

# Bartley Green Medical Practice

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bartley Green Surgery on 6 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and systems in place for reporting and recording significant events.
- Risks to patients were assessed and managed but not always in a systematic way.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. Professional development was encouraged.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available but had not been well advertised and contained information that was no longer current.

- Patients gave a mixed account about how easy they found it to access services. The practice was aware and was taking steps to try and improve this.
- 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:

- Strengthen recruitment processes to ensure the receipt of checks undertaken have been followed.
- Ensure robust systems are in place for monitoring and ensuring staff training has been completed and is up to date.
- Formally review access to emergency equipment to ensure that all risks associated with providing care and treatment in a medical emergency have been appropriately managed.

# Summary of findings

- Ensure patients are made aware of the practice complaints system and that information supplied about the process is accurate.

**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, although these were not always well documented.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed but not always in a systematic way.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Nationally reported data showed patient outcomes were comparable to other practices in the locality and nationally.
- Staff made use of current evidence based guidance to assess need and deliver care.
- Clinical audits were used to identify opportunities for quality improvement.
- Staff were well supported to develop their skills and knowledge, enabling them to deliver effective care and treatment to meet patient need.
- Staff received appraisals in which learning needs were identified.
- Staff worked with multidisciplinary teams to effectively support those who were most vulnerable and had complex needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others in many aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, staff were mindful of the need to maintain patient confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice engaged with the NHS England Area Team and local Clinical Commissioning Group to improve services for their population.
- Patients did not always find it easy to make an appointment and nationally available data showed patient satisfaction with access was mixed. The practice was aware and endeavouring to address this.
- Systems were in place to ensure those with urgent needs were able to receive a consultation with a clinician the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available but not well advertised and contained information that was out of date.
- Complaints received were used for learning and shared with staff.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity but these had yet to be made fully practice specific.
- There was an overarching governance framework which supported the delivery of services and the quality of care. This included arrangements to monitor and improve the quality of patient care. Risks were generally well managed although there were areas where systems in place could be improved.
- The provider 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 managing safety incidents and ensured this information was shared with relevant staff so that action might be taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and being supported to develop in its role.
- 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 offered proactive, personalised care to meet the needs of the older people in its population. Patients over 75 years had a named GP.
- Home visits and urgent appointments were available for those who were unable to attend the surgery for an appointment due to their health. Same day appointments were available for those with urgent needs.
- Patients who experienced an unplanned hospital admissions were reviewed and care plans amended to help support their needs.
- Multi-disciplinary team meetings took place with other health and care professionals for those with palliative and complex care needs to help plan coordinated care.

### People with long term conditions

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

Good



- Clinical staff including nurses had lead roles in chronic disease management and took responsibility for ensuring patients' needs were managed and that they received regular health reviews. Staff were appropriately trained to undertake these roles.
- Systems were in place for managing the care of those at risk of unplanned hospital admissions.
- Longer appointments and home visits were available for those who were unable to attend the surgery due to their health needs.
- The practice maintained a prediabetes register for those who had been identified as at risk of developing diabetes. This enabled these patients to be reviewed annually and managed early should the development of diabetes be confirmed.
- Nationally reported patient outcomes for many long term conditions were above the CCG and national averages.
- In-house services such as phlebotomy (blood taking), 24 hour blood pressure monitoring, ECGs and spirometry helped support the identification and management of long term conditions and reduced the need for patients to travel for these services.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Health visitors were located on site and there was good evidence of joint working arrangements.
- Immunisation rates were comparable to other practices nationally for all standard childhood immunisations.
- National data reported that 67% of patients diagnosed with asthma, had received an asthma review in the last 12 months. This was lower than the CCG average of 74% and the national average 75%.
- The practice offered child friendly services with baby changing facilities and premises accessible for those with pushchairs. A GP was available during the health visitor clinics and relocated their consulting room so that it was on the same floor for the ease of patients. GPs were aware of local services available to support young mums.
- The midwife held weekly clinics on site which enabled discussions to take place with practice staff as needed.
- The practice's uptake for the cervical screening programme was 72%, which was comparable to the CCG average of 69% and the national average of 74%.
- Appointments were available outside of school hours and staff told us that acutely ill children would always be seen.

## Working age people (including those recently retired and students)

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

Good



- 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 offered online services for appointments and repeat prescriptions.
- The practice offered a range of health promotion and screening services including health checks, sexual health services and family planning.
- Travel vaccinations were available at the practice.
- Extended opening hours were available on a Tuesday evening for the convenience of those who worked or with other commitments during the day.

# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances such as for people with a learning disability and carers.
- The practice offered health checks for patients with a learning disability which were carried out by the Advanced Nurse Practitioner.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- If patients had any special requirements for example, hearing or visual impairments, these were noted so that the practice could accommodate them.
- 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.
- Annual cervical screening was offered to patients diagnosed with HIV.

## People experiencing poor mental health (including people with dementia)

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

Good



- The practice was signed up to provide enhanced services for facilitating the timely diagnosis and support for patients with Dementia. 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 82% and the national average of 84%.
- Nationally reported data showed performance for mental health related indicators was 89% which was slightly lower than the CCG average of 92% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- There was expertise among the GPs in mental health with one GP having previously worked in this area.
- Staff had access to Mental Capacity Act 2005 training on line. All GPs had completed this training.
- The practice was aware of support services that they could refer or signpost patients to for example, counselling services.
- The practice worked alongside health visitors to support and manage mothers with post natal depression.



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2014 showed a mixed response from patients in relation to their satisfaction with the practice. Consultations with clinical staff were generally rated higher than the national average but those relating to access were generally lower. 363 survey forms were distributed and 112 (31%) were returned.

- 35% found it easy to get through to this surgery by phone compared to the CCG average of 62% and the national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 85%.

- 83% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 82% and the national average of 85%.
- 71% said they would definitely or probably recommend their GP surgery 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 no completed comment cards. We spoke with eight patients as part of the inspection. All said they were happy with the service they received from the practice.

# Bartley Green Medical Practice

## 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 Bartley Green Medical Practice

Bartley Green Medical Practice is part of the NHS Birmingham Cross City 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.

Bartley Green Medical Practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in purpose built accommodation. Based on data available from Public Health England, deprivation in the area served is higher than the national average. The practice has a registered list size of approximately 6000 patients.

The practice is open between 8.15am and 6.15pm daily with the exception of Wednesday when it closes at 1.15pm.

Appointment times are 8.30am to 11.30pm daily, 2.00 to 6pm Monday and Thursday, 2.30pm to 6.00pm Tuesday and 3.30pm to 6pm on Friday. The practice offers extended opening hours on a Tuesday evening until 7.30pm. When the practice is closed patients receive primary medical services through other providers.

The practice currently has three GP partners (two female and one male) and a salaried GP (female). The practice also employs an Advanced Nurse Practitioner, three practice nurses one of which is an independent prescriber and a healthcare assistant. There is a team of administrative staff which includes a practice and office manager who support the daily running of the practice.

The practice is a training practice for doctors who are training to be qualified as GPs and a teaching practice for medical students.

The practice has not previously been inspected by CQC.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# 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 6 January 2016.

During our visit we:

- Spoke with a range of clinical and non-clinical staff (including GPs, nursing staff, managers and administrative staff).
- Observed how patients were being cared for and how treatment was provided.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with other health and care professionals who worked closely with the practice.
- Spoke with members of the PPG.
- 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 they would inform the practice manager of any incidents that occurred and were encouraged to do so.
- Significant events were formally recorded and analysed to identify actions that needed to be taken to minimise the risk of reoccurrence.
- Significant events were a standing item at the weekly clinical meetings which enabled them to be discussed and any lessons learnt shared with staff. Where relevant significant events were discussed at the administrative team meetings.
- Significant events were also shared more widely with other practices through the local clinical network.

We reviewed the seven significant events that had been reported in the last 12 months. We saw evidence of action that had been taken to improve the safety of patients for example in relation to safeguarding concerns and a recent cold chain incident in which external agencies had been consulted and involved. Although staff were able to tell us of action taken following incidents we found the forms were not always fully updated to show that actions had been implemented and to enable the effectiveness of actions taken to be monitored.

Patient safety alerts received by the practice were disseminated to relevant clinicians. One GP told us about some recent drug alerts they had received and that they were working with the CCG pharmacist to support safe prescribing in the practice.

### Overview of safety systems and processes

The practice had 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. Policies were accessible to all staff and relevant contact details were displayed in the practice for the reporting of safeguarding concerns to relevant agencies. The practice had a lead GP for safeguarding who worked closely with the health visitors

and ensured important information was correctly recorded so that staff were aware of patients who may be at risk of harm. Staff demonstrated they understood their responsibilities and were able to give examples where action had been taken in response to a child safeguarding concern. We saw evidence of staff training for child safeguarding but not for vulnerable adults.

- Notices displayed throughout the practice advised patients that chaperones were available if they required one during their consultation. Chaperoning was usually carried out by the nursing staff who were aware of their responsibilities when chaperoning. The practice manager told us that only staff who had received a Disclosure and Barring Service check (DBS check) acted as a chaperone. (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 visibly clean and tidy with appropriate hand washing facilities in place. All patients we spoke with said they found the practice clean. Staff had access to appropriate personal protective equipment such as gloves and aprons as well as cleaning equipment for bodily fluid spills and wipes for cleaning equipment between patients. Cleaning was carried out by an external provider, we saw completed cleaning schedules in place to show what had been done. Due to staff leaving there had been recent changes in responsibility for leading on infection control. We saw that the new lead had recently completed an infection control audit (during December 2015). Actions had been identified but it was too early to see what progress had been made. No major concerns had been identified through this audit. Infection control policies were in place but currently being reviewed to make them more practice specific.
- There were arrangements for managing medicines in the practice to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out medicine reviews and audits with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. An audit had recently been undertaken to ensure appropriate checks took place for patients on high risk medicines. Prescription pads were securely stored and there were systems in

## Are services safe?

place to monitor their use. Nurses who were independent prescribers and the health care assistant who administered medicine by injection were given support and training by the GPs for these roles. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer medicine. At the time of our inspection the practice had identified a problem with the cold chain, immunisations had been suspended while the issues were being rectified.

- We reviewed three personnel files for staff that had been employed within the last 12 months. We saw evidence of recruitment checks including proof of identification, references, qualifications, registration with appropriate professional bodies and the appropriate checks through the Disclosure and Barring Service having been made. However, evidence of checks relating to conduct in previous employment such as references were missing from all three files. The practice manager was able to provide evidence that these had been requested for two of the three staff. The locum agency used had provided information of checks undertaken as part of their recruitment process.
- The practice nurse told us that they monitored samples sent for the cervical screening programme. This allowed them to follow up results not returned and recall patients who needed to be seen again.

### Monitoring risks to patients

Risks to patients had been assessed and managed.

- The practice manager was the health and safety lead for the practice and the practice health and safety policy was available to staff on the computer. Staff also had access to on-line health and safety training although, not all staff had completed this. We found the premises were well maintained with gas and electrical safety checks completed. Records available showed the lift used by patients was serviced regularly and risk assessments undertaken in relation to legionella (a particular bacterium which can contaminate water systems in buildings).
- The practice had undertaken a fire risk assessment in April 2015. There was evidence of fire equipment being maintained and alarm testing but no fire drills had taken place. Most staff had completed their on-line fire

training. The practice had identified weaknesses in this area and had made arrangements for an external provider to update the fire risk assessment, undertake a fire drill and provide training for staff the week following our inspection.

- Records showed that electrical equipment was checked to ensure it was safe to use. We saw that calibration checks to ensure clinical equipment was working properly were taking place during our inspection.
- Staff usually covered for each other for planned and unplanned leave. Occasionally locum staff would be used to cover GP sessions. Administrative staff rotated tasks undertaken so that they could easily cover for each other. Nursing staff spoke about changing days worked or doing additional hours to ensure there were sufficient nursing staff available.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on staff computers which alerted others to an emergency.
- It was not clear from training records that all staff had received and were up to date with their annual basic life support training, although most staff we spoke with thought they were. The practice manager told us that they had run basic life support training for the whole staff team. One GP partner told us about two medical emergencies that had occurred where they had been successfully able to support the person until emergency help had arrived.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. Logs were maintained to show the medicines were checked regularly to ensure they were present and in date. We checked a random sample of these medicines and found they were in date and fit for use.
- The practice had oxygen available on the premises for use in an emergency but no defibrillator. Staff told us that it had been decided that it was not needed due to the close proximity to the hospital. There was no risk assessment in place to determine whether a defibrillator (used in cardiac emergencies) was required and what the alternative arrangements were in the absence of one.

## Are services safe?

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included a list of emergency contact numbers and

details of another practice they could use in an emergency. A copy of the business continuity plan was held off site by the practice manager if needed. Staff advised us of a recent power failure which they had successfully managed.

# 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.

- Staff had access to guidelines from NICE from their computers and told us that they referred to it.
- Templates were used for the management of long term conditions to ensure appropriate care was being followed.
- Clinical staff told us that they would share at clinical meetings details from updates, training or other sessions they had attended.

### 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 2014/15. This showed the practice had achieved 96% of the total number of points available, which was slightly above the CCG and national average of 94%. Exception reporting by the practice was 8% which was slightly lower than the CCG and national average of 9%. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was at 92% which was higher than both the CCG average and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 82% which was slightly lower than the CCG average of 83% and the national average of 84%.
- Performance for mental health related indicators was at 89% which was lower than the CCG average of 92% and the national average of 93%.

The practice provided two examples of clinical audits that had been undertaken to support quality improvement within the last 12 months. This included an audit relating to the management of patients with chronic obstructive pulmonary disease. The audit was full cycle and was able to demonstrate improvement in the management of patients with this condition. The practice had also undertaken annual audits of contraceptive implants undertaken at the practice and this had not highlighted any concerns in relation to the procedure carried out.

### 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 which included health and safety issues and practice policies. Experienced staff helped in supporting new staff to understand their roles. We spoke with one new member of staff who was in their three month probationary period, they told us that they felt very supported.
- The practice had a skilled workforce to meet the needs of patients and was supportive of training and education. For example, the nursing team included an advanced nurse practitioner who was able to deal with minor ailments, a nurse prescriber with additional training in the management of long term conditions such as asthma and chronic obstructive pulmonary disease. The practice had also recently taken on two practice nurses one was undertaking advanced training in diabetes management and another who was new to practice nursing was undertaking various training to support them in this role, for example, cytology screening and immunisations. One of the partners was also undertaking a course in heart failure and the health care assistant had been supported to undertake electrocardiographs (ECG).
- The learning needs of staff were identified through a system of appraisals, Staff we spoke with confirmed they had undertaken appraisals within the last 12 months. GPs also undertook appraisal and revalidation in order to continue to practise as a GP.
- The staffing needs of the practice was under constant review. Although many of the staff had worked at the practice for a long time, the recent loss of staff had enabled them to reflect on future needs and skill mix of



# Are services effective?

## (for example, treatment is effective)

the workforce. A second Advanced Nurse Practitioner was due to start in February 2016 who they anticipated would undertake some of the health reviews for example, dementia reviews.

- The practice did not have robust systems in place to monitor staff training, for example, when it was next due and to ensure no staff were missed from training such as basic life support and safeguarding and so there was the potential for gaps.

### 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.

- Practice staff aimed to ensure patient information received such as test results and hospital letters were attached to patient records on the day received. Tasks were set up for the clinicians to respond to this information.
- There was a dedicated member of staff who reviewed unplanned admissions and arranged for any follow up needed.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and the out of hours services. The practice's patient record system was compatible with the local hospice which helped improve communication and the timeliness of patient care.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. Multi-disciplinary team meetings took place on a monthly basis to discuss those with palliative care needs. Health visitors were located within the practice and baby clinics co-ordinated with those of the health visitor clinics to facilitate joint working. Safeguarding meetings also took place with the health visitor to discuss the needs of vulnerable children. We received positive feedback from other health and care professionals we spoke with about the working relationship with the practice to help meet patient's needs.

### Consent to care and treatment

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

- The GP we spoke with demonstrated an understanding of relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Mental Capacity Act training was available to staff via e-learning modules. We saw that all the GPs had completed this training but it had not yet been completed by many other staff.
- Staff also demonstrated an understanding of consent when providing care and treatment for children and young people. A system alert reminded staff to comply with relevant guidance.
- GPs told us that they discussed issues such as do not attempt resuscitation forms with patients as part of end of life care.

### Supporting patients to live healthier lives

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

- These included patients who may be in the last 12 months of their lives and those at risk of developing a long-term condition. Systems were in place to regularly review patients with long term conditions so that their condition could be appropriately managed and prompt action taken in response to any signs of deterioration. Those who had experienced an unplanned admission were also reviewed so that their care could be amended accordingly.
- Support and advice was available to patients to encourage healthier lifestyles. Patients who would benefit were referred to or could access support services such as health trainers, weight management and smoking cessation. Support for alcohol and substance misuse was also available.
- A range of sexual health services and information were available including HIV testing.

The practice's uptake for the cervical screening programme was 72%, which was comparable to the CCG average of 69% and the national average of 74%. Uptake of national screening programmes for bowel and breast cancer screening was also comparable to the CCG and national averages.



# Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 98% (compared to the CCG range from 91% to 95%) and five year olds from 83% to 100% (compared to the CCG range from 87% to 96%).

Flu vaccination rates for the over 65s were 73% which was comparable to the national average of 73%, and at risk groups 53% which was slightly above the national average of 49%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Any abnormalities or risk factors identified were followed up.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and helpful to patients. Patients were treated 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 and that conversations taking place in these rooms could not be overheard.
- The reception area was set behind a glass screen which helped reduce the risk of staff being overheard.
- If patients wished to discuss something in private with staff a room was made available.
- Name badges were used by staff so that patients knew who they were speaking with.
- Staff were mindful of maintaining patient confidentiality and kept rooms locked when not in use. Confidentiality forms were signed by staff when they started employment at the practice.
- A patient newsletter helped to keep patients informed about what was going on in the practice.
- The practice told us about how they had worked with the Patient Advice and Liaison service (PALs) at a local hospital to meet a vulnerable patient who was being admitted.

Although we did not receive any feedback from patients through the Care Quality Commission comment cards we did speak with eight patients as part of the inspection. The patients we spoke with were positive about the service they experienced. Patients said they felt the staff were helpful, caring and that they were treated with dignity and respect.

Results from the national GP patient survey (published in July 2015) were also positive about the service patients received. The practice consistently scored above average for its patient satisfaction scores on consultations with GPs and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 83% said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

### 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.

The Choose and Book system was used widely for outpatient referrals which enabled patients to have a say in where they were seen. Staff told us that approximately 70% of referrals were made through the Choose and Book system and these were usually done at the surgery for the ease of patients and assurance that the appointment had been made.

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

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.

## Are services caring?

- 86% 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%.

Staff told us that translation services were available for patients who did not have English as a first language although this was rarely needed.

### **Patient and carer support to cope emotionally with care and treatment**

Information was available to patients throughout the practice to signpost them to various support groups and organisations which may be of help to them.

Information was displayed in the waiting area to encourage patients to identify themselves as a carer. This enabled the practice to ensure carers received appropriate information

about local support available and to target them for services such as flu vaccinations. The practice recognised that identifying and supporting carers was an area they wished to improve on.

Practical advice about what to do in time of bereavement was available on the practice website and practice leaflet. GPs were aware of and signposted patients to local support e.g. counselling services. We received positive feedback and examples about the emotional support given to patients and their families. We spoke with one patient who told us that the practice had been supportive to them during a bereavement. In another example the GP partner had given their contact details to relatives and had attended to certify a death on Christmas day to avoid the family needing to contact the out of hours service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice engaged with the local Clinical Commissioning Group (CCG) and other practices locally to plan services and to improve outcomes for patients in the area. The practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example;

- The practice offered extended opening hours on a Tuesday evening until 7.30pm for the convenience of patients who worked or those who could not attend during normal opening hours.
- Patients were able to book a longer appointment if needed and were made aware of this in the practice booklet.
- Home visits were available for patients whose health condition prevented them from attending the surgery for an appointment.
- Urgent same day appointments were available and if these were all allocated a triage system operated which enabled patients to consult with a clinician and if needed an appointment made so they could be seen.
- The practice was accessible to patients with mobility difficulties. A lift enabled patients to access consulting rooms on the first floor.
- Translation services were available. The practice also had arrangements for patients with a hearing impairment to order prescriptions and make appointments by fax.
- Baby changing facilities were available and baby clinics were co-ordinated with the health visitor clinics for the convenience of patients.
- The practice provided various services in-house for patient convenience these included phlebotomy (blood taking), 24 hour blood pressure monitoring, ECGs and spirometry reducing the need for patients to travel for these services.

The practice was open between 8.15am and 6.15pm daily with the exception of Wednesday when it closed at 1.15pm. Appointment times were 8.30am to 11.30pm daily, 2pm to 6pm Monday and Thursday, 2.30pm to 6pm Tuesday and 3.30pm to 6pm on Friday. When the practice closed on a Wednesday afternoon and during the out-of-hours period patients received primary medical services through other providers.

Appointments were bookable two weeks in advance with same day appointments available. Once all same day appointments had been allocated patients were offered a telephone consultation with a GP or the Advanced Nurse Practitioner and if needed the patient would be seen.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed. In many areas scores were comparable to that of local and national averages. However, it was particularly low for ease with which patients found it to get through to the surgery by telephone and experience of making an appointment.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 35% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 60% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 58% and national average of 60%.

Six out of the eight patients we spoke with as part of the inspection told us that they were able to get appointments when they needed them.

The practice was aware of their scores relating to access and told us that they had tried various appointment systems. There had been a recent drive to promote on-line booking and for patients to consider using the Advanced Nurse Practitioner for minor illnesses. The practice had plans to change their telephone system and this had been discussed with members of the patient participation group. It was hoped that this would help improve the patient experience.

### Access to the service

# Are services responsive to people's needs?

(for example, to feedback?)

During the practice presentation the senior partner told us that they were aware this was a busy time of year and so where possible had been starting surgery half an hour earlier. They had also opened the surgery on the bank holiday after Christmas.

## Listening and learning from concerns and complaints

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

- There was a designated responsible person who handled all complaints in the practice.
- Patients were able to obtain a complaints pack from reception and reference to the complaints process was available on the practice website and in the practice booklet given to new patients. However, no information was displayed in the practice alerting patients to the complaints process and information provided made reference to an organisation that no longer existed if

patients wanted to escalate their concerns. The practice did however also provide patients with a complaints information leaflet from the CCG which did contain current information about the escalation of complaints and complaints advocacy services.

- The practice had recently introduced a process for recording verbal as well as formal written complaints so that they may be used as learning opportunities.

We looked at the four complaints received by the practice in the last 12 months. We found that complaints had been appropriately handled in a timely way with no significant trends identified. The practice gave examples of complaints they had investigated which demonstrated an open and transparent approach. For example, there had been changes made in the way that paperwork was handled in the event of a patient death to avoid the risk of unnecessary delays.

# 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

At the start of the inspection the practice gave a presentation which told us about their vision and values. The practice spoke about recent staffing difficulties and how these had been managed and how they had reviewed the staffing arrangements to meet patient needs. Practice staff showed that providing good quality of care for patients was important to them.

The practice spoke about their joint working within the locality which had enabled them to explore service developments for the benefit of patients and future plans to join a larger partnership that would enhance this.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice policies were in place and available to all staff. These were currently going through a process of review in order to make them practice specific.
- The practice had an understanding of its performance. Staff took lead roles in the management of patients and for achieving against QOF. QOF performance overall was above the CCG and national average.
- Clinical meetings took place regularly which provided the main forum for discussing performance and risks such as significant events, prescribing issues and discussing patients with complex care needs. These meetings were attended by GPs and nurses. Other meetings such as administrative / reception meetings enabled important information to be disseminated to different staff groups.
- However, we did find that record keeping was not always well completed or sufficiently well maintained to demonstrate that actions required had been completed, for monitoring purposes and for future reference of actions taken. For example, significant event and staff induction forms were not always fully completed, completion of recruitment checks and monitoring of

staff training was not evident. No risk assessments were in place to demonstrate the practice had identified and mitigated the risks of not holding a defibrillator in the event of a medical emergency.

### Leadership and culture

The partners demonstrated a commitment to delivering high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and took the time to listen.

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 was receptive to the inspection process and open about its strengths and weaknesses. We saw that where a patient had been affected by an incident this had been discussed with them, an apology given and assurance of action taken to help minimize the risk of further reoccurrence.

There was a clear leadership structure in place and staff felt supported through:

- An open culture within the practice in which staff felt able to raise any issues with senior staff.
- Staff feeling valued by the partners who they described as supportive, approachable and caring.
- Effective team working.

### 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 complaints received. There was an active PPG in place and we spoke with two members of this group. They told us that they felt valued and that the practice was supportive of them but felt as a small group they were struggling with direction. They told us that they were approaching other PPGs in the area for guidance as to how they could develop the group. Information about the PPG was displayed in order to encourage new members.

# Are services well-led?

Good 

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

- The practice gathered feedback from staff through meetings and appraisals. The practice manager told us there was an open door policy for staff. Staff described a blame free culture and felt able to speak openly. The practice had a whistle blowing policy in place.

## Continuous improvement

There was a strong focus on continuous learning and improvement within the practice. Staff were supported to develop skills for the benefit of patients. Two members of

clinical staff were undertaking advanced courses in the management of chronic diseases during our inspection. Clinical staff told us that they attended networking meetings within the locality.

The practice is a teaching practice for medical students and training practice for qualified doctors training to be a GP. We spoke with a trainee GPs who told us that they were well supported, had longer appointments to see patients and had access to partners to discuss any cases they wanted to.