

# Hall Green Health

## 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 Hall Green Health on 18 January 2016. The practice had previously been inspected in May 2015 and was rated as requires improvement overall. This included an inadequate rating for safe and requires improvement for well led. We returned to reinspect to consider whether sufficient improvement had been made. We found the practice had made significant improvements and now has an overall rating of good.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from incidents were maximised to improve and develop the service.
- The practice was proactive in its approach to improving patient outcomes, patients with long term conditions were seen according to need. Those with the potential to develop long term conditions were also screened and monitored to facilitate early intervention and improved outcomes.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients told us that they were satisfied with the care and treatment received once they got to see a clinician but found access to routine appointments difficult. The practice had high levels of patients who did not attend their appointments. The practice was actively responding to issues relating to access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand.
- The practice demonstrated strong leadership which through self-reflection and prompt action had transformed the organisation. There was an open culture in which staff felt valued and involved, a sense of learning and improvement was evident. The practice had openly shared their experience following our previous inspection so that others may learn too.
- There was a clear vision shared by staff to promote positive patients outcomes and service improvement and a desire to continue the momentum to review and improve all aspects of the service.

# Summary of findings

We saw areas of outstanding practice:

- The practice had robust systems for the management of patients with long term conditions and complex needs. There was a dedicated team of staff responsible for recalling patients. Timing of recalls was based on need with appropriate management of all associated risk factors and disease control as assessed through, for example, test results and medicines prescribed rather than a set annual review. Staff were appropriately trained to provide this care. Daily discharge meetings enabled care to be reviewed promptly for the most vulnerable patients.
- As well as maintaining a register for patients diagnosed with diabetes the practice maintained a pre-diabetes register of 1535 patients who also received regular reviews. As a result of early intervention the practice reported that 326 patients (21%) had reverted to normal and 4% had been diagnosed as having diabetes enabling early intervention and management.
- The practice was proactive in providing screening for atrial fibrillation (heart condition) and had exceeded CCG targets of 40% screening. During 2014/15 the practice screened 3266 or 70% of eligible patients. Of these patients

- Since our previous inspection in May 2015, the response from the practice had been exceptional. The strength of leadership was demonstrated through the maturity in which the practice had learnt from and responded to adverse feedback. The cultural change in the organisation was tremendous. Learning was shared openly with others and staff felt valued and positive. Through self-reflection the governance structures had been reviewed and the way in which services were delivered was under internal scrutiny and review. For example, the way in which a cold chain incident had been managed was exemplary and had motivated the practice to self reflect and explore more widely how they could improve services.

The areas where the provider should make improvement are:

- The practice should review access to routine appointments and identify how this may be improved.

**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



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had robust systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. Concerns previously identified with the management of the cold chain and safe storage of vaccinations in May 2015 had been addressed. Action taken had been exemplar with experiences shared widely so that others may also learn. The practice was now reflecting on other aspects of patients safety to identify how these too could be further improved. For example, infection control.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- There were systems in place to keep clinical staff up to date with best practice guidance including National Institute for Health and Care Excellence (NICE).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff appraisals took place to identify staff learning needs.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice was proactive in promoting health promotion and screening activities to improve patient outcomes and performed well in these areas.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rating of the practice was mixed.

# Summary of findings

- Feedback we received from patients told us that 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, and staff were mindful of patient confidentiality.

## Are services responsive to people's needs?

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

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. Services such as anticoagulation, rheumatology and diabetes insulin initiation services were hosted by the practice.
- Although patients were able to obtain urgent same day appointments they found it difficult booking routine appointments or appointments with their preferred GP. The practice had reviewed and put in place measures to try and improve access and ensure patient needs were being met. However, this was not reflected in patient satisfaction.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were involved in developing the practice vision and their responsibilities in delivering this.
- There was a clear leadership structure, with good structure of communication between the leadership team and staff. Staff felt supported by the management team, partners and senior staff and there was high levels of morale among staff evident.
- Following our previous inspection the practice had set itself high standards. Through self-reflection the governance

**Good**



# Summary of findings

structures had been reviewed and the way in which services were delivered was under internal scrutiny and review. The practice had showed maturity in the face of adversity, learnt from the experience and shared learning with others widely.

- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had a proactive patient participation group which supported and enhanced the care provided by the practice. The patient participation group had recognised the recent efforts made by the practice to improve engagement and respond in a timely way to issues raised.
- 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 had a named GP and nationally reported data showed good outcomes for many conditions commonly found in older people.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those that needed them. Systems were in place to review the care of those at risk of unplanned admissions.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was comparable to national averages. Shingles vaccinations were also available to eligible patients.
- The Patient Participation Group (PPG) was working with the practice to provide support to patients in this age group from Age UK and in relation to dementia.
- We received positive feedback on the practice from the managers of two homes for older patients and the district nursing team on the practices support and care of end of life patients.

### People with long term conditions

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

Good



- The practice had experienced and trained staff to lead in the management of long term conditions, including COPD, asthma, diabetes and rheumatology.
- Reviews of long term conditions were undertaken using standardised templates. Those seen for chronic obstructive pulmonary disease and diabetes reviews exceeded the quality outcomes framework (QOF) requirements and included self-management plans.
- The practice offered in-house services to support long term condition management including spirometry, anti-coagulation clinics and diabetes insulin initiation for the convenience of patients.

# Summary of findings

- National reported data for 2014/15 showed performance for diabetes related indicators was at 98% which was significantly higher than both the CCG average and national average of 89%. The practice was also able to demonstrate some year on improvements in the management of patients with diabetes.
- A designated team of staff were responsible for the recall of patients with long term conditions. Timing of recalls was based on need (for example, test results and medicines prescribed).
- Daily discharge meetings helped monitor patients who had been admitted to hospital as an emergency and we saw evidence of attendance at a hospital case reviews to discuss the multi-disciplinary care needs of a patient who was regularly admitted to hospital.
- The practice was able to show how screening patients for atrial fibrillation and monitoring patients with the potential to develop diabetes had led to improved patient outcomes through early detection of these conditions.

## Families, children and young people

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

- There were robust systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates were above the CCG average for most standard childhood immunisations.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 72% which was comparable with the CCG average of 74% and national average of 75%.
- The practice's uptake for the cervical screening programme during 2014/15 was 95%, which was significantly higher than the CCG average of 79% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Baby health and post natal health checks were also provided at the practice.
- We received positive feedback from members of the health visiting and school nurse team about working relationship to meet patient needs.

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).

Good





# Summary of findings

- 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 and flexible.
- The practice was proactive in offering online and automated telephone services for booking appointments and prescription ordering.
- Extended opening hours were available on a Saturday morning including access to phlebotomy (blood taking) services for the convenience of patients who worked or who had other commitments during the day.
- A range of health promotion and screening was on offer to meet the needs of this patient group including NHS health checks, sexual health and family planning clinics.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, drug and alcohol addiction and carers.
- The practice offered annual health checks for patients with a learning disability. There were 233 patients on the learning disability register and since our previous inspection had increased the number reviewed from 20% to 45%.
- Learning disability passports were available for patients to report their likes and dislikes so that they could be taken into account should the patient be admitted to hospital or move to another service.
- A carers pack was available which enabled staff to signpost patients to various support services available. In conjunction with the PPG, carer coffee mornings were being established to give carers respite and access to advice and support.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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 responsible for investigating safeguarding concerns.

Good



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

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

Good



# Summary of findings

- Nationally reported data showed that 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 82% and national average of 84%.
- Nationally reported data showed performance for mental health related indicators was 89% which was also lower than the CCG average of 92% and the national average of 93%.
- The practice had signed up for enhanced services to facilitate the timely diagnosis and support for patients with dementia and were writing to patients to invite them to attend for dementia testing.
- Representatives from the Alzheimer's Society had visited the practice to provide support and advice to patients and there were plans to repeat this during the next month.

# Summary of findings

## What people who use the service say

Results from the national GP patient survey published in January 2016 were mixed with those relating to access consistently falling below local and national averages. 391 survey forms were distributed and 122 (31%) were returned. This represented less than 0.5% of the practice population.

- 26% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 59% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 81% and a national average of 85%.
- 66% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 83% and a national average of 85%.
- 59% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 74% and a national average of 78%.

The practice also participated in the Friends and Family test which invites patients to say if they would

recommend the practice to others. Between June and December 2015 the percentage of patients who said they were likely or highly likely to recommend the practice ranged from 63% to 86% and was showing a steady improvement.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. We also spoke with 14 patients during the inspection. The issue raised by many of the patients we spoke with was also related to access. Patients told us of difficulties in booking appointments in advance and getting through on the phone. However patients did tell us that they were usually able to get a same day appointment or could speak with a doctor. Once seen patients were generally happy with their consultation. They told us they were treated with dignity and respect, felt listened to and involved in their care and treatment.

# Hall Green Health

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Hall Green Health

Hall Green 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.

Hall Green Health 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 a purpose built health centre which it shares with various services provided by Birmingham Community Health. The practice also has a branch surgery on Shirley Road, Acocks Green. We did not visit the branch surgery during our inspection. 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 27,000 patients.

The practice is open 8.30 am to 6.30pm on Monday to Friday, with the exception of Wednesday when the practice closes at 1.00pm. Appointments were available throughout the opening times. Extended opening hours are available on Saturday mornings 8.30am to 11am. When the practice is closed on a Wednesday afternoon and during the out of hours period (6.30pm to 8.30am) patients receive primary medical services through an out of hours provider (BADGER).

The practice has 13 partners and five salaried GPs. Other practice staff consist of seven nurses (including three advanced nurse practitioners and two nurse prescribers), five healthcare assistants, a management team and a team of administrative staff. The practice is also a training practice for doctors who are training to be qualified as GPs and a teaching practice for medical students.

The practice was previously inspected by CQC in May 2015 and received an overall rating for requires improvement. The practice was found to be in breach of Regulation 12 Safe Care and Treatment and Regulation 19 Fit and Proper Persons Employed.

## Why we carried out this inspection

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

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

# Detailed findings

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

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

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.

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 18 January 2016.

During our visit we:

- Spoke with a range of staff (insert job roles of staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Spoke with a range of clinical and non-clinical staff (including GPs, practice nurses, managers and administrative staff).

- Observed how people were being cared.
- Reviewed how treatment was provided.
- Spoke with other health and care teams who worked closely with the practice.
- Spoke with the four members of the PPG.
- 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 a robust and effective system in place for reporting and recording significant events.

- Staff throughout the practice were aware of the systems for reporting incidents and were encouraged to do so.
- Incident reports were comprehensive and demonstrated a thorough analysis of events, action taken and learning.

Learning from incidents and significant events was shared with staff as relevant. Staff we spoke with were able to share with us examples of reported incidents and how they had led to service improvements. The practice had recorded 93 incidents, 30 of which had been rated as significant events during 2015/16. We reviewed some of these and found clear evidence of learning. For example, patient information had been stored in dormant document management accounts when GPs had left the practice. Once identified the practice had prioritised this information for review and action. Systems were put in place to prevent reoccurrence which included daily monitoring to ensure timely management of information received and timely closure of accounts when GPs left the practice.

The practice had robust processes for managing patient safety alerts received. Patient safety alerts were a standing item for discussion at the weekly clinical meetings. There was evidence of action taken in response to alerts received. For example, information received about a specific medicine was recorded on the practice's IT system so that the GPs would be alerted to the risks when prescribing this medicine.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Safeguarding policies and information including contact details for reporting safeguarding concerns to the relevant agencies were easily accessed by staff. We saw information displayed throughout the practice. There was a lead member of staff for safeguarding and

nominated leads for each staff team to support staff should they have any concerns. There was a dedicated member of staff who processed safeguarding information as a priority. A code was used to alert staff of a vulnerable patient and if they tried to cancel an appointment the GP would be informed so further contact could be made. Staff demonstrated an understanding of their roles and responsibilities in raising safeguarding concerns. For example, a staff member had identified repeated A&E attendances within a family and had raised this with a GP who was able to act on it. Training records showed that 90% of staff were up to date with safeguarding training relevant to their roles and 70% had also undertaken domestic violence training.

- Notices were displayed in reception and clinical rooms to advise patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received an enhanced Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A list was held in reception as to which staff could act as a chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Staff had access to appropriate hand washing facilities, personal protective equipment including disposable gloves, aprons and coverings and wipes for cleaning surfaces and equipment between patients. The practice undertook routine infection control audits. Following our previous inspection the practice had decided to review its systems and processes in relation to infection control to ensure they were robust. Clear leads had been identified and an independent infection control audit requested from the local Clinical Commissioning Group.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice worked closely with the CCG pharmacy team to undertake audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Some of the nursing team had independent prescribing

# Are services safe?

qualifications and worked in specific specialist areas. Patient Group Directions were in place for nurses who did not have this qualification to allow them to administer medicines in line with legislation. There were robust systems in place for monitoring patients on high risk medication, dedicated anti-coagulation and rheumatology clinics were held where patients were reviewed. At our previous inspection in May 2015 we had identified serious concerns with the storage and monitoring of medicines and vaccinations. The practice's response to these concerns had been phenomenal. A thorough investigation into these incidents and working with relevant agencies had led to improvements which were now exemplary. These included, new policies, clear lines of responsibility, training for all staff, replacement of two fridges, relocating fridges to facilitate monitoring, rewiring of fridges to a separate circuit to minimise the risk of power failure to them. The practice had shared their experiences openly with others. The CCG believe this had had an impact on other practices by raising awareness of cold chain management and were considering adopting the practice's cold chain policy within the locality.

- We reviewed personnel files for two recently appointed members of staff 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. Following our previous inspection new protocols had been put in place for risk assessing the roles and responsibilities of non-clinical staff to determine the need for a DBS check.
- The practice had systems in place to check that results were received for samples sent for the cervical screening programme and systems in place to follow up those that needed to be seen. A letter from the local hospital for 2014/15 reported that the practice had lower inadequate sample rates than the laboratory average.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. We found the premises were well maintained and a security guard was available on site if needed.
- The practice had up to date fire risk assessments and had carried out two fire drills in the last 12 months. Fire alarms were regularly tested and logs kept of those. Records showed fire equipment was regularly maintained. Most staff had completed fire safety training and fire wardens had been identified.
- Records showed that relevant equipment was checked for electrical safety to ensure it was safe to use. Clinical equipment was also calibrated to ensure it was working properly. At our previous inspection in May 2015 we found single use equipment items that were out of date. The practice had reviewed its processes and now had robust systems for monitoring stock. Nursing staff told us how they now received protected time for ordering, receiving and checking of equipment and medicines and had found this was improving efficiencies as well as minimising the risks to patient safety.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff rotas were in place for the different staffing groups to ensure that enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

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

- Staff received training in basic life support.
- The practice had a defibrillator and oxygen available on the premises. Records kept showed these were checked regularly.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff we spoke with knew of their location. The emergency medicines were checked to ensure they were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included details of alternative premises should relocation be required and emergency contact numbers for staff and services.



# 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 we spoke with referred to the use of NICE guidance and knew where to find it.
- The practice had systems in place to keep all clinical staff up to date.
- The practice monitored implementation of these guidelines through audits and reviews of patient care. For example, practice prescribing following a myocardial infarction (heart attack) had been reviewed in line with NICE guidance.

### 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 97% of the total number of points available, which was above the CCG and national average of 94%. Exception reporting by the practice was 9% which was the same as the CCG and national average. 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 98% which was significantly 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 comparable to the CCG average of 83% and the national average of 84%.
- 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 had robust systems for managing long term health conditions and improving patient outcomes. A dedicated team were in place for ensuring patients were contacted to come in for regular reviews. Health reviews were based on need for example, if test results fell outside a specified range or medication required more regular review and at a minimum an annual review was received. In the management of diabetes the practice was able to demonstrate how between 2012 and 2014 the number of patients well controlled (with HbA1c (blood sugar test)) of less than 58 had increased from 1381 to 1401 and those poorly controlled with type 2 diabetes had decreased from 162 patients to 148 (with HBA1c of greater than 10%).

The practice also held a prediabetes register of 1535 patients who also received regular review. As a result of early intervention 326 (21%) had reverted to normal and 4% had been diagnosed as having diabetes enabling early intervention.

Systems were in place to identify and follow up patients who were at risk. Daily discharge meetings were held by clinical staff to discuss patients that had been admitted and discharged from hospital to identify any follow up action needed. This resulted from an audit undertaken to review emergency admissions. These are conditions that can be appropriately managed in the primary care setting such as asthma, diabetes and hypertension.

The practice provided several examples of clinical audits that had been undertaken to support quality improvement within the last 12 months. These included audits relating to the management of patients with chronic obstructive pulmonary disease and antibiotic prescribing. The audits were full cycle and were able to demonstrate improvements made. The practice had also undertaken annual audits of minor surgery and 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.

- New staff received induction training which included health and safety, fire safety and safeguarding. We saw copies of the policies and procedures which staff were required to view in their induction.
- Locum GPs also received an induction pack to support them when covering sessions at the practice.



# Are services effective?

## (for example, treatment is effective)

- The practice had a large clinical team of 13 GP partners, five salaried staff and a team of 11 nursing staff which included advanced nurse practitioners and independent prescribers. Clinical staff had a wide skill mix to meet the needs of patients. Nursing staff supported the management of long term conditions and had specialist training in areas such as diabetes, respiratory conditions and rheumatology.
- The learning needs of staff were identified through a system of appraisals. We saw evidence that appraisal took place and that staff had opportunities for further training and learning. Staff received protected learning time and made use of on-line training available and regular in-house educational events.
- The practice could demonstrate staff received role-specific training and updating for example, the administering of vaccinations and taking samples for the cervical screening.

### 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.

- A dedicated team of staff aimed to ensure patient information received such as test results and hospital letters were processed in a timely way. The practice monitored the processing of information on a daily basis.
- Clinical staff were alerted to any unplanned admissions so that they could be discussed at the daily discharge meetings.
- District nurses, school nurses and health visitors were based at the same health centre which supported effective communication between the services. We spoke with staff from these teams. They told us that there was a good working relationship with the practice in order to meet patients' needs. District nurses and health visitors were able to access the practice's patient record system to ensure important information was shared in a timely way.
- Multi-disciplinary team meetings took place on a monthly basis for patients with palliative care needs. Safeguarding meetings also took place to discuss the needs of vulnerable children with the health visitor. We

saw that the one of the specialist nurses had attended a case conference at a local hospital to discuss the co-ordinated care of a vulnerable patient who had experience repeated unplanned admissions.

### 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.
- The practice had a consent policy which made reference to the Mental Capacity Act 2005. Guidance was also available to support staff in undertaking a mental capacity assessment.
- Staff had access to on-line consent and Mental Capacity Act training.
- There were processes in place for documenting and obtaining consent for surgical and other procedures carried out at the practice.
- The practice had worked with patients with a learning disability to produce a patient passport. This ensured important information such as the patients likes and dislikes could be shared with other health and social care providers and taken into account when delivering care.

### Supporting patients to live healthier lives

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

- These included patients with palliative care needs, carers, and those at risk of developing a long-term condition. Systems were in place to support these patients receive positive outcomes
- Support and advice was available to patients to encourage healthier lifestyles. Patients who would benefit were referred to health trainers who could provide advice on diet and exercise. Smoking cessation and weight management services were provided by the nursing team.
- The practice participated in the Umbrella scheme providing sexual health services within the primary care setting.
- Travel vaccinations were offered at the practice but no pre-assessments were undertaken prior to the appointment to ensure the required vaccines were available.

# Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme during 2014/15 was 95%, which was significantly higher than the CCG average of 79% and the national average of 82%. Although we saw that exception reporting was also higher we found the practice sent three written reminders to patients who did not attend cervical screening before exempting them and alert on medical record so that the patient could be reminded if they attended the practice.

The practice undertook screening for atrial fibrillation (heart condition) as part of a CCG scheme. 70% of eligible patients were screened during 2014/15 which exceeded the CCG target of 40%. Of the 3266 patients screened 217 patients were identified for further review with 63 subsequently confirmed as having atrial fibrillation and commencing on appropriate treatment thus reducing the risk of stroke.

The uptake of national screening programmes for breast cancer and bowel cancer screening was slightly lower for the practice population than the national average. However, we saw that breast screening was promoted through the practice website.

Childhood immunisation rates for the vaccinations given were above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 98% (compared to the CCG range from 80% to 95%) and five year olds from 92% to 99% (compared to the CCG range from 86% to 96%).

Flu vaccination rates for the over 65s were 72% which was comparable to the national average of 73%, and at risk groups 35% which was significantly lower than 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. 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 during our inspection that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were situated away from waiting areas and doors closed during consultations so that conversations taking place in these rooms could not be overheard.
- A dedicated room was available if patients wished to discuss their needs in private.
- A patient newsletter was available to keep patients informed about changes in the practice for example, changes to the telephone and triage systems, online bookings and staff changes.
- Staff wore name badges so that patients knew who they were speaking with.

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described the staff as helpful and caring.

We spoke with 14 patients including four members of the patient participation group. Patients told us that once they got to see a clinician they were happy with the care they received and that they were treated with dignity and respect. The main concerns raised related to access.

Results from the national GP patient survey (published January 2016) were mostly in line with CCG and national averages in relation to how patients felt they were treated..

- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 86% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 79% 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%.

- 88% 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 91%.
- 71% said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

### Care planning and involvement in decisions about care and treatment

Feedback received from patients we spoke with and through the CQC comment cards told us that patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and had sufficient time during consultations to make informed decisions about their care and treatment.

Results from the national GP patient survey (published January 2016) showed that responses to questions about patient involvement in planning and making decisions about their care and treatment were in line with CCG and national averages. For example:

- 83% 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%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 81% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

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

Information in the patient waiting room told patients how to access a number of support groups and organisations. With support from the patient participation group monthly stands were held in the waiting area with information from Age UK and on dementia.

Information was also displayed in the waiting area encouraging patients who were carers to identify themselves to the practice. The practice currently held a register of approximately 500 carers and were able to signpost them to local support services and offer more flexibility in accessing services. In conjunction with the PPG coffee mornings were also being established for carers to provide respite and advice.

## Are services caring?

The practice had sought to develop a consistent approach for supporting those that had recently suffered a bereavement. A new bereavement policy had been put in

place and the practice had started to send out sympathy cards which contained supportive information about services locally available and to let the families know they could contact the practice.

# 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. The practice was a key player in collaborative working to enhance the services provided to patients. The practice provided a number of services that could be accessed by patients from other practices within the local clinical network.

- The practice hosted specialist rheumatology clinics, anti-coagulation clinics and insulin initiation clinics for its own and other patients in the locality which reduced the need for patients to attend hospital.
- The practice offered extended opening hours on a Saturday morning between 8.30am and 11am for the convenience of patients who worked or had other commitments during the day.
- Home visits were available for patients who were unable to attend the surgery due to their health condition..
- Same day appointments were available for those with urgent needs via a triage system in which patients were able to speak with a clinician.
- The practice was accessible to those with mobility difficulties. There was sufficient room for wheel chair access and disabled facilities were available. Access to the premises was via ramp and automatic doors and lifts were available for patients to access consulting rooms on other floors.
- Baby changing facilities were also available.
- A self-booking system was available for convenience and reduce waiting at reception.
- Translation services were available for those that needed it. Information on the practice website could also be translated into a wide range of different languages.
- Appointments could be booked, changed or cancelled at any time using on-line services or an automated telephone booking service. This was being promoted to help improve appointment access for patients.

### Access to the service

The practice was open 8.30 am to 6.30pm Monday to Friday, with the exception of Wednesday when the practice closed at 1pm. Appointments were available throughout the opening times. Extended surgeries were on Saturday mornings 8.30am to 11am. When the practice is closed on a Wednesday afternoon and during the out of hours period patients received primary medical services through an out of hours provider (BADGER). Patients were able to pre-book appointments up to two weeks in advance and a GP triage system operated for patients who required a same day appointment.

Results from the national GP patient survey (published in January 2016) showed that patients' satisfaction with how they could access care and treatment was below the local and national averages.

- 58% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%. The practice had reviewed other practices locally with higher patient satisfaction in opening hours and found that their opening time were similar to their own.
- 26% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 27% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 56% and national average of 59%.

The patients we spoke with told us that they were able to obtain same day urgent appointments but it was difficult getting through on the phone and booking routine appointments in advance. While we saw appointments were available for the nurse the next day, there were no routine GP appointments available until the 1 February 2016 and these were not released until the next day.

The practice were very aware of these concerns and told us they had tried various different appointment systems with the latest needing time to embed. The practice told us how they were aiming to manage demand and that in their model of care they were trying to ensure patients with ongoing health issues were seen by the most appropriate clinician for their care needs. Any follow up required would be booked by the clinician which would support continuity of care. If patients could not wait for a routine appointment they could use the GP triage system.

# Are services responsive to people's needs?

(for example, to feedback?)

With the PPGs support they were promoting and encouraging patients to use the on-line and telephone booking systems and since the beginning of January 2016 had increased the number of appointments available for each session from 16 to 18. The practice showed how appointment capacity had increased. For example, on the 7 December 2015 177 (pre-bookable and on the day appointments) were available, on the 11 January 2016 this had increased to 332 appointments.

The GP triage system was continuing so that patients would be able to speak with a clinician if they could not get an appointment. The practice was in the process of employing a team of three clinical pharmacists to help clinical staff meet demand. The practice was monitoring calls taken and lost and the number of non-attendances on a daily basis to try and identify any potential issues. This had helped reduce the average call wait from three to four minutes to between one to two minutes over a three year period. These reports were routinely reviewed by the Executive team.

The practice had a high number of non-attendances (approximately 250 per week). Patients could easily cancel their appointment at any time of day using the automated telephone system. Those that did not attend on the third occasion were sent a letter. There were plans to introduce a text reminder system for appointments.

## 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 were designated staff responsible for handling complaints in the practice.
- We saw that information was displayed in reception to help patients understand the complaints system. A Complaints policy and form could also be obtained from reception staff or from the practice website. This included details on how the patient could escalate a complaint if they were unhappy with the practice response.
- A database was maintained of all complaints received and action taken so that their progress could be monitored and any themes or trends identified.

The practice had received 51 complaints during 2015/16. We looked at four of the complaints received in detail and found they had been appropriately handled in a timely way. Complaints were routinely discussed at clinical meetings and learning shared. Trends showed access to appointments were the main cause of complaints.



# 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 formally documented business plan detailing their plans for delivering the service. The practice was currently in discussions to form a larger partnership with other practices in which central functions could be shared.
- Since our previous inspection the practice had revisited their vision and values. All staff had been involved in this and were clear about what they were.
- Regular executive and partners meetings helped ensure the practice vision and strategy were regularly discussed to ensure it was kept on track.

### 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 staff were aware of their own roles and responsibilities. Clinical staff each undertook lead roles in specialist areas.
- Practice specific policies were implemented and were available to all staff. These were being reviewed in a thorough and comprehensive way to ensure they were practice specific. Those we saw such as cold chain policy were robust and well written and had been shared with other staff so that they were aware of them.
- Regular meetings took place for clinical and non-clinical staff. We saw that performance and risks were widely discussed at these meetings as regular agenda items so that action could be taken in a timely manner.
- The practice actively collected performance data relating to the delivery of services, made use of audits and other information available to review performance and identify areas for improvement.

### Leadership and culture

Since our previous inspection in May 2015 the leadership team showed great maturity and strength in learning and acting on adverse feedback. They openly admitted their devastation at the inspection findings. In addressing the cold chain incident the practice had used this as a catalyst to self-reflect and explore more widely why things had gone

wrong. The leadership team had focussed hard on the way in which the service was delivered and had sought to create an open culture in which learning and improvement could thrive. There had been a tremendous cultural change in the organisation over the last six months which was commented on by staff at all levels and from representatives at the patient participation group. Staff were very positive about the changes they felt supported, valued and included.

The practice had reviewed governance arrangements to facilitate communication. Executive partners now sat on departmental meetings so information could be fed both ways in the organisation. Staff we spoke with told us that the communication was good, morale had improved and that they were working more as a team.

It was clear from the response to our previous CQC inspection that the provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty and shared their experiences and learning with other practices locally so that they could also learn from them. The practice had systems in place for knowing about notifiable safety incidents

### 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), through patient surveys, complaints and comments through NHS choices. We saw evidence that these had been appropriately responded to.
- The practice had an active and strong Patient Participation Group (PPG) with 32 members (plus five virtual members) which met regularly. The PPG members we spoke with told us that they had seen noticeable improvements in the way in which the practice engaged with them and dealt more promptly with issues raised. For example, to improve privacy, reception desk partitions and ropes to encourage patients to stand away from the reception desk had been installed.

# Are services well-led?

Good 

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

- The practice responded to comments received through NHS choices and we saw examples where patients had been invited in to discuss their concerns with the practice.
- The latest feedback from the friends and family test in which patients are invited to say if they would recommend the practice to others had showed improvement between November 2015 and December 2015 (70% to 86%).
- The practice had been consulting with staff to drive service improvements. Each staff team had a representative who attended executive team meetings. This provided an opportunity for staff to feedback any issues they wished to raise. In turn each staff team had a link executive partner who sat in on their team meetings who they could also raise issues with. Staff welcomed these changes, they found the partners were approachable.

- The practice had a whistleblowing policy. Staff were aware of the policy but none of the staff we spoke with told us they had needed to use it.

## Continuous improvement

There was a strong focus on continuous learning and improvement within the practice. The practice team was active in the development of new services for patients in the locality to improve outcomes for patients. For example, rheumatology, anticoagulation and diabetes insulin initiation clinics were hosted by the practice.

Staff had access to protected learning time and educational meetings. Staff spoke about networking meetings they were able to attend with staff at other practices. The practice also operated a system in which a supervising doctor on shift would be available to support other clinicians who might want a second opinion.