

Dr Bhikhu Pattni

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	Requires improvement	
Are services safe?	Good	
Are services effective?	Inadequate	
Are services caring?	Requires improvement	
Are services responsive to people's needs?	Requires improvement	
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 Dr. Bhiku Pattni on 9 November 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Data showed the practice performance in respect of QOF was mixed with the practice performing significantly below local and national averages in relation to some clinical conditions.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment but this did not align with national patient survey data.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.
- 100% of patients in the national patient survey said they found the receptionists at the practice helpful, compared to the CCG average of 84% and the national average of 87%.
- The practice employed two receptionists and the Practice Manager. There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice was in the process of merging with a larger local practice and negotiations were at an advanced stage. We were informed by the Clinical Commissioning Group (CCG) that they were currently processing the formal documentation. Applications for this registration have not yet been submitted to CQC, we are working with the provider to resolve this.

Summary of findings

The areas where the provider must make improvement are:

- Have a system to effectively monitor patient outcomes in order to drive improvement.

The areas where the provider should make improvement are:

- Review the availability and impact on skills mix of all staff.
- Review care plans to ensure they are all fully documented.

- Review arrangements in place for the diagnosis of Chronic Obstructive Pulmonary Disease (COPD) using spirometry, to ensure appropriate monitoring and outcomes for patients.
- Continue to seek and monitor patient feedback in order to identify areas for further improvement.

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.
- When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The systems for ensuring patients on high risk medicines were properly monitored before the medicine was re-prescribed needed strengthening to protect patients from risk.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks but there was no recorded evidence to show that checks were being undertaken on this emergency equipment.

Good



Are services effective?

The practice is rated as inadequate for providing effective services, as there are areas where improvements should be made.

- Data showed the practice's overall clinical performance was below both local and national average and the overall rate of exception reporting was higher than local and national averages at 19.4%. The practice equated the high exception reporting to the small number of patients registered at the practice. However, patient records we reviewed did not record the rationale for exception reporting.
- There were areas where the practice performance was significantly lower than local and national averages, for example in relation to asthma, COPD and osteoporosis.
- Rates of cervical screening were significantly lower than local and national averages at 46%, compared to a CCG average of 79% and a national average of 81%. Following the inspection the practice provided additional data which showed that cervical screening uptake had increased to 63%.

Inadequate



Summary of findings

- Spirometry testing was not routinely available at the practice and patients were referred to a neighbouring practice for this test. The practice was unable to demonstrate that this was effective, as data available showed that outcomes for patients were below the local and national average. [
- At the time of the inspection, the practice did not have a nurse or HCA in post. Consequently they were unable to offer a full range of nurse-led services at the practice. The practice demonstrated how access to these services were being managed via partnership working and referrals within the community.
- Care plans were in place for elderly and vulnerable patients but they were not all fully documented.
- There was evidence of appraisals for staff.

Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. For example 71% of respondents said the last GP they saw or spoke to was good at listening to them compared with the CCG average of 88% and the national average of 89%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment but this view was not supported by national patient survey results.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

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

- Practice staff reviewed the needs of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, there was a named drug and substance misuse worker supporting patients on a shared care basis and a health trainer ran health promotion clinics, including weight management and exercise signposting.
- There was no information displayed regarding interpreter services. This was addressed during our visit.

Requires improvement



Summary of findings

- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day. Data from the national patient survey confirmed patients could access services easily.
- There were areas of the practice which required upgrading and we were told this would be addressed as part of an improvement plan which was currently being put together as part of the practice merger which we were told was at an advanced stage.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- Succession planning was in place as the lead GP progressed towards retirement. Partnership arrangements were in the final stages of discussion, with an emphasis on continuity of care for the practice population and staff.
- The services of a business and quality manager had been acquired. Their role was to focus on practice performance and outcomes for patients.
- The practice employed two receptionists, and a practice manager as well as a business manager. 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. However these were not always effective at identifying areas of poor performance with clear plans to address these.
- The provider was aware of and complied with the requirements of the duty of candour. A culture of openness and honesty was encouraged.
- The patient participation group was active.

Requires improvement



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 requires improvement for the care of older people.

- The practice performance in respect of conditions affecting older people was mixed with some high exception reporting. The practice were aware of their outcome data.
- The practice was responsive to the needs of older people, and offered home visits and urgent same day urgent triage appointments for those with enhanced needs.
- Same day telephone consultations were also available. Longer appointments were offered to enable patients to discuss concerns in greater detail, or more than one complaint.

Requires improvement



People with long term conditions

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

- In the absence of a nurse or healthcare assistant the GP took responsibility for chronic disease management.
- The practice performance in relation to long term conditions was mixed, with some areas of low performance, for example in relation to asthma the practice performance was 24% points below the CCG and England average.
- Although performance in relation to diabetes indicators overall was 8% above the CCG and 9% above the England average, this was achieved with very high exception reporting in seven of the eleven indicators ranging from nine to 18% higher than CCG and national averages.
- The practice did an initial assessment of patients with COPD and then referred them to a neighbouring practice for spirometry testing
- Longer appointments and home visits were available when needed.
- Patients were allocated to the sole GP for a structured annual review.
- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

- 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. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- Patients told us that the practice did not necessarily offer services to working aged people who could not attend the practice between 9am and 5pm.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- 46% of women aged 25-64 were recorded as having a cervical screening test in the preceding five years compared to the national average of 81%. Arrangements were in place for a nurse from a neighbouring practice to offer cervical screening to patients. The practice told us access to nursing appointments would be improved on completion of the practice merger.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advanced care planning for patients with dementia but their exception reporting was significantly above local and national averages at 50%.
- The practice achievement in relation to mental health was 88% which was 4% below the CCG and 5% below the national average. Their exception reporting was significantly higher than the CCG and national average for four of the six clinical indicators. This ranged from 15% to 98% above.
- For example 100% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which was higher than both the CCG and national averages but the exception reporting for this indicator was 20% above the CCG average and 18% above the national average. The practice equated the high exception reporting to the small number of patients registered at the practice. However patient records we reviewed did not record the rationale for exception reporting.
- The practice had engaged in an exercise with other practices in the area to analyse the high level use of benzodiazepines. This resulted in a protocol being produced, together with a more effective review process, action plan and audit cycle, resulting in lower levels of prescribing. There was also a named drug and substance misuse worker supporting patients on a shared care basis.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was mixed. 339 survey forms were distributed and 76 were returned. This represented 6% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 98% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 71% of respondents said the last GP they saw or spoke to was good at explaining tests and treatments compared with the CCG and national average of 86%.
- 71% of respondents said the last GP they saw or spoke to was good at listening to them compared with the CCG and national average of 88% and 89% respectively.
- 71% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care compared with the CCG and national average of 81% and 82% respectively

- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards, the vast majority of which were positive about the standard of care received. Patients felt that the practice provided a good all round service, with good appointment availability and helpful and friendly staff and GP. Other comments included flexibility of opening hours and the practice being closed on a Wednesday afternoon.

We spoke with five patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, the NHS Friends and Family test (FFT) results for 2015 indicated that only 60% of patients would recommend this practice to someone who had just moved to the local area.

Areas for improvement

Action the service **MUST** take to improve

- Have a system to effectively monitor patient outcomes in order to drive improvement.

Action the service **SHOULD** take to improve

- Review the availability and impact on skills mix of all staff.

- Review care plans to ensure they are all fully documented.
- Review arrangements in place for the diagnosis of COPD using spirometry to ensure appropriate monitoring and outcomes for patients.
- Continue to seek and monitor patient feedback in order to identify areas for further improvement.

Dr Bhikhu Pattni

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 and a practice nurse specialist adviser.

Background to Dr Bhikhu Pattni

The surgery is situated in Yardley, East Birmingham. Parking is restricted and available only in a side street adjoining the practice.

The practice occupies two floors, with all clinical services being offered on the ground floor. Disabled facilities are provided.

The practice provides services to 1,253 patients. There is one male GP working at the practice and a locum who covers the GP's absence during annual leave or sickness. The practice does not currently employ a nurse or health care assistant. There is a part-time practice manager and two part-time receptionists. The practice also retains the services of a business manager, who also supports two other practices in the area.

10% of the patients are aged over 75 and the practice population experience lower than average levels of deprivation.

The practice offers placements to 5th year students from the University of Birmingham Medical School.

The practice is open between 8.30am and 1pm and between 2.30pm and 6.30 pm on Monday, Tuesday,

Thursday and Friday. On Wednesday, the practice is only open in the morning between 8.30 and 1pm. Whenever the practice is closed, out of hours cover is provided by Badger GP OOHs service.

Appointments are from 9am to 12am and 4.30pm to 6.30pm on Monday, Tuesday, Thursday and Friday and from 9am to 12am on Wednesday.

Once the practice merger had taken place, the practice told us they wished to preserve their existing identity and values and to make the transition process as smooth as possible, in order to provide continuity of care to their patients and to improve the all-round quality and variety of services in the future. They told us that once the merger was completed, both practices had undertaken to focus and prioritise on patient services. Following the inspection we were informed that the merger had been completed, this had resulted in patients having regular access to a nursing team.

The practice is a member of the East Birmingham Health Organisation, which is a federation formed by a group of practices to look after the needs of around 200,000 patients.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 November 2015. During our visit we:

- Spoke with a range of staff including the GP, the Practice Manager, the Business Manager and two Receptionists. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised 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.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. The practice had recorded six significant events in the previous twelve months.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. For example, due to some unexpected deaths in 2015, the practice had begun seeking explanations for these and had reviewed the quality of care, highlighting any deficiencies. As a result, the GP had reviewed those patients' medical notes and found there had been prior contact and evidence of necessary care and that all necessary steps had been taken to manage the care appropriately. As a means of monitoring this going forwards, the practice agreed that sudden deaths needed to be reviewed to confirm that all possible aspects of patients care were being met.
- There had been no risk assessment completed in relation to the availability of emergency medicines. This was however rectified on the day of our inspection.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw that the manager kept a record of alerts received, including MHRA alerts. These were actioned by the GP, including a review of the patient's record where necessary.
- We saw team meetings had taken place during 2016 at which significant events had been discussed. We saw evidence that lessons were shared and action was taken

to improve safety in the practice. For example, as a result of an incident where a patient was offered a specimen bottle which had not been properly labelled, a protocol was produced for staff to follow.

- The systems for ensuring patients on high risk medicines were properly monitored before the medicine was re-prescribed needed strengthening to protect patients from risk.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. The 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, with a comprehensive cleaning schedule and monitoring process in place. The GP was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Processes were in place for handling repeat prescriptions.

Are services safe?

- 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed one personnel file and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

- 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 reception. 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 other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Due to the low number of support staff available, the receptionists covered one another for annual leave purposes and in the event of sickness, the practice

manager would also offer their support. There was minimal and intermittent nursing cover in the absence of an employed nurse or healthcare assistant and this was provided by another practice.

Arrangements to deal with emergencies and major incidents

The arrangements in place to respond to emergencies and major incidents needed strengthening.

- 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks but there was no recorded evidence to show that checks were being undertaken on this emergency equipment. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice did not hold stocks of all recommended emergency medicines. They informed us that although this had been risk assessed, they recognised the merit of holding appropriate emergency medicines. We were informed following the inspection that stock was now available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had access to guidelines from NICE though these were not always followed when delivering patient care.

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. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 86% of the total number of points available, compared to a CCG and national average of 95%. This was achieved with an exception reporting rate of 19%, compared to a CCG and national average of 9% (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 an outlier for some QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Although performance in relation to diabetes indicators overall was 8% above the CCG and 9% above the England average, this was achieved with high exception reporting in seven of the eleven indicators ranging from nine to 18% higher than CCG and national averages.
- Performance for mental health related indicators was comparable with the CCG and national averages but was achieved with significantly higher rates of exception reporting. Their exception reporting was significantly higher than the CCG and national average for four of the six clinical indicators. This ranged from 15% to 43% higher. For example, for those patients who had a record of their blood pressure being taken in the preceding twelve months, the exception rate was 23.1%, as was the recording of their alcohol consumption. The exception rate for those patients who had a comprehensive care plan documented in the record, in the preceding 12 months was 30.8% and the exception rate for patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 50%.

There were areas where the practice performance was significantly lower than local and national averages, for example in relation to asthma, COPD and osteoporosis. Patients who required spirometry testing for COPD were referred to a neighbouring practice to have this undertaken. However the practice performance in relation to COPD remained low at 20% below the CCG and national average, with high exception reporting in four indicators, between 36% and 98% above the CCG average.

There was evidence of some clinical audit.

- There had been two clinical audits undertaken in the last two years, both of these were completed audits where the improvements made were implemented and monitored. For example a three cycle audit of patients prescribed hypnotic medicines was carried out between October 2015 and October 2016. Following the final audit, the documented evidence of discussing the risks of these medicines with the patient had increased by 24% and the actual prescribing rate had also reduced.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve practice. For example, recent action taken as a result included a reduction in the use of antibiotics, which was evidenced by looking at a graph showing the practice's prescribing levels compared to the CCG average. They were also following a more considered approach to the prescribing of hypnotics to patients.

Effective staffing

The skills and experience mix of staff did not ensure patients had access to services when they needed them at the practice.

- The practice did not employ a nurse or a healthcare assistant and consequently they were unable to offer a full range of services to meet the needs of their patients.
- 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 learning needs of staff were identified through a system of appraisals. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff had access to training to cover the scope of their work. The practice was aware of some gaps in one receptionist's training record and action had been taken immediately to arrange this.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

In some cases, 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 medical records and investigation and test results.
- We looked at a random sample of care plans and found that some were not completed fully and were without clear evidence to show the plan had been developed with the patient and agreed with them.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- A health trainer ran health promotion clinics, including weight management and exercise signposting.

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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- The GP gave their personal mobile number to end of life patients, or their relatives, so that they may have an immediate point of contact should the necessity arise.
- Rates of cervical screening were significantly lower than local and national averages at 46%, compared to a CCG average of 79% and a national average of 81%. Following the inspection the practice provided additional data which showed that cervical screening uptake had increased to 63%.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast cancer screening rates for 2014/15 were: females, 50 to 70 years old screened for breast cancer within six months of invitation was 41.8%, compared to the CCG average of 68.2% and England average of 72.8%. Females, 50 to 70 years old screened for breast cancer in the last 36 months 50%, compared to the CCG average of 68.8% and England average of 72.2%
- Patients screened for bowel cancer within six months of invitation was 19.5%, compared to the CCG average of 49.5% and England average of 57.6%. Patients screened for bowel cancer in the last 30 months was 38.1%, compared to the CCG average of 50.2% and England average of 57.9%.
- Childhood immunisation rates were generally comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under 12 months olds ranged from 91.7% to 100%, compared to CCG averages of 89.4% to 93.74% and national averages of 73.3% to 93.1%.

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

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

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

All of the 33 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 two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey did not entirely reflect the findings from the comment cards and showed patients did not always feel they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with the GP. For example:

- 71% of patients said the GP was good at listening to them compared to the (CCG) average of 89% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

Patients were satisfied with the support they received from receptionists. For example:

- 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%. The practice had commissioned an independent survey in 2016 which reported an overall patient satisfaction score of 89%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients were less satisfied about their involvement in planning and making decisions about their care and treatment than those at other local practices. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. Notices informing patients this service was available were not available in the reception area and this was addressed on the day of the inspection.
- Information leaflets were available in easy read format.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 22 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. A dedicated noticeboard had been provided in the reception area offering advice and contact details of support groups.

Staff told us that if families had suffered bereavement, the GP contacted them or sent them a sympathy card. It had also been common practice for the GP to attend the funeral. 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 reviewed the needs of its local population in some areas and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- As there was no nurse employed at the practice, arrangements had been put in place to access nurse appointments via local practices and services. The practice told us that nursing appointments would recommence once they had joined with a neighbouring provider.
- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- A limited travel vaccinations service was available on the NHS and those only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available though these were not publicised in the reception area.
- There were areas of the practice which required upgrading and we were told this would be addressed as part of an improvement plan which was currently being put together and undertaken once the merger of the practices had been concluded.
- Those patients with dementia and those experiencing poor mental health, including those with a learning disability, were offered same day urgent triage and appointments. Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.

Access to the service

The practice was open between 8.30am and 1pm and between 2.30pm and 6.30 pm on Monday, Tuesday, Thursday and Friday. On Wednesday, the practice was only open in the morning between 8.30 and 1pm. The practice was closed on Wednesday afternoon. Out of hours cover was provided by Badger, whenever the practice was closed.

Appointments were from 9am to 12am and 4.30pm to 6.30pm on Monday, Tuesday, Thursday and Friday and from 9am to 12am on Wednesday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. For example:

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Some patients commented on the lack of access to a female GP. The practice told us arrangements were in place with a neighbouring practice if required. However, we were informed that following the practice merger, appointments with a female GP would be available.

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. We were told the receptionist passed all requests for home visits to the GP, who would decide whether to call the patient to determine the exact nature of their request, before deciding whether a home visit was appropriate. Some patients, such as those receiving end of life care, or those who were housebound, were automatically offered a visit.

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

Listening and learning from concerns and complaints

The practice had 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.

Are services responsive to people's needs? (for example, to feedback?)

- 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 through information displayed in reception and in the practice leaflet.

The practice had received no written complaints in the last 12 months and had dealt promptly with one other verbal complaint.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver good quality care and promote good outcomes for patients. Succession planning was in place as the lead GP progressed towards retirement. Partnership arrangements were in the final stages of discussion with an emphasis on continuity of care for the practice population and staff.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice was in the process of merging with a larger local practice and negotiations were at an advanced stage. We were informed by the CCG they were currently processing the formal documentation. The provider told us they wished to preserve the identity and values of the existing practice and to make the transition process as smooth as possible in order to provide continuity of care to their patients as well as improving the all-round quality and variety of services in the future. They told us that once the merger was completed, both practices had undertaken to focus and prioritise on patient services. Following the inspection we were informed that the merger had been completed, this had resulted in patients having regular access to a nursing team.

Governance arrangements

The systems to enable the provider to have a clear oversight of the performance of the practice were not effective.

- Although staff told us that checks of emergency equipment were taking place, these were not recorded. Since the inspection, the practice have confirmed that record keeping has been introduced.
- There were some systems and processes in place for the oversight of governance arrangements. Practice minutes demonstrated performance outcomes were discussed. The services of a business manager had been sourced to review patient outcomes, for example in relation to QOF. Improvement in some areas was evident with further actions on going, for example, the uptake of cervical screening. The practice worked with other

practices locally and community services in order to offer a full range of primary medical services. However the practice did not demonstrate how outcomes for patients were being monitored.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.

Leadership and culture

Staff told us the GP was approachable and always took the time to listen to them.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to run and develop the practice, and the GP encouraged staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Requires improvement 

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

The practice was aware of the lower satisfaction scores for consultations with the GP. The practice had commissioned an independent patient satisfaction survey in 2016 and were in the process of producing an action plan which they intended to discuss with the PPG. This was not yet in place.

- The practice had gathered feedback from patients through the patient participation group (PPG). The PPG met regularly and submitted proposals for improvements to the practice management team. For example, it was suggested that another notice board be introduced in the reception area, to give patients clearer directions in accessing information and this was

actioned by the practice manager. We also discussed their involvement in the proposed merger with a larger practice and were told they had been kept informed of negotiations and were expecting to receive a further update at a meeting to be held later in the month. Their view was this should be seen as a positive step and would bring various improvements, including access to a wider range of services.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that they felt involved and engaged to improve how the practice was run.

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 The practice governance processes were not adequate to assess, monitor and improve the quality of the service. For example: <ul style="list-style-type: none">• The monitoring of patient outcomes. This was in breach of regulation 17 (1)