

Crankhall Lane Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crankhall Lane Medical Centre on 28 November 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Dr Rajiv Chitre on our website at www.cqc.org.uk.

This inspection was an announced follow up comprehensive inspection carried out on 18 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 28 November 2016. This report covers our findings in relation to the improvements made since our last inspection.

Overall the practice is now 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 a system in place for reporting and recording significant events.
- The practice had improved its systems and processes to minimise risks to patient safety. For example, risk assessments for Legionella and fire were in place. Emergency medicines were available in the event of an emergency.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or slightly lower than local and national averages in some areas such as diabetes and cervical cytology.
- There was evidence that staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, the patient satisfaction scores relating to GP consultations were slightly below the local and national averages.

Summary of findings

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.
- One of the GP partners had been away on long term leave. The other partner had returned from maternity leave and was currently on a phased return. The regular sessional GPs took on lead roles and staff were positive about the leadership structure and their contribution and role in the practice.
- The practice was able to demonstrate a governance framework which supported the delivery of the strategy and good quality care. However, it needed to be strengthened to improve management of patients with diabetes and to improve achievement for cervical screening.

- There was evidence that the practice had sought feedback and implemented changes to improve.
- The practice was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Ensure systems or processes are operated effectively to enable improvement to the quality of care in areas such as QOF and cervical cytology.

The areas where the provider should make improvement are:

- Consider areas for improvement as identified in the national GP patient survey. For example, in relation to GP consultations.

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



- The practice had improved its systems and processes to manage risk of re-occurrence following investigation of all significant events. From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful 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 to minimise risks to patient safety. We saw fire risk assessments had been updated and risk assessments for Legionella had been carried out.
- The practice had adequate arrangements to respond to emergencies and major incidents. Appropriate medicines were available in the practice in the event of an emergency.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

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 in line with or slightly lower than local CCG and national averages in some areas such as diabetes and cervical cytology.
- Regular locum GPs were used to cover the GP partners and although the practice did not hold regular clinical meetings we saw evidence that staff were aware of current evidence based guidance. For example, clinical audits demonstrated quality improvement with reference to appropriate guidance.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2017 showed patients rated the practice higher than others for several aspects of care relating to nursing and reception staff but rating for some aspects relating to GP consultations were lower. The practice had monitored this and was working on improvements. The practice recognised that improvements were being achieved. For example, the practice was able to show that the scores for overall experience of patients had improved from 68% (July 2016 survey) to 76% (July 2017 survey).
- Comments cards we received and patients we spoke with said they were treated with compassion, dignity and respect.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice was located in a deprived area with one of the highest rates of underage pregnancy in the country; there were free testing kits available for sexually transmitted infections in the practice for patients to take away.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 offered extended opening hours between 6.30pm and 7pm on Wednesdays, Thursdays and Fridays.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There was a wheel chair available for patients to use in the practice.
- Information about how to complain was available and examples of complaints we reviewed 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 requires improvement for being well-led.

Requires improvement



Summary of findings

- The practice had developed a business plan, which aimed to reflect the vision and values of the practice and drive forward changes required. However, as one GP partner continued to remain on long term leave, the practice acknowledged that there were challenges to ensuring progress on the plan due to the continuous absence of this GP partner.
- The practice could demonstrate a governance framework. There were systems for identifying, recording and managing risks, issues and implementing mitigating actions. However, the governance process needed to be effectively operated to ensure improvement in quality of care for management of patients with diabetes and improving achievement for cervical cytology. The practice had not considered appropriate supervision to the healthcare assistant in their management of patients with long term conditions.
- There was a leadership structure and despite challenges to the practice posed by both GP partners being away, the practice was able to demonstrate areas of improvement since our previous inspection.
- Staff members we spoke with told us that they felt supported by management. There were policies and procedures to govern activity and these were accessible to staff.
- The practice aimed to hold meetings quarterly but we saw that these were much less frequent. The practice explained that as a small practice they communicated regularly and only held formal meetings when they felt necessary. For example, meetings were always held following significant events.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We reviewed two examples which demonstrated that the practice complied with these requirements.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice had a Patient Participation Group (PPG) that until recently met to discuss improvements at the practice. However, due to changes in the personal circumstances of some of the members the PPG had stopped meeting.

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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Patients had access to telephone appointments with the GP if requested.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance rates for the diabetes related indicators were lower than local and national averages. For example, the practice had achieved 68% of the total points available for patients with diabetes, compared with the CCG average of 88% and national average of 90%. The practice was aware of this and working to make improvements.
- The practice hosted a specialist diabetes clinic with a secondary care consultant and one of the regular locum GPs had attended training and also sat in this clinic. The nurse had attended training in insulin initiation.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Summary of findings

- Longer appointments and home visits were available when needed.
- Multidisciplinary meetings were held to discuss those patients with the most complex needs and to ensure their needs were met.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 and emergency (A&E) attendances.
- The practice was able to demonstrate that immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held regular meetings with health visitors where they discussed any safeguarding concerns.
- The practice's uptake for the cervical screening programme was 66%, which was lower than the CCG average of 80% and national average of 82%. However, the practice had reported lower exceptions of 2%, when compared with the CCG average of 9% and national average 7%, meaning more patients had been included. There was an effective system in place for recording, monitoring and chasing up of cervical screening results. The practice was aware of the low achievement and was proactive in encouraging patients to attend their screening.

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).

- 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 needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening was available from 6.30pm to 7pm

Good



Summary of findings

on Wednesdays, Thursdays and Fridays. Saturday and Sunday access was available through hub working arrangements (although there were currently some ongoing IT issues affecting access).

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice provided carer support, sign posting, information packs, completed a carers register, and displayed information on their notice board.
- The practice offered longer appointments for patients with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- The practice offered extended opening hours between 6.30pm and 7pm on Wednesdays, Thursdays and Fridays which was useful for this group of patients.

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).

Good



- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the local CCG average and the national average of 84% (2015/16 QOF data).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2017. The results showed the practice was performing in line with local and national averages. Of the 346 forms that were distributed, 105 were returned. This represented 3% of the practice's patient list.

- 76% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%.
- 70% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 58% 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 65% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Patients commented that doctors were very caring and they always received a good service.

We spoke with our patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, patients also added that they sometimes felt rushed during their consultation when the surgery was busy.

Areas for improvement

Action the service **MUST** take to improve

Ensure systems or processes are operated effectively to enable improvement to the quality of care in areas such as QOF and cervical cytology.

Action the service **SHOULD** take to improve

Consider areas for improvement as identified in the national GP patient survey. For example, in relation to GP consultations.

Crankhall Lane Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser.

Background to Crankhall Lane Medical Centre

Crankhall Lane Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider in Crankhall Lane, Wednesbury, West Midlands. The practice area is one of deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. The practice is a member of NHS Sandwell and West Birmingham CCG.

There are approximately 3,700 patients of various ages registered with the practice. The practice holds 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. 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.

The staffing team consists of two GP partners (1 male and one female). One of the GP partners is away on long term leave and the other partner had just returned from maternity leave and was transitioning back into their role

through a phased return. There are three male long term locum GPs, one healthcare assistant and a practice nurse. Administration staff included a practice manager and six receptionist/administrative staff.

The practice is open between 8.30am and 6.30pm Monday to Friday with extended hours available on Wednesdays, Thursdays and Fridays from 6.30pm to 7pm. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hours service NHS111 when the practice is closed. Patients can book appointments in advance.

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 18 October 2017. During our visit we:

Detailed findings

- Spoke with a range of staff including the GP partner, practice nurse, practice manager, and administration staff.
- Observed how patients were being cared for in the reception area and talked to patients and/or family members who used the service.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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

At our previous inspection on 28 November 2016, we rated the practice as requires improvement for providing safe services. We found that there were processes in place to raise concerns, and to report incidents and near misses. However, the practice did not fully implement improvements to reduce the risk of reoccurrence following the investigation of all significant events. The practice assessed risks to patients who used services but systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

At this inspection we found that improvements had been achieved and the practice could demonstrate effective systems and processes to manage risks.

Safe track record and learning

There was a system 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). For example, a previous record of an incident in relation to an immunisation error demonstrated the patient involved was informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- During our previous inspection in November 2016 we saw an example where learning had not been fully implemented to improve practice. During this inspection we saw that the practice had recorded and investigated three incidents and was in the process of investigating another in the last 12 months. Minutes of meetings we looked at showed learning was discussed. The practice had also introduced an annual analysis of incidents to identify trends. Minutes of meetings we looked at showed that this was reviewed and discussed in February 2017.

- The practice manager told us they shared incidents with external agencies such as the Clinical Commissioning Groups (CCG) if they felt it was appropriate. They told us they had currently raised an incident that related to the prescribing of a medicine involving the local hospital and told us that they would be sharing this with the CCG.
- During our previous inspection in November 2016 the practice was unable to demonstrate how medicine safety alerts such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) were shared and actioned. At this inspection we saw examples of recent medicine safety alerts and evidence of searches that were carried out on the patient record system with the actions taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurse and administration staff were trained to level two.
- Notices 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. There were cleaning schedules and monitoring systems in place. The practice healthcare assistant was the infection prevention and control (IPC) clinical lead who

Are services safe?

liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The practice had recently agreed a contract with an external cleaning agency and we saw that data sheets for the Control of Substances Hazardous to Health (COSHH) for cleaning products used within the practice were available. During our previous inspection the practice did not have these available.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. During our previous inspection in November 2016 we found there was a lack of systems and processes in place for repeat prescribing and review of those patients on some high-risk medicines. At this inspection we looked at a number of records which demonstrated appropriate blood monitoring of patients on high risk medicines. The practice had carried out a two cycle audit on their management of high risk medicines. The audit demonstrated that 100% of patients were being monitored against the chosen criteria.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local CCG medicines optimisation teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Data we looked at before the inspection showed that the practice was a high prescriber compared to the CCG for specific antibiotics. Audits carried out by the medicines optimisation team from the CCG for July 2016 to Sept 2016 showed that they were ranked second highest in prescribing some antibiotics. Data we looked at from April 2016 to May 2017 showed that they were fifth highest which represented improvements in CCG targets.

- Blank prescription forms and pads were securely stored and there were systems to monitor their use. This process had been improved since our previous inspection and there was now an auditable process to track prescription stationery and to ensure security.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately. We saw that appropriate directions for vitamin B12 and flu vaccination were in place.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- During our previous inspection we saw that the practice had completed a fire risk assessment but had not reviewed this annually and the last review was dated 2014. At this inspection we saw that an up to date fire risk assessment was in place. There was evidence that regular fire drills were carried out. There was a plan of the building with fire exits signs on appropriate places.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- During our previous inspection in November 2016 we saw that two of the practice staff had completed Legionella training in reducing Legionella risk however; the practice had no written risk assessment for Legionella in place. (Legionella is a bacterium, which can contaminate water systems in buildings). At this inspection we saw that an external agency had carried out a risk assessment and relevant actions taken in areas identified.

Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Most administration staff worked different hours and where required staff covered each other's planned and unplanned leave.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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. Staff told us of a recent emergency event that had occurred at the practice. They told us that staff had acted appropriately to respond to the incident.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff including suppliers and other external organisations such as the CCG. The practice had an agreement with another local surgery as well as the local hospital to use their premises in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

During our previous inspection we found that there was no documented process for disseminating and implementing best practice guidelines such as NICE to all clinical staff working at the practice.

We saw that the practice had carried two completed audit cycles which were detailed and referenced appropriate guidance.

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 87% of the total number of points available compared with the CCG average of 95% and the national average of 96%. The practices' overall exception reporting was 11% which was similar to the CCG average of 10% and the national averages of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for most of the QOF (or other national) clinical targets. However, the practice was aware that there were areas of QOF achievement that they needed to improve on. For example, data from 2016/17 showed:

- Performance for mental health related indicators was similar to the CCG and national averages; the practice achievement for mental health indicators was 85% which was lower than the CCG average of 92% and the national average of 94%.
- Performance for asthma related indicators was 87%. This was below the CCG average of 97% and the national average of 98%.
- The practice performance for diabetes related indicators was lower to the CCG and national averages; the practice achievement for diabetes indicators was 65% which was lower than the CCG average of 90% and the national average of 91%.

The practice was aware of the low achievement for diabetes and explained how they had been working to achieve improvement. For example, One of the GPs had taken over responsibility for diabetes and took part in the CCG initiated Diabetes in Community Care Extension (DiCE) clinic held at the practice along with a specialist consultant. The locum GP had attended training at the local hospital with the same consultant who held the DiCE clinic at the practice. The practice nurse had attended an insulin initiation course in February 2017 and both the GP and the nurse were now working more closely in the management of patients with diabetes. The practice also acknowledged that the recall system could be further improved to achieve targets.

The practice achievements for QOF indicators in other areas were similar to local and national averages. However, data we looked at showed that the practices exception reporting for some areas of QOF such as asthma, Chronic obstructive pulmonary disease (COPD) and dementia were significantly higher than local and national averages. The practice was unaware of this but told us that they normally did not exception report unless after trying everything to engage with patients.

Data we looked at for dementia showed that the practices exception reporting was 29% compared to the CCG and national average of 13%. The GP partner and the practice manager showed their current data which showed that nine patients were on the register and all of these patients had already undergone a review. The practice looked at other areas we had identified and was able to show that patients were being reviewed appropriately without being exception reported. The practice considered that it may have been an IT systems issue and told us that they would look in to this further.

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits commenced in the last two years, both of these were completed audits where the improvements made were implemented and monitored. One audit on Disease-modifying anti-rheumatic drugs (DMARDs) demonstrated improved practice against chosen criteria. Another audit was on medicine reviews of patients on the mental health register. The re-audit showed improvement from 60% to 88% for medicine reviews for these patients

Are services effective?

(for example, treatment is effective)

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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.
- The healthcare assistant (HCA) reviewed patients with long term conditions such as diabetes and COPD. They told us that they consulted the GP if a patient did not respond to medicine or of any other changes in their condition. However, they told us that if there were no other changes they would make the decision to book the next review. The HCA told us that they received support from the CCG in regards to management of COPD patients and had access to advice and support at the CCG. However, there was no evidence that they were receiving formal clinical supervision at the practice. The HCA told us that they felt well supported and speak with the GPs or the nurse if they were unsure of something.
- 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. Records we looked at demonstrated that relevant 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.

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 did not routinely use care plan templates for dementia or learning disability and instead they referred to the latest letters received from hospital to manage patients. The practice stated this helped them to care for patients without duplicating care planning.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. We saw that all incoming communication was up to date. All urgent referrals were tracked by the secretary or the practice manager to ensure that they were actioned. Patients were always advised to inform the practice if they had not received an appointment following referral within a week.

We saw evidence that multidisciplinary team meetings (MDT), safeguarding and palliative care meetings were held at the same time. We saw 14 patients were on palliative care register and all cases were discussed with the team. Samples of records we looked at showed detailed records and a holistic approach to care and involvement of family and other agencies in care.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. We saw Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders were considered and appropriate.

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 and signposted those to relevant services. 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. The practice offered a smoking cessation service and signposted patients to appropriate services.

The practice's uptake for the cervical screening programme was 64%, which was below the CCG average of 80% and the national average of 81%. However, the practice had reported lower exceptions of 2%, when compared with the CCG average of 9% and national average, 7%, meaning more patients had been included. We discussed the low achievement by the practice and they told us that historically they had problems engaging with patients. The practice engaged with patients through recall letters and telephone calls but had not considered other ways of working to improve. We saw there were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice told us that they planned to speak with neighbouring practices to explore their approach to cervical cytology.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Data we looked at before the inspection showed uptake rates for the vaccines given were comparable to the national standard of 90%. For example, rates for vaccines given to under two year olds ranged from 89% to 91%. The practice achievement for vaccines given to five year olds ranged from 93% to 97%. These were above the CCG and national average.

The practice looked into the vaccination of under two year olds and was able to demonstrate that almost all eligible patients had received vaccinations. The practice considered that this may have been an IT issue where data from the practice system was not transferring appropriately and told us that they would investigate this further.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example,

- 45% of patients were screened for bowel cancer in the last 30 months which was comparable to the CCG average of 45% but below the national average of 58%
- 66% of females aged 50-70 years were screened for breast cancer in the last 36 months (three year coverage) which was comparable to the CCG average of 66% but below the national average of 73%.

We saw that two staff members were raising money for bowel cancer research and posters in the reception area encouraged patients to contribute. Staff told us that this was also a way to highlight the disease to patients and to encourage them to attend screening. The practice had received a positive response as many patients had enquired about the activities to raise money for the charity. This was also advertised in the practices newsletter. The practice had held a MacMillan coffee morning recently to raise money and further encourage patients to attend screening appointments.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients on the day of the inspection and they told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

The practice told us that they had a patient participation group (PPG). However, due to changes in the personal circumstances of some of the members, the PPG had stopped meeting. However, the chair of the PPG hoped to carry on the role and the practice had been encouraging new patients to join the PPG.

Results from the national GP patient survey, published in July 2017, showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on some aspects of the consultation with GPs were slightly below the local CCG and national average. For example:

- 80% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.

- 72% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 94% 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%.
- 72% 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 the national average of 86%.
- 97% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared with the CCG average of 82% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed that patient feedback to questions about their involvement in planning and making decisions about their care and treatment was below local CCG and national averages for consultations with GPs. This aligned with our findings during our discussion with patients. The feedback for the nurse's consultations was above the local CCG and national averages. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 65% 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 the national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.

Are services caring?

- 88% 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 the national average of 85%.

We saw evidence that the practice had reviewed their performance and had compared their achievement with two of the nearest practices. We saw that generally the practice achievement was above most areas in comparison to the two nearest practices. We saw minutes of meetings where the practice discussed areas of low achievement. For example, lower scores for GPs had been discussed; staff felt these were due to both partners being away on long term leave. Patients we spoke with told us that generally they were happy with the GPs but when the practice was busy they felt slightly rushed. The practice manager told us that one of the partners was back from long term leave and hoped that patient satisfaction would now improve. The practice also recognised that the practice achievement for overall experience of patients had improved from 68% (in July 2016 survey) to 76% (in July 2017 survey).

We spoke with four patients on the day who told us that they were happy with the service and staff. Some of the patients also said that they did not always get enough time with the GPs and at times felt rushed. We received 21 comment cards and they were positive about the service and staff.

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

- The practice explained that most patients registered at the practice spoke English as a first language; however, staff were able to organise interpretation services when required. There were some staff who spoke other languages and could support patients if required.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic

referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). There was a secretary that reviewed this information and ensured all referrals were picked up and actioned by the hospital. If the practice was unsure they would enquire with the appropriate service to ensure action was being taken.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 84 patients as carers (approximately 2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were offered timely and appropriate support. For example, carers were offered health checks and the flu vaccine. Prior to our inspection, 77 patients who were also carers were invited for a health check and 11 had received a health check. Data also showed that 24 carers had also received the flu vaccine.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/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 understood its population profile and had used this understanding to meet the needs of its population:

The practice explained that it was located in a deprived area. They explained that underage pregnancy in the area served by the practice was one of the highest in the country and we saw that there were free testing kits available for sexually transmitted infections in the practice for patients to take away.

- The practice offered extended hours on a Wednesday, Thursday and Friday evening until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- The practice hosted a specialist diabetes clinic with a secondary care consultant.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS. Patients could be referred to other clinics if they required vaccines that were only available privately.
- The practice premises was accessible for patients that had difficulty with their mobility. Although there were no automated doors there was a poster which advised patients to ring a bell if they needed assistance and this was accessible for patients using a wheel chair. There was also a wheelchair available for patients to use in the practice.
- Interpretation services were available.

- The practice provided phlebotomy services (blood taking) and this was useful for those patients who did not want to travel to their local hospital or health centre.
- Access to psychological and counselling services were provided at the practice.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 12.30pm and 4pm to 6pm Monday to Fridays. Extended hours appointments were available from 6.30pm to 7pm on Wednesdays, Thursdays and Fridays. The practice had hub working arrangement to offer weekend access. Current arrangements included Saturday access from 9am to 12.30pm and Sunday from 1am to 11am. This service had started in September 2017, but due to IT issues (which were currently being resolved by the CCG) the practice could not use the facility for their patients. Pre-bookable appointments were available to book two weeks in advance. The practice explained that this had been reduced from six weeks as they found this reduced the number of missed appointments (DNAs).

Results from the national GP patient survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 71%.
- 74% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 84%.
- 82% of patients said their last appointment was convenient compared with the CCG average of 72% and the national average of 81%.
- 70% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 41% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

Are services responsive to people's needs?

(for example, to feedback?)

The practice explained that they had recently increased their opening hours and the practice was now open from 8am to 6.30pm. They hoped to see improvement to scores in relation to the opening hours. Previously the practice opened at 8.30am and 6.30pm but closed between 12.30 and 4pm.

Patients told us on the day of the inspection that they were able to get appointments when they needed them although occasionally they struggled but could get an appointment within a week.

The practice had a system to assess:

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

If a patient requested a home visit, reception staff forwarded the request to the GP with patient contact details. The GP telephoned the patient in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need.

Listening and learning from concerns and complaints

The practice had a system 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 to help patients understand the complaints system. There was a poster displayed in the waiting area and the practice leaflet which was available to take away also summarised the complaints process.

We looked at three written complaints received in the last 12 months and found that they were satisfactorily handled and dealt with in a timely way. Lessons were learned from individual concerns and complaints. For example, one verbal complaint discussed in the practice meeting in January 2017 involved a GP consultation with a patient; the practice discussed the concerns and put measures in place to prevent the problem happening again.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 28 November 2016, we rated the practice as requires improvement for providing well-led services. There were some systems for identifying, recording and managing risks, issues and implementing mitigating actions. However, there were some exceptions which included for example, a lack emergency medicines for use in the event of meningitis or seizure, no system which followed NHS Protect Security of prescription forms guidance, no fire risk assessment update since 2014, no data sheets for the Control of Substances Hazardous to Health (COSHH) products used within the practice, no Legionella risk assessment. Learning had not been implemented following a significant event.

At this inspection the practice was able to demonstrate improvement in the above areas. However, we also found that some areas of governance which required further strengthening and is discussed below.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a business plan for 2017/18 which reflected its vision and this was displayed in the patient waiting area. Staff members we spoke with knew and understood the values. The plan included four themes; a supportive team, patient partnership, cost effectiveness and the generation of income. For example:

- Involve patients in the practices development and encourage patient feedback.
- Improve the patient experience, including communication about clinical patient care.
- Participate in the new primary care commissioning framework.
- Develop and maintain skills within the practice team.
- Audit systems and activity to determine cost effectiveness.

The practice was a partnership between two GPs. However, one of the GP partners was on long term leave and the other GP partner had just returned from maternity leave and was on phased return. The practice acknowledged that this posed a challenge and continued to pose challenges both financially and in the delivery of continuity of care.

The practice used regular locum/sessional GPs who had taken on some of the lead roles which provided some continuity of care. The practice was unable to determine the return of the other GP partner.

Governance arrangements

The practice had made improvements in the areas identified in the last inspection despite both partners being away on leave. QOF data we looked at showed that generally the practice achieved satisfactory outcomes for patients. The practice was aware that governance processes needed to be further strengthened to deliver effective care for management of patients with long term conditions such as diabetes. The practice acknowledged that a team approach would help the practice achieve this and told us that the nurse and the regular locum GP had attended training and were trying to develop a closer working relationship to for example improve diabetes care. The practice acknowledged that this posed a further challenge as the nurse and the GP had different working patterns and were not at the practice at the same time.

The practices achievement for cervical screening was below local and national average and we were told that the practice had struggled historically to engage with patients. Although there were systems in place to engage with patients, the practice had not reviewed this to improve achievement for cervical cytology. On the day of inspection the practice told us that they would now speak with neighbouring practices to explore their approach to cervical cytology as some of these surgeries could demonstrate better achievement compared to this practice.

Evidence we looked at showed that the healthcare assistant worked within their area of competency but did not receive formal support or supervision for management of patients with long term conditions. The practice hoped that the return of the GP partner would offer greater stability and scope for further improvement.

Although some areas of governance processes required further strengthening the practice was able to demonstrate a governance framework to support good quality care in most areas. There was a clear staffing structure and staff were aware of their own roles and responsibilities. The practice had faced challenges due to both GP partners being on long term leave. However, the regular locum GPs took some of the responsibility such as for safeguarding

Are services well-led?

Requires improvement 

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

and diabetes. They were familiar with the day-to-day running of the practice and provided continuity of care. Longstanding staff members we spoke with acknowledged the efforts of the regular locum GPs.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- The practice could demonstrate an understanding of the performance of the practice and was aware of areas that required further improvements and demonstrated how they were working to achieve this, for example management of diabetes.
- The practice explained that being a small practice they did not hold regular meetings and regularly communicated on an ad hoc basis. The practice had a communications book that allowed staff working at different times of the day to exchange information. We saw that multidisciplinary meetings were held quarterly. However, practice meetings were generally held quarterly but evidence we looked at also showed that meetings at times were held less frequently. The practice manager told us that they held meetings when they felt it was necessary and we saw evidence that following a significant event meetings were always held to discuss learning.
- The practice was able to demonstrate a programme of continuous clinical and internal audit which demonstrated quality improvement and referenced relevant standards.

Leadership and culture

On the day of inspection the GP partner in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They had returned from long term leave and were transitioning into the role. Staff members we spoke with were positive about working in the practice and most were long standing. They told us that they enjoyed working at the practice and felt supported by management. They told us that the regular locum GPs covering the GP partners were supportive and worked effectively as part of the team.

The practice was aware of and had systems 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.

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

- There were two GP partners. One of the GP partners was on long term leave and the other partner had recently returned from maternity leave. The long term locum GP had assumed responsibility in areas such as safeguarding and staff members we spoke with were positive about the locum GPs and their contribution to the practice.
- The practice held a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- The practice explained that being a small practice they generally held meetings quarterly but at times this could be longer. We were told that staff communicated regularly on an ad hoc basis. The practice had a communications book that allowed staff working at different times of the day to share relevant information.
- 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. Meetings were documented when held and were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported. Staff told us that they worked well as a team.

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

The practice encouraged and valued feedback from patients and staff.

- The practice previously had a functioning PPG and we saw that they had taken feedback and acted on them. For example, there was a 'you said we did' notice board in the reception area informing the actions the practice had taken following feedback from the PPG. One of the actions was longer opening times. The practice previously closed between 12.30pm and 4.30pm. However, it was now open from 8am to 6.30pm.

Are services well-led?

Requires improvement



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

- The practice had introduced a comments book to receive further comments. However, this was removed due to receiving inappropriate comments from patients. The practice had introduced a newsletter to communicate to patients and provide feedback.

Currently the PPG was inactive due to changes in personal circumstances of the members. Four out of the five members were currently unable to attend meetings. The practice was looking to establish a virtual group and was engaging with patients through the practice newsletter.

The practice participated in the FFT scheme and we saw a box and comment cards in the practice but the practice told us that they found it difficult to engage patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Ensure systems or processes are operated effectively to enable improvement to the quality of care in areas such as diabetes and cervical cytology. Regulation 17 (1) (2) (a)