

Your Health partnership - Mace Street Clinic

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Your Health Partnership - Whiteheath Medical Centre on 5 January 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Information about services and how to complain was available and easy to understand. The practice website informed patients of the complaints process and the services available. It could be translated in various languages.

- Patients said that access to appointments had improved and the service was improving.
- The practice building was purpose built and had good facilities, was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients.

The areas where the provider should make improvement are:

- Ensure readings are re-set after each recording to ensure that maximum and minimum temperatures being recorded were accurate for each recording.
- Ensure all staff attend training updates for courses such as cervical cytology and mental capacity.

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. There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice and prevent it happening again. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average. Staff assessed needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a focus on training to ensure any skills gap were filled and recognised through appraisals and personal development plans for all staff. However, we did identify some gaps in staff training. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as **good** for providing caring services. Data from the National GP Patient Survey showed patients rated the practice lower than others for several aspects of care. However, patients acknowledged this had improved in the recent survey that practice had carried out through the Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. Staff members we spoke with also acknowledged that the practice was making improvements in this area. Information for patients about the services available was easy to understand and accessible. The practice website informed patients of the services available and could be translated in to different languages. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Its vision was to deliver a range of enhanced services based on the needs of its local population. It engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said

Good



Summary of findings

that urgent appointments were available the same day. The practice was purpose built, had good facilities and was well equipped to treat patients and to meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders where management felt appropriate. Staff were able to speak some of the languages spoken by patients and staff knew how to arrange a translation service where appropriate. The practice website could be translated in various languages to ensure information about services was accessible to all.

Are services well-led?

The practice is rated as good for being well-led. The practice was part of a corporate partnership and as a result had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. 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. Policies were available as hard copy in the practice and on the practice intranet. 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. The practice had systems in place recording safety incidents and ensured this information was shared with staff where appropriate. The practice proactively sought feedback from staff and patients. The Patient Participation Group (PPG) was active and helped to undertake patient surveys. There was a focus on continuous learning and staff development.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice worked in partnership with multi-disciplinary teams to discuss each patient's situation and agree next step planning. Patient's expectations, values and choices were taken into consideration when planning care.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management. There was a care co-ordinator based at the practice one day a week. They were employed by the CCG and their role was to identify patients at risk of hospital admission. GPs were notified of these patients and care plans were developed with them. The practice was part of a corporate partnership and nurses delivered specialised clinics in diabetes and dementia across the site. 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.

Good



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 A&E attendances. The practice met regularly with multi-disciplinary teams to discuss children who were on a child protection plan or those who were at risk. All practice staff had access to contact details for the local safeguarding team. Antenatal and post-natal clinics were available along with childhood and adolescent vaccination programmes. Same day appointments were available for children and appointments were available outside of school hours and the premises were suitable for children and babies. Saturday flu clinics were offered at the main site at Whiteheath Medical Centre to enable improved access and uptake of the flu vaccine. We saw parents with pushchairs were able to access the practice and there was adequate space in the reception area. The lead GP was safeguarding lead for the practice and the corporate

Good



Summary of findings

practice. We saw that they had attended training up to level 2 and were booked to attend level 3 training in February 2016. We spoke with the lead GP who had displayed adequate safeguarding knowledge to protect vulnerable adults and children.

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 practice had adjusted the services to offer flexible appointments out of hours. Patients were encouraged to register for text message reminders for appointments as well as telephone appointments to enable those staff with work commitments access to services. Along with telephone triage, a full range of health promotion and screening service such as cervical cytology screening was available and reflected the needs of this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with learning disabilities, dementia and mental health. The practice offered longer appointments for patients with a learning disability. Regular reviews of the practice register were undertaken to monitor for any changes in patient circumstances. Regular screening of patients such as those with dementia was undertaken by a specialist nurse. Staff knew how to recognise signs of abuse in vulnerable adults and children. The practice informed vulnerable patients about how to access various support groups and voluntary organisations. 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. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had a dementia register and a mental health register. Patients experiencing poor mental health in these groups received annual physical health checks from a specialist nurse or a GP. The practice carried out advance care planning for patients with dementia. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice had told patients experiencing

Good



Summary of findings

poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) 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 published on 7 January 2016 showed the practice was performing below local Clinical Commissioning Group (CCG) and national averages for some aspects of care. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. Of the 386 survey forms that were distributed 117 were returned. This represented almost 2% of the practice's patient list. For example;

- 43% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 70% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 85%).
- 64% described the overall experience of their GP surgery good (CCG average 76%, national average 85%).
- 46% said they would recommend their GP surgery to someone new to the area (CCG average 65%, national average 78%).

The above data is reflective of both the main site (Whieheath Medical Centre) and the branch site (Mace St Clinic) before the provider had become part of a corporate partnership in April 2015. We saw that plans were in place to increase reception opening hours and improve other working practices to help the practice develop a better service.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards most of which were positive about the standard of care received. Patients stated that there had been much improvement with service and appointment availability. They further stated that they were treated with courtesy and respect by staff. However, one comment card also stated that they appointment availability was an issue.

We spoke with two patients during the inspection. One patient stated that they were happy with the care they received and thought staff were approachable, professional and caring. One patient stated that access to appointment was an issue. However, both patients also commented that it was getting better in regards to availability of appointments.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure readings are re-set after each recording to ensure that maximum and minimum temperatures being recorded were accurate for each recording.
- Ensure all staff attend training updates for courses such as cervical cytology and mental capacity.

Your Health partnership - Mace Street Clinic

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 nurse specialist adviser and practice manager specialist adviser.

Background to Your Health partnership - Mace Street Clinic

Your Health Partnership is registered with the Care Quality Commission at six locations. However, two of the locations; Whiteheath Medical Centre (Badsey Road) and Mace St Clinic (Mace St) have one General Medical Services (GMS) contract, patient list and clinical data system with a shared staff group. The staff group, policies, systems and procedures for both sites are generally managed from Whiteheath with input centrally from the corporate partnership (Your Health Partnership). The policies and systems are reflective across both registered practices and therefore we inspected both sites together on 5 January 2015. The data included in this report also reflect both practices.

The corporate partnership has 16 GP partners. However, two of the partners (1 male and 1 female) were based at Whiteheath Medical Centre (Badsey Road) and Mace St Clinic (Mace St). There are also three salaried GP (2 female and 1 male) who also worked at the practice. There are also

two practice nurses and a Healthcare Assistant (HCA). Advanced Nurse Practitioners (ANP) who were employed by the corporate partnership also held specialist clinics at both sites but were not based at the sites at Whiteheath or Mace St. There was an Outlet Operations Manager who was based at the practice along with a team of receptionists and other administration team members. The Operations Outlet Manager also worked at the branch site at Mace St Clinic. A care co-ordinator was also based at the practice once a week but was employed by the Clinical Commissioning Group (CCG). Their role is to identify patients at risk of unplanned admission to hospital. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is open between 8.30am and 1pm Mondays to Fridays in the mornings. In the afternoon the surgery is open from 3.30pm to 6pm except Thursdays when is open from 2pm to 5pm. Appointments are from 9am to 12pm every morning and 4pm to 6pm daily except Thursdays when it is closed in the afternoon. Extended opening hours are Mondays from 6.30pm to 7.30pm with a nurse and Tuesdays from 6.30pm to 7.30pm with a GP.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed.

The practice provides minor surgical procedures mainly in cryotherapy and joint injections.

The practice has a patient participation group (PPG) who are a group of patients registered with a practice that work with the practice team to improve services and the quality of care.

Detailed findings

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice building is purpose built and is accessible by patients using a wheelchair.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 January 2016. During our visit we:

Spoke with a range of staff including the GP partners, the practice nurse, reception staff as well as the operations support manager. We spoke with a care co-ordinator who was employed by the CCG and was based at the practice

once a week. We also spoke with patients who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 (QOF) data, this relates to the most recent information available to the CQC at that time. The QOF data is reflective of both the main site (Whieheath Medical Centre) and the branch site (Mace St Clinic) as both sites shared the same patient list and had a single contract with NHS England. Also, the QOF data is reflective of both sites before the provider had become part of a corporate partnership in April 2015.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. There was an operations manager who was responsible for the day to day management of both sites, Whiteheath Medical Centre the main site and Mace St Clinic the branch site. This included the management of dignificant events and implementation of learning.

Staff members we spoke with were aware of the process for reporting and escalating incidents. There was a protocol for recording incidents/ significant events. A significant event/ near miss reflective template that was available as a paper copy and in electronic format. This was then shared with the operations manager who populated the incident on an electronic system which was shared with the Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

We saw that 14 significant events were recorded from August 2015 to December 2015 across both sites. We saw that learning was discussed and analysed in the team meetings. For example,

a significant event from August 2015 recorded that a suspicious looking man that was standing outside of the branch surgery (Mace St Clinic) while it was closed to patients. Staff felt intimidated and were unable to leave the building. Whilst this was dealt with at the time, the learning implemented by the practice was to advise staff to dial 999 if it happened again and security gates had been fitted at rear of surgery for staff safety.

Most of the significant events were recorded from August 2015 onwards. The practice had merged with the current corporate partnership in April 2015 and the staffing structure had been established thereafter including the post of the operations manager whose role was to ensure day to day management of the practice.

National patient safety alerts were received electronically via email and the corporate governance team (Clinical Operations Group) was responsible for ensuring follow up.

Overview of safety systems and processes

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff both in electronic form on the corporate provider intranet and in the practice as hard copies. A staff member we spoke with was able to demonstrate how they accessed the policy on the provider's intranet. The policy 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 who was the lead GP at the practice. They were also the lead safeguarding GP for the corporate partnership. They had only attended level 2 Safeguarding training and not level 3. During our discussions with them they displayed adequate knowledge in regards to safeguarding and we saw that they were booked to attend level 3 training in February 2016.

Staff members we spoke with demonstrated that they understood their responsibilities and all had received training relevant to their role except the GP who had been booked to attend. A staff member we spoke with demonstrated to us the alert system on the practices computer system that informed staff if any patients were subject to any safeguarding concerns.

Notices in the practice advised patients that chaperones were available if required and leaflets were also available explaining the purpose of a chaperone in the clinical rooms we looked in. Usually nurses were used as chaperones and if nurses were not available administration staff were used. However, only administration staff who had undergone Disclosure and Barring Service (DBS) check was used. 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. Although administration staff were not trained on how to fulfil the role of a chaperone, our discussions with most staff suggested that they had a working knowledge on how to fulfil this role effectively. Most staff including administration staff had undergone a DBS check. However, we saw evidence that the practice had applied to ensure all reaming staff members had undergone a DBS check. This was to increase number of staff that could act as a chaperone and to ensure flexibility for the practice.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were two practice nurses and one of

Are services safe?

them was the infection control clinical lead. They liaised with the local infection prevention teams to keep up to date with best practice. We saw evidence of online infection control training completed by the lead nurse in June 2015. There was an infection control protocol in place and staff had received up to date training. We saw that the last infection control audit was undertaken in September 2015 for both sites and we saw evidence that action was taken to address any improvements identified as a result. We also saw that a handwashing audit for all staff group on both sites had also been completed in September 2015.

We checked medicines stored in refrigerators and found they were stored securely and were only accessible to authorised staff. Processes were in place to check medicines were within their expiry date and suitable for use. Records showed and fridge temperature checks were carried out and all the medicines we checked were within their expiry dates. However, temperature readings were not being re-set on both sites after each recording to ensure that maximum and minimum temperatures being recorded were accurate for each recording.

The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. We saw Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation and they were all in date. The practice had a system for production of Patient Specific Directions (PSDs) to enable Health Care Assistants (HCAs) to administer medicines after specific training when a doctor or nurse was on the premises. We looked at some examples on the day of the inspection which were dated from December 2015.

We reviewed four 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 DBS checks.

There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. We saw that the last audit for cervical cytology was undertaken between June 2015 and December 2015 with the total number of

procedures, the number of abnormal and inadequate smears so that appropriate patients could be followed up. We saw that an incident from October 2015 regarding cervical cytology was recorded and discussed to ensure learning and any follow up. However, we also saw that one of the nurses was now due their cervical cytology training update. There were two nurses employed and they worked in both sites.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The GPs and the two nurses worked set days at this site and the main site. The administration staff generally worked at the same location. However, the practice was part of a larger corporate partnership of six surgeries and staff were available to cover if required. For example, advanced nurse practitioners (ANP) held specific clinics such as dermatology and diabetes at both sites and were part of the corporate partnership. The lead GP also told us that being part of a larger organisation meant that they had system to ensure cover for each other along all sites. Some staff members we spoke with told us that there had been a stable team since the practice had become part of the corporate (Your Health) partnership.

Arrangements to deal with emergencies and major incidents

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

All staff received annual basic life support training and there were emergency medicines available in the treatment

Are services safe?

room. The practice had a defibrillator and oxygen available on the premises. 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Part of the plan was to utilise the main site at Whiteheath Medical Centre and vice versa if affected with any issues such as power failure, flooding etc.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Staff members we spoke with told us that they could access guidance online and did so when needed. There was a clinical operations group which was part of the corporate partnership. This group met monthly and was responsible for ensuring adherence to NICE guidance as well as other areas such as clinical alerts, prescribing data as well as others areas such governance issues. We spoke with two GPs on the day of the inspection who confirmed this.

Management, monitoring and improving outcomes for people

The clinical operations group used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 87% of the total number of points available, with 10% exception reporting. This was 1% above local and national averages. 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 2014/15 showed performance for diabetes related indicators were below the local Commissioning Group (CCG) and national average. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. The practice achievement for diabetes related indicators was

63%; this was 22% below the CCG average and 26% below the national average. The practice had joined a partnership and had developed a 'future plan'. As part of this plan was to improve administration processes through centralisation with specific duties for staff such as QOF calling to ensure better management of conditions such as diabetes.

The percentage of patients with hypertension having regular blood pressure tests was better compared to the CCG and national average. The practice had achieved 86% of the available points; this was 4% better than the CCG and 2% above national average.

Performance for mental health related indicators was better compared to the CCG and national average. The practice had achieved 100% of the available points from all seven mental health indicators. This was 10% better than the CCG and 7% above the national average. However, we also saw that the clinical exception rates for many of the indicators were higher compared to CCG and national averages.

Overall the practices total achievement for QOF points was 87%; this was 6% below the CCG and 6% below the national average. We spoke with the lead GP who was also a partner and they told us that before they had become part the corporate (Your Health) partnership in April 2015. Prior to this they were a single handed practice and found it a challenge to focus on clinical areas as well as ensuring administration processes were robust for appropriate follow up of for example, long term conditions. Staff members we spoke with also confirmed that staffing numbers had become more stable and they had access to a larger pool of staff. For example, there were two Advanced Nurse Practitioners (ANPs) that were part of the corporate partnership. They held specialist clinics at the practice for patients with more complex needs and or long term conditions. Patients we spoke with also confirmed that they had noticed a positive improvement to the practice.

Clinical audits demonstrated quality improvement. There had been various clinical audits completed in the last two years. We saw two audits had been conducted in response to NICE guidance with appropriate follow ups.

There were systems in place to identify and assess patients who were at high risk of admission to hospital. We spoke with a care co-ordinator who was employed by the CCG and worked at the practice one day a week to review patients at risk of unplanned admission. They told us that

Are services effective?

(for example, treatment is effective)

there were 168 patients on the list for the practice across both sites and the GPs were aware of all these patients and knew them well. A nurse at the practice also had responsibilities for managing patients of unplanned admissions.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We spoke with one staff member who had recently been recruited and was still in their probation period. They confirmed that they had been through induction and were receiving appropriate supervision and training. This staff member as based at the main site but the recruitment process was the same for both sites and was carried out by the same management staff and therefore reflective of both sites.

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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. However, we did notice that one of the nurses was due refresher training in cervical cytology. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example they told us that the corporate partnership held professional/ personal development days including quarterly Protected Learning Time (PLT). The previous PLT event held for all the staff from the corporate partnership was in November 2015. All nurses and healthcare assistants also attended core training two hours monthly as part of protected learning time.

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 during sessions, one-to-one meetings, appraisals and through meetings. For example, there were monthly lead nurses meetings and quarterly corporate nurse team meetings which was open to all nurses and HCAs to raise any issues.

Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff were also due to gain access to online training from April 2016.

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. They included the practice's patient record system, the intranet and an integrated pathology and discharge summaries system linked to the local acute hospital. This included care plans, risk assessments, medical records and results of tests and investigations. All relevant information was shared with other services in a timely way, for example when patients were referred to other services.

The practice referred patients appropriately to secondary and other community care services such as the district nurses. The practice used the Choose and Book system for making the majority of patient referrals. The Choose and Book system enables patients to choose at which hospital they would prefer to be seen. We looked at referral rates which were within local averages and they were appropriate and within timescale.

We saw that information about patients moving services was shared appropriately and timely. This was especially the case for patients who moved from paediatric care to adult care in hospital, for example, mental health patients. The practice team shared all relevant information to the new team so that the patient was able to receive appropriate care.

The practice implemented principles of the Gold Standards Framework (GSF) for end of life care. The GSF helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. This included a palliative care register and regular multidisciplinary meetings to discuss the care and support needs of patients and their families.

Consent to care and treatment

We found the healthcare professionals understood the purpose of the Mental Capacity Act (2005). The Mental Capacity Act (2005) is a law that protects and supports people who do not have the ability to make decisions for themselves. Staff members were also aware of the children's act and were Gillick competent. Gillick

Are services effective?

(for example, treatment is effective)

competence is a term used to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. We saw consent forms were in place for minor surgery. Where appropriate, carers were involved in the decision making process.

Relevant staff members we spoke with told us that verbal consent was taken for examinations. The practice also carried out joint injections and cryotherapy at both sites and had written consent forms in place. This was supported by a policy and monitored to ensure adherence. However, we also noted that some clinical staff had attended training for mental capacity while others had not. For example, we saw that the lead nurse had attended training in September 2015. We also noted that the lead GP had not attended this training although they had good working knowledge of capacity issues.

All the patients we spoke with said they had been involved in decisions about their care and treatment. They told us their treatment was fully explained to them and they understood the information. Patients felt they could make an informed decision. Patients with dementia, learning disability and mental health were given longer appointments to discuss their health needs.

Supporting patients to live healthier lives

Patients who were in need of extra support were identified by the practice. The lead GP we spoke with told us that they were able to have various services in place especially as they were part of a larger partnership. Some of these services included patients in the last 12 months of their lives, those at risk of developing a long-term condition, those requiring lifestyle advice, diet, sexual health and smoking cessation advice. For example, the practice had provided 1343 patients (across both sites) with smoking cessation advice, of which 291 (3.8%) had stopped.

We spoke with the lead nurse who told us that they were personally able to refer and signpost patients to various services. For example, patients with long term conditions such as diabetes were given longer (30 minutes) appointments with the nurses and were signposted to diabetes UK, the XPERT programme as well as other health promotion and lifestyle changes. This was further supported with written information/leaflets.

The practice told us that the number of asylum seekers registering had increased and were providing support as

well as informing them on how to access various support groups and voluntary organisations. Reception staff members we spoke with were aware of how they could register such patients if they did not have adequate documentation and needed urgent attention.

The practice nurse also undertook cervical cytology screening and carried out regular audits to ensure appropriate follow ups. The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 79% and the national average of 81%. The lead nurse we spoke with told us that they offered reminders for patients who did not attend for their cervical screening test. We saw that there were leaflets in various languages available at the practice such as Punjabi, Bengali, Arabic, and Polish to encouraged uptake of the screening programme. The lead nurses (both female) undertook cervical cytology screening which ensured any cultural or gender sensitivities did not pose as a barrier. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. So far this year the practice had screened 355 (4.7%) of patients for bowel cancer. For breast screening 45 patients had been screened so far.

The practice offered services for child health surveillance including immunisations. It also offered flu immunisations as well as travel vaccinations. The practice also offered Saturday flu clinics at the main site at Whiteheath Medical Centre. There was a poster in the reception area offered by a third party for 'parents to be sessions'.

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

The practice was located in a highly deprived area and was aware that many patients experienced social problems of drug, alcohol misuse, and high number of single parents as well as high unemployment. We saw poster in the reception areas signposting patients to other services such as HIV testing, sexual health clinics and NOMAD services. NOMAD provides housing and support helps people maintaining their tenancies or those at risk of losing their home.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff we spoke with told us if patients wanted to discuss sensitive issues or appeared distressed they would offer them a private room to discuss their needs. We saw a reception member asked a patient discretely for their details such as date of birth.

Results from the national GP patient survey showed that patients rated the practice lower satisfaction scores for consultation with GPs compared to local Clinical Commissioning Group (CCG) and national averages. However, patients' satisfaction scores were higher for consultation with nurses compared to local CCG and national averages. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. For example:

- 66% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 68% said the GP gave them enough time (CCG average 81%, national average 87%).
- 84% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 61% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 91%).
- 74% said they found the receptionists at the practice helpful (CCG average 76%, national average 85%)

The above represents data before both practices had merged with a corporate partnership. The lead GP partner at the practice stated that they were making improvements as a result of the merger. They told us that they were now able to focus more in their clinical practice.

We spoke with two members of the Patient Participation Group (PPG). PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The PPG members told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They added that there had been a recent improvement to the service and that this would not have been their opinion a few months earlier. The lead GP told us that since they had joined the corporate partnership in April 2015 they were able to focus more on their clinical responsibilities. Many changes to the staffing, governance and management of the practice was being implemented at the practice and intended to have a positive impact on patients.

Comment cards we received stated that the service they had received was good and some highlighted the lack of appointments. However, patients also commented that this was also now improving. Patients we spoke with on the day of the inspection also aligned with this view.

Care planning and involvement in decisions about care and treatment

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

- 72% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 62% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%)
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%)

The above shows that the GP satisfaction scores were lower compared to both local and national averages. However, satisfaction scores for nurses was higher compared to local CCG average and slightly lower than national average.

Are services caring?

Most patients we spoke with on the day of the inspection 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. Patient feedback on the comment cards we received was also positive in regards to this.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Leaflets for procedures such as cervical cytology were available in various languages spoken by the patient population to help them understand and encourage uptake.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations such as carers support groups and posters advertising drug advice and support service for Asian communities.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

One of the GPs we spoke with told us that they had a special interest in mental health and were trained in counselling. The practice had a care co-ordinator employed by the CCG and who worked one day a week at the main site review patients at risk of unplanned admission. Although the care co-ordinator was based at the main site, the patient list size was shared and so all patients were reviewed. They identified patients that needed further help and alerted the GPs. The practice also contacted other agencies which provided counselling.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was part of a larger organisation which offered various enhanced services through engagement with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. For example, the practice undertook an enhanced service for minor surgical procedures (joint injections and cryotherapy) to patients in the practice as well as for unplanned admissions and smoking cessation.

Longer appointments were available/ offered for patients with a learning disability and long term conditions. There were annual health checks for patients with a learning disability and those with mental health needs.

Home visits were available for older patients / patients who would benefit from these. Urgent access appointments were available on the same day for children, the elderly and patients who were vulnerable.

The practice offered early morning appointments between 7am and 8pm on Wednesdays and Thursdays at the main site (Whiteheath Medical Centre). Early evening surgeries were available from 6.30pm to 7.30pm on Mondays also at the main site.

Patients were able to receive travel vaccinations via the practice nurse available on the NHS as well as those only available privately.

The practice building was purpose built March 2002 and was accessible to patients with a disability. Disabled toilets and baby change facilities were also available. They were usually locked and patients needed to ask staff members for keys. Staff told us that this was because the toilets were not being used appropriately. All consulting rooms were on the ground floor.

A hearing loop was available for patients using a hearing aid. A translation services was available for patients that did not speak English as a first language and some of the staff including the GPs were able to some speak languages spoken by the patient population such as Punjabi, Urdu

and Hindi. The practice website could also be translated in various languages. There was a touchscreen near the reception in various languages where patients could register their arrival.

Access to the service

The practice was open between 9am and 12.30pm Mondays to Fridays in the mornings. In the afternoon the surgery was open from 4pm except Thursdays when was closed in the afternoon. Appointments were from 9am to 12pm every morning and 4pm to 6pm daily except Thursdays when it was closed. Extended early evening appointments are also offered between 6.30 and 7.30pm on Mondays and Tuesdays. These were available at the main site (Whiteheath Medical Centre), but all patients had access to these appointments.

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

- 53% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 43% patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).
- 46% patients said they always or almost always see or speak to the GP they prefer (CCG average 47%, national average 59%).

Most patients we spoke with told us on the day of the inspection that they were able to get appointments when they needed them. Some patients said that access was an issue but had had seen recent improvement. We saw results of an audit displayed in the reception area showing there were 765 appointments that were offered in December 2015. Of the 765 offered 709 were attended. Patients did not attend (DNA) 56 appointments and 32 appointments that were available but were not taken. We looked at the appointment system and saw that there were appointments available. Staff members we spoke with also confirmed that staffing had become more stable since the merger with corporate partnership. They also added that the excess appointments would not have been possible before the merger. Views from the PPG members we spoke with also aligned with the above view.

Are services responsive to people's needs?

(for example, to feedback?)

We saw a poster in the reception areas that encouraged patients to register for text message reminders for appointment. This was to reduce the number of DNAs.

We also saw a 'future plan' to have greater patient access to both practices by increasing receptionist hours. We saw that the cost implications of this had been considered and the risks of not implementing the plan was also considered. Other plans also included some centralisation of administration processes to improve access and efficiency.

Listening and learning from concerns and complaints

The practice had a 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 operations manager was the designated responsible person who handled all complaints in the practice. Staff showed us leaflets that were available inside the reception desk. They told us that they would offer the leaflet when a patient wanted to complain or requested.

There was one designated complaints lead for both sites and learning from complaints were shared with all staff. There were six complaints received from April 2015 to December 2015 for both sites. We saw these were satisfactorily handled and dealt with in a timely way.

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 was part of a corporate partnership which had a clear vision to deliver high quality medical care in a flexible way that provided an enhanced range of services. The practice aimed to achieve this through supporting staff members. Staff members we spoke with told us that they had been supported financially to complete courses and training and had been given time off to attend courses that would allow further development.

We saw the practice had developed a 'future plan' to improve reception staffing and to ensure administration processes were more effective. We saw that some of the plan had already been implemented. For example, the plan recognised the need to appoint an operations manager which was now in place.

Most patients we spoke with also stated that they had noticed an improvement to the service. This view was also shared by staff members we spoke with as they felt there were positive changes taking place with the practice becoming part of the corporate partnership. We spoke with the head of outlets operation for the corporate partnership and the operations manager for the site who told us that many of the changes in systems and processes that would allow for a better service was being embedded to align the practice to the corporate partnership. We saw evidence of this for example, in the way the practice had started recording significant events. All significant events we looked at recorded from August 2015 which was after the practice had merged with the corporate partnership.

Governance arrangements

The practice was part of a corporate partnership of six practices with a central management and governance team. For example, there was an outlets structure with head of outlet operations, IT lead and a Governance lead. They supported an operations manager located at each site whose responsibility was to oversee the day to day running of the practice. There was a centralised patient services team consisting of a lead nurse and patient services manager. Their responsibilities included for example, ensuring QOF achievements, reviewing results from screening tests such as cancers and ensuring appropriate communication with other agencies such as out-of-hours services.

There was a clear staffing structure within the practice with a head receptionist and a lead nurse and that staff we spoke with were aware of their own roles and responsibilities and this was supported with a job description in staff files we looked at.

Practice specific policies were implemented and were available to all staff. Staff members demonstrated to us how they accessed policies from the corporate providers' intranet.

There was a Clinical Operations Group (COG) who maintained a comprehensive understanding of the performance of the practice including monitoring of QOF data, prescribing data as well as ensuring adherence to National Institute for Health and Care Excellence (NICE) guidance. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. This was achieved through nursing meetings, clinical meetings as well as outlet operations meetings.

Leadership and culture

The corporate partners had the experience, capacity and capability to run the practice and ensure high quality care. The lead GP at the practice told us that they were able to prioritise better clinical care since the merger with the corporate partnership.

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. For example there was a staff engagement forum which met regularly to involve staff about how to run and develop the practice.

The partnership also had a vision to develop its staff through quarterly Protected Learning Time (PLT). The most recent PLT held in November 2015 focussed on good customer service. The provider held a Christmas party for all staff members to celebrate achievements over the last 12 months as a way of team building.

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

Are services well-led?

Good 

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

surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, we saw that the practice had recently conducted a patient survey through the PPG. Findings were generally positive with some patients commenting that the service was getting better. The practice had not developed an action plan to implement learning as the survey had been completed recently, but planned to do so.

The practice had a complaints log and a complaints and comments folder. We saw that there were four thank you comments left by patients for 2015.

Staff told us that regular team meetings were held that there was an open culture within the practice and they felt able to raise any issues at team meetings. They could also raise any issues through the staff forum held centrally by the corporate provider and through the appraisal system.

Continuous improvement

There were protected learning events held quarterly to support staff learning and development. Staff said they felt respected, valued and supported. For example, a staff member told us that they were supported to attend courses financially and through getting time off from work.

All partners and senior managers underwent leadership training along with nurses.