are supported by two practice nurses, a healthcare assistant and a team of administrative and clerical staff.

The practice opens at 8am daily until 8pm on Monday and Wednesday, and until 6.30pm on Tuesday, Thursday and Friday. GP consultations are available throughout the whole day from 9am to close.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed, patients are directed to Primecare (the out-of-hours service) via the 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 January 2017. During our visit we:

- Spoke with a range of staff (GPs, nurses, practice manager and administrative staff), spoke with members of the patient participation group (PPG) and with patients who used the service.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed practice protocols and procedures and other supporting documentation including staff files and audit reports.

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).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was 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 information, reasonable support and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. There were eight incidents recorded within the past 12 months.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, staff error resulted in a delayed patient referral. The practice implemented new procedures. These included the requirement for clinical staff to return to the practice the same day following home visits undertaken, to update their patient consultation records. Administrative staff were also tasked with making contact with patients to inform them when their referral had been processed.

We looked at the system for how patient safety alerts including Medicines and Healthcare Products Regulatory Agency (MHRA) were disseminated and acted upon. The practice manager was responsible for disseminating the alert notifications to clinicians for their review and subsequent action. We looked at a sample of alerts issued and saw that appropriate action had been taken to ensure patient safety.

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:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were both trained to level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the last one in June 2016 and we saw evidence that action was taken to address any improvements identified as a result. For example, all fabric curtains had been replaced with disposable ones and easy clean blinds had replaced older ones in clinical treatment rooms.
- 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. We reviewed a small sample of patient

Are services safe?

records which included patients who had been prescribed with particular high risk medicines. We found appropriate monitoring was in place in all records we examined.

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, 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. The healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files 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. The practice utilised regular sessional locums and we saw that appropriate checks had been undertaken in relation to these GPs.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. We noted the last one held was in November 2016. 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). The legionella risk assessment was undertaken in July 2016 and it identified that no action was required.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure enough staff were on duty. The practice utilised locum GP cover and had increased the cover to ensure patient healthcare needs could be sufficiently met.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from National Institute for Health and Care Excellence (NICE).

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. The CCG and national averages were 95%. The practice exception reporting rate was 11.3% which was above the CCG rate of 9.5% and above the national rate of 9.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators was 97% which was above the CCG average of 88% and national average of 90%. Overall exception reporting for the diabetes indicators was 11.7%, which was above the CCG average of 10.6% and similar to the national average of 11.6%.
- 98% of patients newly diagnosed with diabetes were referred to a structured education programme, which was above the CCG average of 89% and national average of 92%. Exception reporting was 5.6%, which was below the CCG average of 26.2% and below the national average of 23%.
- 93% of patients with chronic obstructive pulmonary disease (COPD) had received a review in the previous 12 months. This was above the CCG average of 88% and above the national average of 90%. Exception reporting was 16.7% which was above the CCG average of 12.6% and above the national average of 11.5%.

- 77% of patients with asthma had received a review in the previous 12 months. This was above the CCG average of 75% and above the national average of 75%. Exception reporting was 0.5% which was below the CCG average of 4.9% and below the national average of 7.9%.
- 100% of patients with a mental health condition had a record of alcohol consumption in the previous 12 months. This was above the CCG average of 93% and above the national average of 89%. Exception reporting was 31.8% however, which was above the CCG average of 11.2% and above the national average of 10.4%.

We discussed high exception reporting in relation to a number of clinical indicators with the practice partners. They told us they had not identified the high reporting and would undertake an investigation. We were provided with a detailed response following our inspection. We were informed that coding errors input by the QOF lead had resulted in incorrect exception reporting. For example, in mental health clinical indicators, patients were automatically exception reported if they had a care plan in place from the mental health team. The lead had not identified that a care plan was required at practice level. The practice reviewed the individual records of these patients and their analysis showed that 44 out of 57 patients had been exception reported incorrectly. The practice analysis (as well as aspects of QOF data) showed that patients with mental health problems had attended the practice regularly, received their medicines and had been monitored with care plans in place. We were informed that the coding errors had also been made in some depression and dementia indicators. The practice stated that their reporting for 2016/17 had now been corrected. The practice said they had raised these issues as a significant event and had put measures in place to prevent any further occurrence.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years. We noted that all of these were completed audits where improvements were implemented and monitored. We reviewed a diabetes audit. The audit sought to assess the effectiveness of the practice based combined diabetes clinic in the management of poorly controlled diabetics. The practice selected ten patients for analysis. Monitoring data was collated about the patients prior to their attendance at the specialist clinic

Are services effective?

(for example, treatment is effective)

as well as after clinic intervention. Audit outcomes included clear improvements in how the patients' diabetes was being controlled. The practice undertook a further audit to identify the effectiveness of its virtual diabetes clinic and this showed similar, effective results. Audit outcomes also included that the effective diabetes management model adopted by the practice had resulted in the delay and prevention of diabetes complications.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. One of the practice nurses had updated her skills in diabetes, insulin initiation, asthma and chronic obstructive pulmonary disease (COPD).
- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For example, the practice had adopted a stringent process for monitoring its urgent cancer referrals. A member of the administration team was responsible for checking that each patient had attended their referral appointment. If any patient failed to attend, this was identified at an early stage and action taken to address reasons for non attendance, such as an appointment letter not being received.

Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We reviewed detailed records held by the practice.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff were able to provide us with examples to demonstrate their knowledge and understanding.
- 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.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

Patients receiving end of life care, carers, those at risk of developing a long-term condition. The practice utilised 'Route 2 Wellbeing' which was an online directory of services aimed at improving the health and wellbeing of the local population. The directory included help and support for people who had weight issues, alcohol problems, those who wanted smoking cessation support and for those who were carers. The practice also targeted those patients who were at risk of diabetes by giving them literature on lifestyle changes.

The practice's uptake for the cervical screening programme was 82%, which was above the CCG average of 79% and similar to the national average of 81%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. Patients were then invited to meet with the practice nurse to discuss any reasons for refusal. The practice ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake for bowel

cancer screening in the previous 30 months was 37% which was below the CCG average of 46%. Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 68% which was similar to the CCG average of 67%. The practice management told us they obtained patient contact details for those who did not attend screening and telephoned them to discuss reasons for non-attendance.

Childhood immunisation statistics were provided by the practice for two year old and five year old immunisations in 2015. The data showed that national targets had been met for all two year old immunisations and for most five year olds with an exception in the final quarter of 2015. This showed that the target set was missed by 20%. We discussed this with practice management, who informed us that they took responsive action and routinely followed up non-attenders.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatments. A separate room was available if a patient wanted to discuss a private matter.

During our inspection, we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. A caring and patient-centred approach was demonstrated by all staff we spoke with during the inspection.

Discussions we held with patients and feedback we received in CQC comment cards showed that the majority of patients felt that they were treated with compassion, dignity and respect by clinicians and the reception team. This was supported by our discussions held with the patient participation group (PPG).

Results from the national GP patient survey showed the practice was generally in line with local and national averages for its satisfaction scores on consultations with GPs and nurses, with some noted exceptions. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 74% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 91%.

Data also showed feedback regarding receptionists.

- 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

We spoke with the practice management about the difference in some of the practice results when compared with the local and national averages. We were advised that the practice management had discussed the findings from the survey with staff. Staff had agreed that all patients should feel involved in the management of their care and feel fully supported by the clinical staff. We were told that the staff were giving patients more detailed explanations about the management of their care. One of the practice partners advised that they held an open registration policy and had an influx of patients whose first language was not English. They told us this had impacted upon communication difficulties with reception staff and this was likely to have accounted for a lower satisfaction score regarding receptionists.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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. The majority of patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available within the practice and on their website.
- Information leaflets were available in different languages to meet the needs of a diverse patient population.

Patient and carer support to cope emotionally with care and treatment

Patient information was available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 116 patients as carers (1.5% of the practice list). Information was made available to carers in the practice waiting area. Patients

were asked if they were a carer when they registered with the practice. A carers pack was provided to identified carers and they were offered a healthcheck and influenza vaccination.

The practice partners informed us they had adopted a policy for visiting their patients who were close to the end of their life, every two weeks at their home address. Their health needs were reviewed and appropriate support offered. We were also informed that practice GPs always respected patients' cultural beliefs. For example, following the expected death of a muslim patient, the practice ensured one of the GPs was available quickly to sign a death certificate.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a GP led triage service for those patients who required an urgent appointment. Two of the GPs were allocated to work within the triage. GPs telephoned these patients and allocated them a same day appointment, if it was necessary for them to be seen for a face to face consultation.
- For those patients who requested an appointment and were not required to be seen urgently, the practice told us they had a policy to allocate them with an appointment within two to three days of their request.
- The practice operated a daily walk in session from 11am to 12pm during school holidays so patients did not have to pre-book an appointment. The sessions were intended to benefit school age children.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided specialist diabetes clinics for those patients with complex conditions. These included clinics run collaboratively with the practice nurse, diabetes specialist nurse and consultant.
- Chronic disease clinics were also held from 5pm to 7.30pm to accommodate working age patients and students.
- An in-house weekly phlebotomy service (blood taking) was offered to patients.
- A range of contraceptive and family planning services were offered to patients who would benefit.
- The practice provided a substance misuse clinic for its patients. This was run collaboratively with an external healthcare specialist and one of the practice partners.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for disabled patients, a hearing loop and translation services available.

- A range of online services were offered which included appointment booking and prescription ordering. The practice participated in the electronic prescription service, enabling patients to collect their medicines from their preferred pharmacy without having to collect the prescription from the practice.
- Practice patients could also download an app onto their mobile devices. This enabled patients to receive reminders about their appointments and cancel appointments electronically. It was used to send alerts and reminders to patients.

Access to the service

The practice opened at 8am daily until 8pm on Monday and Wednesday, and until 6.30pm on Tuesday, Thursday and Friday. GP consultations were available throughout the whole day from 9am to close. Appointments could be booked up to four weeks in advance and there were urgent appointments available on the day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally lower when compared to local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%.
- 28% of patients said they could get through easily to the practice by telephone compared to the CCG average of 60% and national average of 73%.
- 24% of patients were usually able to see or speak to their preferred GP compared to the CCG average of 45% and national average of 59%.

We noted that five comment cards from the 24 we reviewed contained feedback regarding difficulties in getting through to the practice by telephone and obtaining an appointment.

We spoke with the practice partnership about lower patient satisfaction scores for access arrangements. We were informed that the practice was continuously reviewing its appointment system to meet patient demand. One of the practice partners told us they were previously answering telephone calls directly and undertaking triage, before the new approach was adopted whereby patients requesting urgent appointments were telephoned back after leaving their contact details with reception staff. The partnership told us that they had identified that the previous approach

Are services responsive to people's needs?

(for example, to feedback?)

had resulted in patients not being able to get through on the telephone line and they considered that this had significantly impacted upon the patient survey results. We were also informed that one of the practice partners had reduced his clinical activities at the practice and there were more limited appointments available to see him. The partnership considered that this may also have impacted upon patient survey results.

The practice told us they had utilised an extra administrator during peak periods to assist in answering the telephone lines. The practice had also introduced a procedure whereby patients were required to call after 2pm to obtain test results and after 12pm for non urgent requests. This was to help reduce calls during peak times of the day.

We spoke with 12 patients on the day of our inspection, and 11 patients told us that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

One of the practice GPs telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an 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.
- The practice manager was the designated responsible person that co-ordinated the complaints process. Clinicians always reviewed any complaints of a clinical nature.
- We saw that information was available to help patients understand the complaints system. This included a practice complaints leaflet.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. The practice offered to meet with complainants to discuss their concerns whenever this was deemed appropriate. The practice undertook a review of complaints to identify any trends and consider the learning points and changes to practice. Lessons were learnt and shared with the team following a complaint, and action was taken to as a result to improve the quality of care. For example, as a result of a complaint, the practice introduced routine GP visits to see patients at their homes, if they were close to the end of their life.

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 objectives included the delivery of a high standard of care to their patients by staff who were well trained and maintained up to date knowledge. Staff we spoke with knew and understood the values of the practice.
- The practice had a strategy and supporting business plans which reflected the vision and these were monitored. The plan included increasing availability of pre-bookable appointments from 8am and 7 day opening. The partnership also had plans to recruit an advanced nurse practitioner to address patients' minor illness. The plan acknowledged partnership working with voluntary and social services to improve health and social care.
- One of the partners was seeking to retire in June 2018 and plans were underway to replace their role with a current member of GP staff.
- The practice was part of a federation of approximately 20 practices. The practice partnership told us they were actively involved within the Federation in providing services centrally.

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. Staff were supported through regular one to one sessions, meetings, training programmes and appraisals.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained in most areas such as the practice's review of its prescribing data and CCG benchmarking information. We noted that the practice had not

identified high exception reporting rates however in relation to QOF. The practice took immediate and responsive action to address the issues when we discussed them with the partners.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We noted improved patient outcomes as a result of activities.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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. Staff told us the partners were approachable and took the time to listen to members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology when appropriate.
- The practice kept written records of verbal interactions as well as written correspondence. This was reviewed to ensure that corrective measures had been effective.

There was a clear leadership structure in place.

- Staff told us the practice held regular team meetings and we saw documentation which reflected the meetings held.
- Staff told us they had the opportunity to raise issues at team meetings and were able to do so.

Are services well-led?

Good 

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

- Staff said they felt respected and supported, particularly by the partners in the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted

proposals for improvements to the practice management team. For example, on-going discussions had been held between the PPG and the practice regarding access to appointments and modifications to the system. These discussions included a consensus to educate and raise awareness to patients about the best use of services to reduce demand for GP appointments.

- The practice had gathered feedback from staff through informal discussions held and through practice meetings and staff appraisals. Staff told us they would provide feedback and discuss issues with colleagues and management.