

Aston Pride Community Health Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Aston Pride Community Health Centre on 25 November 2016. The practice had previously been inspected in June 2015 and was found to be in breach of regulation 12 (safe care and treatment) and regulation 19 (fit and proper persons employed). The practice was rated as requires improvement overall.

Following the inspection the practice sent us an action plan detailing the action they were going to take to improve. We returned to the practice on 25 November 2016 to consider whether improvements had been made. At this inspection we found the practice had made sufficient improvements and the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- Risks to patients were assessed and well managed. We saw improvements made to patient safety since our previous inspection in relation to the management of the premises and staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had identified the impact of loneliness on patients' health and wellbeing and had funded a project in which monthly coffee group were held and were well attended.
- Patient feedback from CQC comment cards and patients we spoke with was positive about the care received. However, the latest national patient survey showed scores that were lower than other practices locally and nationally. The practice had acted on this feedback with continual review and changes to the appointment systems in order to improve access. Appointments were available on the day of our inspection.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and 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, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure child play area is specifically included as part of the cleaning schedule and cleaning audit checks.
- Review systems and processes for uncollected prescriptions.

- Review systems for recall of patients with long term conditions to identify how this might be improved.
- Review areas of high exception reporting and identify how this may be improved.
- Review how the use of clinical audits may better support service improvement.
- Review and identify how uptake of national screening might be improved in the practice population.
- Continue to review patient feedback to support continued improvement of the service.
- Recommence online services as soon as possible of the convenience of patients.
- Ensure all patients with a learning disability receive the opportunity for an annual health review.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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 well managed.
- We saw that the practice had made improvement in response to our previous inspection and had taken action to improve the management of risks to patient safety relating to the premises and staff employed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Although there were areas of higher exception reporting.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice demonstrated quality improvement although there was limited use of clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible. Information was available for carers and those recently bereaved.
- The practice had introduced and self-funded a scheme to support patients who were lonely. The purpose was to help reduce the impact of loneliness on patient health and wellbeing. Monthly coffee groups and events were set up for patients to attend. This had also had a positive impact on their carers register enabling additional support to be provided.
- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. Scores had fallen over the last year. The practice felt this was due to the triage system which they had introduced to try and improve patient feedback on access. The triage system had been unpopular with patients and the practice has since sought to review and change the appointments again.

Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was participating in the CCG led primary care commissioning framework aimed at improving services and patient outcomes.
- Patient feedback on access from the national GP patient survey was below local and national averages and had deteriorated since the previous patient survey results. However, the practice continually reviewed and changed the appointment system in response to feedback. We found appointments were available on the day of our inspection.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Patients were also able to access appointments from the providers other practice, Newtown Health Centre.
- 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.

Requires improvement



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice had a low proportion of patients in this population group. For example, only 2.3% of the practice population was over 75 years of age, compared to the CCG average of 6% and national average of 7.8%.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice was participating in a project to support patients at risk of unplanned admissions and deliver a multi-disciplinary package of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered flu vaccinations to patients in this population group and carried these out as home visits where patients were unable to attend the practice due to their medical condition.
- Support was available for those who had recently suffered a bereavement.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators (2015/16) was 99% which was above the CCG average of 88% and national average of 89%.
- The practice provided additional diabetic services including virtual consultant clinics and diabetes initiation services for the convenience of patients. Virtual consultant clinics were also provided for patients with chronic kidney disease.
- Two members of the nursing team had undertaken training and diabetes education to better support patients.
- The practice held a register and followed up patients at risk of developing diabetes.

Summary of findings

- In conjunction with the provider's other practice Newtown Health Centre patients could access a range of services to support the diagnosis and monitoring of patients with long term conditions such as ambulatory blood pressure monitoring and spirometry.

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. The practice worked with the health visiting team.
- Immunisation rates were in line with local and national averages for standard childhood immunisations. The practice offered a walk in immunisation clinic to try and increase up take.
- Uptake of cervical screening (2015/16) was at 71% which was below the CCG average 79% and national average 81%. The practice was piloting the sending of a birthday card to patients on their 25th birthday to promote and raise awareness of the cervical screening programme.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Dedicated breast feeding facilities and baby changing facilities were available.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice had offered online services but had recently changed their IT system and needed to reset this again.
- The practice made use of texting to remind patients of their appointment.
- The practice offered extended opening hours on a Tuesday and Thursday evening between 6.30pm and 7.30pm for the convenience of patients who worked.
- Patients were able to access minor surgery at the provider's other practice (Newtown Health Centre).

Good



Summary of findings

- Travel vaccinations were available on the NHS and written information was provided as to where vaccinations only available privately could be obtained.
- The practice had both male and female members of the nursing team.
- Telephone consultations were available for issues that do not require face to face consultations. Feedback from two patients on the CQC comment cards said that as workers they found these helpful.
- The practice offered NHS health checks to patients in this population group and 122 were undertaken in last year.

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, for example those with a learning disability and those with caring responsibilities. There were 32 patients on the learning disability register, seven had been reviewed in the last year (22%).
- The practice had identified 121 patients as carers and information was available to signpost them to services locally available. This represented 1.8% of the practice list.
- Staff described a flexible approach to ensure some of their most vulnerable patients could access services, for example those who found it stressful attending or had hearing impairments.
- There were systems for registering vulnerable groups of patients, for example patients with no fixed abode or in temporary accommodation.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had set up a project to support patients who were lonely or isolated, through monthly coffee events.
- 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.
- Patients could access the citizens advice bureau and support for substance misuse at the providers other location, Newtown Health Centre.

Good



Summary of findings

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).

- Nationally reported data for 2015/16 showed 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG and national average 84%. Exception reporting at 9% was similar to the CCG and national average of 7%.
- National reported data for (2015/16) showed 95% of patients with poor mental health had comprehensive, agreed care plan documented, in the preceding 12 months which was slightly higher than the CCG average of 91% and national average 89%. Exception reporting at 51% was significantly higher than the CCG average of 15% and national average of 13%. Although, this may be due to reporting errors.
- In order to improve uptake of dementia screening the practice used bespoke software in multiple languages for memory testing to support earlier diagnosis and referral as appropriate.
- In conjunction with the provider's other location at Newtown Health Centre the practice offered counselling for those with anxiety and depression through the healthy minds service.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. A total of 367 survey forms were distributed and 69 (19%) were returned. This represented 1% of the practice's patient list. The results showed the practice was performing below local and national averages across many areas and that there had been a decrease in scores particularly in relation to access since our previous inspection. There had been a change to the appointment system in an attempt to improve access but had proved unpopular with many patients. The practice had identified that patients' dissatisfaction with the new appointment system was reflected in these survey results. In response to this patient feedback they had very recently changed the appointment system again.

- 36% (previously 54%) of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and national average of 73%.
- 37% (previously 68%) of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 61% and national average of 76%.
- 57% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% national average of 85%.
- 40% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 66% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards, most of the comments received were very positive, they found staff helpful and caring and were particularly complimentary about the clinical staff. There were a small proportions of comments raised about the appointment system. We spoke with two patients (one was a member of the patient participation group) they were both also positive about the practice and service received and some of the changes the practice had made.

There had been nine comments left on the NHS Choices website which invites patients to leave reviews of the services they have received. These were mostly negative and about the appointment system.

The practice displayed information about its performance with the friends and family test which invites patients to say whether they would recommend the practice to others. The friends and family test results for October 2016 showed 55% of the 38 patients who responded were likely or extremely likely to recommend the service to others. Negative comments made were predominantly about the appointment system.

Aston Pride Community Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Aston Pride Community Health Centre

Aston Pride Community Health Centre is part of the NHS Sandwell and West Birmingham 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.

The practice is located in purpose built accommodation. It has a registered list size of approximately 6,700 patients. Based on data available from Public Health England, deprivation in the area served is among the highest 10% nationally. The practice population is younger than the national average. For example, 36% of the practice population is under 18 years compared to the CCG average of 24% and national average of 21%. The practice has a diverse population with 68% of patients registered as black or minority ethnic (BME) compared to the CCG average of 48% and approximately 15 different languages are spoken by patients at the practice.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England.

The provider for this service also has a second location at Newtown Health Centre, 171 Melbourne Avenue, Birmingham. B19 2JA. The GP partners and some of the staff worked across both locations.

Practice staff consist of two partners (both male), a salaried GP (male) supplemented by locum GPs (male and female), an advanced nurse practitioner (female), three practice nurses, four health care assistants, three managers and a team of administrative staff. The practice provided approximately 30 GP clinical sessions each week.

The practice is open Monday to Friday 8 am to 6.30 pm. Appointments vary between the GPs but were usually from 9am to 12.30pm and 3pm to 6pm. When the practice is closed services are provided by an out of hours provider (BADGER). The practice provides extended opening hours on a Tuesday and Thursday evening between 6.30pm and 7.30pm.

The practice was previously inspected by CQC in June 2015. The practice was rated requires improvement overall and was found to be in breach of regulation 12 (safe care and treatment) and regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we carried out this inspection

This inspection was undertaken to follow up progress made by the practice since their previous inspection in June 2015.

We carried out a comprehensive follow up inspection of this service under Section 60 of the Health and Social Care

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 November 2016. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GP partner and salaried GP, a practice nurse, the three managers, and administrative/reception staff)
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Observed how people were being cared for.
- Spoke with members of the practice's Patient Participation Group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Reviewed documentation made available to us for the running of the practice.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us that they would report incidents to their line manager who completed the significant event reporting form. Staff told us that they were encouraged to report incidents and an incident book was held in reception.
- 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). Staff told us of examples where they had contacted the patient to discuss and apologise where things had gone wrong such as a medicines error but we did not see any formally recorded examples of this.
- The practice had 11 recorded significant events in the last 12 months which they shared with us. We reviewed and discussed three significant events that had occurred in detail and found that these had been thoroughly investigated and that learning had taken place as a result. For example, an incorrect referral form had been used for a two week cancer referral, this had been picked up through the practice's system of internal checks and resent immediately. The patient did not suffer any delay in secondary care and treatment. The practice now checks the referral tray on a daily basis to ensure no urgent referrals have been missed. In another example a medicines fridge was taken out of use due to an unexplained high maximum temperature reading, data loggers had been purchased to provide back up for all the practice's medicines fridges.
- The practice used an electronic reporting system for recording significant events and actions taken which enabled them to be shared with the local CCG.
- Significant events were discussed and shared with staff at the provider's other practice (Newtown Health Centre). We saw an example of where an emergency situation had occurred at the Newtown Practice but this practice had taken on the learning and checked their own systems were in place.

- Learning from incidents was discussed with staff at the practice meetings and clinical meetings. We saw minutes of these meetings in which incidents had been discussed. The practice also undertook annual reviews of significant events and complaints.

Clinical staff we spoke with were aware of recent safety alerts that had been received including those received from the Medicines and Healthcare Products Regulatory Agency (MHRA). They told us that these were discussed at practice and clinical meetings and we saw evidence of this and of actions taken in response.

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.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff. Information about who to contact for further guidance if staff had concerns about a patient's welfare were displayed in clinical rooms. Information was also displayed in relation to support for those at risk of domestic violence. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3. Alerts were placed on patient records so that staff were aware of anyone who might be at risk.
- At our previous inspection in June 2015 we found that non-clinical staff acting as chaperones did not have appropriate risk assessments or DBS checks in place. The practice now only used clinical staff for chaperone duties who had received DBS check. Notices displayed throughout the practice advised patients that chaperones were available if required.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Staff had access to appropriate hand washing facilities and personal cleaning equipment. The practice nurse manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Infection control policies and procedures were available to all staff. At our previous inspection in July 2015 we

Are services safe?

found training records did not demonstrate that staff had received their annual infection control training updates. At this inspection training records showed staff had received and were up to date with infection control training. The practice had undertaken an in-house infection control audit within the last 12 months and we saw evidence of action undertaken in response. An infection control audit had also recently been undertaken by the CCG but results had not yet been received.

- At our previous inspection in June 2015 we identified some concerns in relation to infection control. This included clinical waste awaiting collection that had not been stored securely and a lack of systems to check the effectiveness of cleaning. At this inspection we found improvements had been made. The clinical waste was securely locked. Cleaning schedules were in place which specified cleaning for each room. Cleaning was audited on a monthly basis which included clinical equipment. However, we noticed that there was a child's play area that was not specifically included within the cleaning schedules but were assured was included in the cleaning.
- Privacy curtains were cleaned prior to our inspection but previous to this had not been cleaned for over 12 months. We saw that a risk assessment had been undertaken confirming that this would now be done on a six monthly basis following advice given from CCG infection control audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. At our previous inspection in June 2015 we identified a patient on a high risk medicine that had not received appropriate monitoring. At this inspection we did not identify from records seen any concerns in the monitoring of patients on high risk medicines. These checks were usually done by the salaried GP. The practice engaged with CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We asked the practice how they managed uncollected prescriptions. These were checked every couple of months and destroyed. No record was kept of those that had been destroyed and there were no circumstances in which an uncollected prescription would be referred back to a GP.
- At our previous inspection in June 2015 we found that recruitment processes had not been consistently applied. At this inspection we reviewed two personnel files for two staff recently recruited and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The premises were owned by NHS properties and at our previous inspection in June 2015 and we found that the practice did not have good oversight of the checks of the building and premises to ensure the safety of the premises in particular for legionella and cleaning. At this inspections we saw procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff had access to and had undertaken health and safety training.
- The practice had up to date fire risk assessments and carried out regular fire drills. We saw quarterly fire safety checks had been carried out and there were named fire marshals. Staff received fire safety training.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The provider has struggled to recruit permanent GPs and was reliant on a number of long term locums, some had worked at the practice for over one year and one was an ex-partner. The practice aimed to cover three morning and three afternoon sessions each week. There were limits on the number of staff that could take leave at any one time in each staff group to ensure enough staff cover. There was also additional support from the providers other practice.

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- The practice had an emergency call system to alert other staff to an emergency. Staff had recently been reminded of this following a significant event at the provider's other practice.
- Staff received annual basic life support training.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Records were available to show they were checked regularly to ensure they were in date. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were also 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. Copies of the plan were maintained off site should the premises be inaccessible.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice used standardised templates to support clinical reviews of patients with long term conditions.
- We saw guidance from the resuscitation council displayed in clinical rooms.
- Locum pack contained details of preferred medicines.
- Alerts and guidelines were discussed at the clinical meetings as a standing agenda item. Staff told us about guidelines they had discussed including updated asthma and diabetes NICE guidelines..
- We saw evidence of prescribing review following NICE guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were for 2015/16. This showed the practice had achieved 97% of the total number of points available, which was comparable to the CCG and national average of 95%. Overall exception reporting by the practice was 19% which was higher than the CCG and national average of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Usually lower exception reporting means that more patients are treated.

This practice was not an outlier for any QOF (or other national) clinical targets, however we did identify some areas of higher exception reporting. Data from 2015/16 showed:

- Performance for diabetes related indicators was 99% which was higher than the CCG average of 88% and national average of 90%. We looked at the data that had recently been published for diabetes and saw that there was a higher prevalence of diabetes (10.3%) compared to CCG and national averages. Exception reporting was consistently higher than the CCG and national average for all eleven diabetes indicators. For example, exception reporting for patients recorded with a HbA1c (an indicator of diabetic control) of 64 mmol/mol or less in the preceding 12 months was 34% compared to the CCG average 11% and the national average of 13%.
- Practice staff told us that they struggled with diabetic patients not responding to letters for review. They explained that the nature of the population served meant some of the patients were away over winter months which gave less opportunity for undertaking reviews and had yet to find a way round this.
- Performance for mental health related indicators was 100% which was higher than the CCG average of 92% and national average of 93%. Exception reporting was consistently higher than CCG and national average for five out of the six mental health indicators. For example, exception reporting for the percentage of patients with poor mental health that had a comprehensive, agreed care plan documented, in the preceding 12 months was 51% compared to the CCG average of 15% and national average of 13% . However, this may have been due to practice reporting as when we reviewed some examples of cases we found documented care plans in place from secondary care.
- We reviewed a sample of records that had been exception reported and saw that in each case the patients had been sent three recall letters before being exception reported. Practice staff told us that the old triage appointment system may have hindered access for patients making appointments for their reviews and hoped this would improve with the new appointment system. The practice had not identified how it may reduce it's high levels of exception reporting.

There was evidence of quality monitoring and improvement including clinical audit but this was limited. The practice showed us two audits that had been undertaken in the last 12 months, these included a CCG led prescribing audit. This was a full two cycle audit relating to

Are services effective?

(for example, treatment is effective)

the prescribing of oral nutritional supplements where improvements made were implemented and monitored. The second was an ongoing review of the quality of referrals made to secondary care.

We saw antibiotic prescribing data (Jan to March 2016) in which the practice had been benchmarked against other practices in the locality. This showed antibiotic prescribing was performing well and within local targets.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as health and safety. An induction pack was also available to support GPs working on a temporary basis.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw examples of appraisals and saw that these were detailed with evidence of actions identified followed up. Staff told us that they found the practice as supportive of training to meet their learning needs and to cover the scope of their work.
- Staff had access to and made use of e-learning training modules and in-house training that included: safeguarding, fire safety awareness, basic life support and information governance.
- We saw examples of practice learning time events which had covered training in areas such as conflict resolution, antibiotic guideline and diabetes.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. We saw that patient information received by the practice such as hospital discharge letters and test results were being processed by staff within one week.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had systems in

place for checking the quality of referrals made to secondary care. Records were kept of urgent referrals for the two week wait to ensure the patient received an appointment and for reviewing of diagnosis.

Where appropriate the practice shared information with the out of hours services so that they were aware of patients who might contact the service and support continuity of care.

The practice was working with the CCG in a project to reduce the number of accident and emergency (A&E) attendances. The project commenced in May 2015 and is due to run until March 2017. Fifty patients were identified as part of the project. Each patient received support from a nominated practice care coordinator to review their care. Care plans were put in place which included information such as contact details for the relevant services involved in the patients care. The care plans were discussed in a multidisciplinary setting. Savings from the project overall showed a 50% reduction in A&E attendances.

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. Regular meeting took place with the community teams to discuss some of the practices most vulnerable patients.

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 and those relating to children and younger people.
- Information displayed in the practice promoted the rights of children to a confidential service.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example patients receiving end of life care, carers, those at risk of developing long-term conditions and those requiring advice and support in relation to their lifestyle.

The practice offered support including pre-diabetes screening and referred patients to services such as the health exchange for lifestyle support and other

Are services effective?

(for example, treatment is effective)

organisations promoting health and wellbeing. Patients were also able to access services from the provider's other location (Newtown Health Centre) such as services to diagnose and monitor patients with long term conditions, support for patients who misused drugs and smoking cessation services.

The television in the waiting area displayed health advice on flu vaccinations and alcohol misuse.

The practice's uptake for the cervical screening programme was 71%, which was lower than the CCG average of 79% and the national average of 81%. Exception reporting was slightly lower at 6% compared with the CCG average of 9% and national average of 7%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice had recently started to pilot a birthday card which they sent to patients on their 25th birthday to promote the smear test and if successful they planned to extend this to other national screening programmes.

The uptake of national screening programmes for bowel and breast cancer screening were lower than the CCG and national averages. For example,

- 51% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 67% and the national average of 72%.
- 31% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 46% and the national average of 58%.

The practice also undertook screening for tuberculosis.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 94% compared to the CCG average of 90% to 94% and national average of 88% to 95% and five year olds from 79% to 91% compared to the CCG average of 82% to 95% and national average of 88 to 95%. The practice offered a walk in clinic to help improve the uptake of child immunisations.

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 told us that they would use a spare room if patients wanted to discuss sensitive issues or appeared distressed.
- Staff wore name badges so it was clear to patients who they were speaking with.

All but one of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us that they found the staff helpful and caring and were treated with dignity and respect. There was a small proportion of negative comments which mainly related to the appointment system. We spoke with two patients including a member of the practice's patient participation group. They were also positive about the practice.

The practice had recently instigated a loneliness project, funded by the practice and run by staff who had dedicated their time to help reduce and prevent social isolation. Practice staff told us how research showed a link between loneliness and poor physical and mental health. As part of this project the practice introduced a coffee group in July 2016 which had been running monthly since. They asked patients what they would like to see at these events and involved patients in the running of the sessions. To date the coffee group had included craft events, games and health focussed advice. Food has also been provided. The group is open to anyone wishing to attend and numbers attending the events have been around 25 patients. We spoke with one patient who had attended these events who told us how much they enjoyed them and were grateful to the staff who ran them.

Results from the national GP patient survey (published July 2016) showed the practice was below average for its satisfaction scores on consultations with GPs and nurses

and helpfulness of reception staff. We saw that scores had fallen since the July 2015 National GP patient survey which was included in our previous inspection report. The practice felt that the current scores reflected patient satisfaction with the triage appointment system that had been introduced in response to patient feedback at the time on access. For example:

- 69% (previously 83%) of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 74% (previously 75%) of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 89% (previously 89%) of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 62% (previously 64%) of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 84% (previously 89%) of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 91%.
- 52% (previously 65%) of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

The practice understood that the triage appointment system, which they had brought in to try and improve access, had not been popular and felt this had impacted significantly on their survey scores. As a result of the latest patient feedback they had made further changes through the introduction of a new appointment system.

Care planning and involvement in decisions about care and treatment

Feedback received from patients from the completed CQC comment cards and patients we spoke with told us they felt involved in decision making about the care and treatment they received. We saw evidence of personalised care plans as part of admission avoidance schemes.

Results from the national GP patient survey (published in July 2016) showed patients responses to questions about

Are services caring?

their involvement in planning and making decisions about their care and treatment were below local and national averages. These scores had also fallen since the national GP patients survey published in July 2015. For example:

- 67% (previously 75%) of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 64% (previously 71%) of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

Practice staff felt this feedback was also reflective of the practices previous triage based appointment system.

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

- Translation services were available for patients who did not have English as a first language. We saw five interpreter bookings that had been made for the day our visit.

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. Some of

the information was available in alternative languages to English. The practice had access to Route 2 Wellbeing, a local resource for signposting patients to various support available.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 121 patients as carers (1.8% of the practice list). Staff told us that one of the positive impacts from their loneliness project was that it had helped increase the carers register from 19 to 121. A notice displayed in the waiting area invited patients who were carers to let the practice know. Written information was available to direct carers to the various avenues of support available to them. Carer information was also available through the practice website. Identified carers were given invites for health checks and flu vaccinations as well as invites to the practice's monthly coffee group.

At our previous inspection in June 2015 we found there was limited support for families that had suffered a bereavement. At this inspection staff told us that if families had suffered bereavement, a condolence card was sent. A bereavement pack was available for patients which provided advice and support, this included information and support for parents who had suffered a miscarriage, stillbirth or the death of a baby. A sensitive notice in the waiting area alerted patients to this support.

The practice worked with the local Muslim community. This had included establishing arrangements to expedite the issue of death certificates, enabling burials to take place as soon as possible in line with the cultural custom.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was participating in the primary care commissioning framework led by the CCG aimed at improving services and patient outcomes as well as consistency in primary care services.

- The practice offered extended opening hours on a Tuesday and Thursday evening 6.30pm to 7.30pm for working patients or those with other commitments who could not attend during normal opening hours.
- Home visits were available for patients whose clinical needs resulted in difficulty attending the practice.
- Same day appointments were available for patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and a hand-out of local travel centres for patients to take away which included details of where those vaccinations available only privately could be obtained.
- The premises were accessible to patients with mobility difficulties. This included automatic doors and low reception desk. Disabled parking and toilet facilities were also available.
- Braille signage was used on the clinical doors. The practice had a hearing loop and translation services available for patients who needed them.
- Notices were displayed promoting breast feeding and a specific room was available for this as well as baby changing facilities
- In conjunction with the providers other practice (Newtown Health Centre) patients were able to access a range of services including minor surgery, joint injections, family planning, recovery for substance misuse, smoking cessation. As well as diagnostic and monitoring services such as phlebotomy, spirometry, ambulatory blood pressure monitoring.
- The practice held regular virtual diabetes clinic with the diabetes consultant for the convenience of patients.
- The practice had recognised that there was a low up take among their patients in structured diabetes education for newly diagnosed diabetics. The advanced nurse practitioner and one of the practice nurse

manager undertook a course on diabetes education so that they understood and could better promote it to their patients as well as provide support in-house to their patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments varied between the GPs but were usually from 9am to 12.30pm and 3pm to 6pm. Extended hours appointments were offered Tuesday and Thursday evening 6.30pm to 7.30pm. During the month of our inspection the practice had just changed its appointment system from a completely triage system to a mixed appointment system. Planning for these changes had been in progress since August 2016. The practice now offered a combination of same day and advance appointments which we saw were available until the end of the year. A few appointments were reserved for those with urgent needs. The practice also offered telephone consultations for those who did not need a face to face consultation.

Results from the national GP patient survey (published July 2016) showed that patient's satisfaction with how they could access care and treatment was below local and national averages. These scores had also fallen since the national GP patients survey published in July 2015 which we used in our previous report.

- 53% (previously 62%) of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 79%.
- 36% (previously 54%) of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 73%.

The practice was able to demonstrate how it continually reviewed the appointment system and made changes following patient feedback. The previous full telephone triage system was implemented in October 2014 as a result of patient feedback on access. A review of the telephone triage system showed that this had resulted in an increase in the average number of patients seen per week from 396 to 465, average days wait to see a GP from 3 days to 0.5 days and a reduction in patients that do not attend from 13% to 4.5%. However, following the implementation of the system patient feedback had deteriorated and the practice

Are services responsive to people's needs?

(for example, to feedback?)

sought to change the appointment system again. These changes were implemented in November 2016. We saw that the practice had communicated the latest changes to patients via a patient newsletter.

We saw that the next available appointment with a GP was within one working day and an urgent appointment was available for the day of our inspection. The next available nurse appointment was also the day of our inspection.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. This included a complaints leaflet. Which provided details on what to do if the patient is unhappy with the response received from the practice.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way, Patients were advised what to do if they were not satisfied with the response received.

The practice had received 23 complaints during 2015/2016, four were formal written complaints, seven through the website and 12 informal complaints. Complaints were discussed at the practice meetings held jointly with the provider's other practice. They were also reviewed annually and we saw that access and staff attitude had been the main theme raised.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement to deliver high quality services, which they shared with us during their presentation. This was also displayed in the administrative office and staff knew and understood the values.
- The practice had recently become involved in the vanguard development of primary care services, which focusses on integrated care.
- The practice was very open about the challenges faced including recruitment of clinical staff and deprivation in the area.
- During the inspection practice staff we spoke with demonstrated values that were caring and supportive.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice had looked at leadership and succession planning for some of its staff. Members of nursing and management team had been on a leadership course.
- Practice specific policies were implemented and were available to all staff on their computers and as paper copies.
- A comprehensive understanding of the performance of the practice was maintained and staff were tasked with following up recalls for patient reviews.
- We found minutes of practice meetings well documented and provided opportunities for staff to discuss practice performance, alerts, incidents and safeguarding.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- However, there was limited evidence of clinical audit to support service improvement.

Leadership and culture

On the day of inspection the leadership team (consisting of the partners, practice managers and clinical managers) demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff found the leadership of the practice approachable and told us they were listened to. Staff said they felt respected and supported. They felt that they worked well together as a team.

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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment that these were discussed and supported learning and improvement.

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

- The practice held a number of joint meetings with staff at both of the providers practices. This included a monthly leadership meeting in which each of the staff groups were represented. We saw from the minutes of these meetings that there was a standing agenda item in which each of the staff groups had an opportunity to raise any issues.
- Clinical meetings were also held every two months and administrative staff met every six months as well as informally. Practice staff also attended locality meetings and forums with staff from other practices in the area.
- Staff described 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.
- There was a whistle blowing policy in place.
- The practice held quarterly protected learning time events.

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

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

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

Are services well-led?

Good 

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

consisted of approximately 20 patients of which five met regularly. Dates of PPG meetings were displayed in the waiting area encouraging new members. We spoke with one member of the PPG who told us that they felt the practice was trying to improve access and gave examples about what had been done. The practice responded to comments received through the NHS Choices website which invites patients to leave their reviews of services they have received.

- The practice was receptive to feedback from staff and we saw evidence of changes that had been made as a result. For example, the practice nurse manager identified the need for fridge data loggers to monitor the medicine fridge temperatures and this was provided.

Continuous improvement

The practice provided placements for student nurses. It had also signed up with Aston University to provide training placements for medical students when the new medical school opens in 2017.

The practice had signed up as the GP pilot component of the new vanguard enhanced primary care model looking at new ways of integrated working.