

Bearwood Medical Centre

Quality Report

176 Milcote Road, Smethwick
West Midlands B67 5BP

Tel: 0121 429 1572

Website: www.bearwoodmedicalcentre.co.uk

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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 Bearwood Medical Centre on 21 September 2016.

Bearwood Medical Centre was previously inspected on 4 March 2015 and was rated as Requires Improvement. We found the provider to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulations breached were:

Regulation 17: Good governance. The practice did not have effective systems to identify, monitor and manage all risks within the practice.

. At this inspection we found the practice had made some improvements, but there were still outstanding actions to be completed. Overall the practice is rated as Good.

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

- Risk assessments had been completed since our previous inspection, but we found that effective reviews of managing patient safety were required. For example, boxes of hypodermic needles were stored in the corridor, accessible to the public.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. We saw improvements in the management of patients using NICE guidelines.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment and feedback from patients about their care was consistently positive.

Summary of findings

- The practice had a range of policies in place, but they were in a generic format and had not been reviewed and made specific to the practice needs.
- At the previous inspection staff showed a lack of confidence in using the clinical system. We saw evidence to confirm that staff had received support and training and were now competent in using the clinical system.
- We saw that staff were friendly and helpful and treated patients with kindness and respect. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- At the previous inspection it was identified that the practice had not completed an audit to assess compliance with the Equality Act (2010), we found at this inspection that reasonable adjustments had still not been made. The practice had no hearing loop and on speaking with staff it was difficult to confirm how patients with hearing difficulties were supported.

- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result. The provider was aware of and complied with the requirements of the duty of candour.

The areas of practice where the provider must make improvements:

- The practice should continue to progress the funding to ensure that reasonable adjustments can be made in line with the Equality Act 2010.

In addition the areas of practice where the provider should make improvements:

- Review safety procedures and implement systems to assess, monitor and manage risks relating to the health, welfare and safety of patients.
- Review practice policies to ensure they are practice specific.
- Continue to act and review access to appointments.

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?

Good



- There were some systems in place to monitor safety. These included systems for reporting incidents, near misses and national patient safety alerts.
- Risk assessments had been completed since the last inspection, but these needed to be reviewed to ensure they were effective. .
- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. The practice team held monthly meetings to discuss lessons learnt.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had adequate arrangements in place to respond to emergencies and major incidents
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.

Are services effective?

Good



- At the previous inspection NICE guidelines were not being used effectively to improve patient outcomes. Our findings at this inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines and these were being discussed regularly.
- Clinical audits demonstrated quality improvement and the practice had a schedule of audits in place to monitor effectiveness of services.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average. The most recent published results were 98% of the total number of points available with an exception reporting rate of 5.3%.

Summary of findings

Are services caring?

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.
- Patients we spoke with 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.
- The practice's computer system alerted GPs if a patient was a carer and 1.3% of the practice's population had been identified as carers. There was a carers noticeboard in the waiting room with detailed information on local support available.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- We saw that staff were helpful and treated patients with kindness and respect and maintained patient and information confidentiality. The practice also supported patients by referring them to a number of support groups, onsite stop smoking service and other support agencies.

Are services responsive to people's needs?

Requires improvement



- At the previous inspection it was identified that the practice had not completed an audit to assess compliance with the Equality Act (2010), we found at this inspection that reasonable adjustments had still not been made. 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.
- Patients could access appointments and services in a way and at a time that suited them. Telephone consultations and Saturday morning appointments were also available for patients who could not attend during the week.
- There was no hearing loop at the practice and on speaking with the staff it was difficult to ascertain how patients who were hard of hearing were supported.
- There were longer appointments available for vulnerable patients, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings, but we found policies had not been reviewed and made specific to the practice needs.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. Staff we spoke with demonstrated a commitment to providing a high quality service to patients. They spoke highly of the practice team and were proud to be part of the practice.
- The provider was aware of and complied with the requirements of the duty of candour. The GP partner encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at clinical levels and all staff had received inductions and regular performance reviews.

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Care plans were in place for those at risk of unplanned admissions including a dedicated phone number for patients to have priority access to the practice. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included blood tests and vaccinations for those patients who were unable to access the practice..
- The practice worked closely with multi-disciplinary teams so patients' conditions could be safely managed in the community.

People with long term conditions

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We saw evidence that meetings were held every two months.
- Data from the latest published QOF results showed 83% of patients with asthma had received an asthma review in the past 12 months. This was higher than the CCG and national averages of 75%.
- Data provided by the practice showed that 88% of patients on the practice palliative care register had a face to face review in the past 12 months.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions. For example, a consultant led diabetes clinic was held every two months to review patients with complex diabetes.

Summary of findings

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, for example, children and young people who had a high number of A&E attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife provided antenatal care every week at the practice.
- Childhood immunisation rates for under two year olds ranged from 96% to 100% compared to the CCG averages which ranged from 52% to 94%. Immunisation rates for five year olds were ranged from 89% to 95% compared to the CCG average of 55% to 95%.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice's uptake for the cervical screening programme was 84% which was higher than the national average of 82%.

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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years. Results showed 10% of the practice population had received a health check.
- The practice offered Saturday morning appointments for patients who could not attend surgery during the week

People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, housebound and caring responsibilities and regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- The practice offered longer appointments and annual health checks for people with a learning disability. Data provided by the practice showed that 56% of patients on the learning disability register had received their annual health checks. The practice sent appointment reminders to patients.
- The premises posed difficulties for patients with mobility difficulties and no hearing loop was available for patients with hearing difficulties. No assessment had been completed to identify how these patients could be supported.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and held meetings with the district nurses and community teams every two months.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted GPs if a patient was also a carer. There were 55 patients on the practice's register for carers; this was 1.3% of the practice list.

People experiencing poor mental health (including people with dementia)

Good



- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- From the previous inspection, some staff were identified as not being aware of the mental capacity act. We found evidence to confirm that the clinical team and the practice manager had completed this training and this had been discussed at a team meeting with all the staff.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A counselling service commissioned by the CCG offered a weekly session at the practice for patients.
- 95% of patients on the practice's mental health register had had their care plans reviewed in the last 12 months, which was higher than the national average of 88%.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was generally performing in line with local averages, but below national averages. 304 survey forms were distributed and 104 were returned. This represented 34% response rate and 2.4% of the practice population.

- 60% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 85%.
- 71% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.
- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 64% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Some of the comments received, detailed how helpful the reception staff were and how GPs listened to what the patient had to say and were supportive.

The practice had implemented an action plan following previous survey results, but the results from the July 2016 survey had not been reviewed.

We spoke with three patients during the inspection; this included one member of the patient participation group. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

There had been four comments left by patients on the NHS Choices website since our previous inspection. The NHS Choices website is where patients are invited to leave their reviews of the service, patients had left comments relating to the excellent service they received.

Areas for improvement

Action the service **MUST** take to improve

- The practice should continue to progress the funding to ensure that reasonable adjustments can be made in line with the Equality Act 2010.

Action the service **SHOULD** take to improve

- Review safety procedures and implement systems to assess, monitor and manage risks relating to the health, welfare and safety of patients.
- Review practice policies to ensure they are practice specific.
- Continue to act and review access to appointments.

Bearwood Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Bearwood Medical Centre

Bearwood Medical centre provides primary medical services to approximately 4200 patients in the local community. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some directed enhanced services such as childhood vaccination and immunisation schemes.

The practice is based within the Sandwell and West Birmingham Clinical Commissioning Group CCG area. The practice is currently registered as a partnership, but due to changes within the practice, the provider needs to register as a single handed provider. The practice is run by a lead female GP (provider) with the support of long term locums. The nursing team consists of two practice nurses. The non-clinical team consists of administrative and reception staff and a practice manager.

The practice opening times are Monday from 8am to 6.30pm Monday to Friday and from 10am to 1pm on Saturday. The practice has opted out of providing out-of-hours services to their own patients. When the practice is closed an out of hours answerphone message informs patients to

contact the NHS 111 service which would assess and refer patients to the out-of-hours service provider Primecare.

The practice serves a higher than average population of women aged 25-39 years. The area served has higher deprivation compared to England as a whole and ranked at four out of ten, with ten being the least deprived.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions using our previous methodology on 9 June 2014. 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. The provider was not meeting regulation 10 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010 which related to assessing and monitoring the quality of service provision. The practice was inspected again on 4 March 2015 to follow up on the outstanding actions identified and was found to still need further improvements and was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities), Good governance. This inspection on 21 September 2016 was to review if the outstanding actions had been implemented.

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 21 September 2016. During our visit we:

- Spoke with a range of staff including the principal GP, practice manager, medical secretary and receptionists 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.
- Reviewed documentation made available?

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

The practice had some systems in place to monitor safety and used a range of information to identify risks. There were processes in place for reporting incidents, patient safety alerts, comments and complaints received from patients.

- Staff told us they would inform the practice manager of any incidents and they would complete the recording form available on Datix. Datix is a patient safety and risk management software for healthcare incident reporting and adverse events. The incident documentation supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and held monthly GP practice meetings to discuss incidents, significant events and any safeguarding concerns. The practice were proactive in reporting incidents and we reviewed 15 significant events that had occurred from September 2015 to July 2016. Significant event records were well organised, clearly documented and continually monitored.
- There was a programme of continuous clinical and internal audit which were often initiated as a result of national patient safety alerts and we saw evidence that patient safety alerts were reviewed and acted on appropriately.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. The practice employed a cleaner twice a week for the general cleaning of the practice and the staff and practice nurses monitored the environment on a daily basis undertaking cleaning activity where required and we saw evidence to confirm that daily cleaning of treatment areas was carried out. There were completed cleaning specifications within the practice. There were also records to reflect the cleaning of medical equipment.
- The GP and practice nurse were the designated clinical leads for infection control and there was an infection control protocol in place and staff had received up to date training. The practice had robust systems in place to monitor infection control and the practice nurse carried out regular infection prevention checks. We saw evidence of audits and completed checks and actions taken to address areas identified.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe required a review as hypodermic needles were being stored in a public accessible area of the practice.
- Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the practice employed pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescription stationery was securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation
- The vaccination fridge temperatures were recorded and monitored in line with guidance by Public Health England.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed, but not appropriately managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy, risk assessments and evidence of safety checks available, however these needed to be reviewed for effectiveness.

- The practice had up to date fire risk assessments and carried out regular fire alarm tests. Clinical equipment was checked on a yearly basis to ensure it was working properly. The practice had carried out an assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure 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.

- There was an alert system in place in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes 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 98% of the total number of points available; this was higher than the national average of 95%. Exception reporting was 5% which was lower in comparison to the national average exception reporting of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 99% which was higher than the CCG average of 85% and the national average of 89% Exception reporting rate was 6%.
- Performance for mental health related indicators was 100% which was higher than the CCG average of 89% and the national average of 93% Exception reporting rate was 1.4%.

There was evidence of quality improvement including clinical audit.

- There had been regular audits completed at the practice. We reviewed four audits where the

improvements made had been implemented and monitored. For example, the practice had completed an audit on pregablin medicine to ensure patients had received medication reviews and had completed a renal function test. The first audit in July 2015 identified 21 patients were prescribed the medicine and three of the patients required a renal function test. A re-audit was carried out in March 2016, which showed that all patients had received reviews. The practice continued to monitor the prescribing of this medicine in line with the CCG and NICE guidelines.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice monitored patients who were at risk of having falls and completed a falls risk assessment form (FRAT) to ensure patients were offered the support they required.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had supported clinical staff members through many training courses. For example, nurses were supported to attend studies days, such as updates on immunisations and cervical screening.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff received regular reviews, annual appraisals and regular supervision. There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information

Are services effective?

(for example, treatment is effective)

governance. Staff had access to and made use of e-learning training modules and in-house training. Non clinical staff were encouraged to do courses to further their development within the practice

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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice implemented the gold standards framework for end of life care (GSF). This framework helped doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. GSF meetings took place every two months to discuss the care and support needs of patients and their families and we saw minutes in place to support this.

- The practice had eight patients on their palliative care register. The data provided by the practice highlighted that 62% of these patients had a care plan in place and 87% had received a face to face review in the past 12 months. We saw that the patients on the register were regularly reviewed and discussed as part of multi-disciplinary meetings.

The practice took an active approach to joint working and engaged well with other health and social care services.

- A consultant led diabetes clinic was held every two months to support patients with complex diabetes.
- A counsellor offered weekly sessions to support patients with mental health concerns.

Consent to care and treatment

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

- At the previous inspection of March 2015, some staff were identified as not having a comprehensive understanding of the Mental Capacity Act 2005. We saw evidence to confirm that clinical staff and the practice manager had attended training and this had been shared with all staff in the practice. Staff now understood the relevant consent and decision-making requirements of legislation and guidance.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Patients' consent to care and treatment was sought in line with legislation and guidance. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidelines.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation advice. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, which was slightly higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results were higher than the CCG averages for breast screening, for example:

Are services effective?

(for example, treatment is effective)

- 71% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 67% and the national average of 72%.

The practice achieved lower results for bowel cancer screening, for example:

- 42% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 46% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for under two year olds ranged from

96% to 100% compared to the CCG averages which ranged from 52% to 94%. Immunisation rates for five year olds were ranged from 89% to 95% compared to the CCG average of 55% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74 and data supplied by the practice showed 10% of the practice list had received a health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey in July 2016 showed patients scored lower on its satisfaction scores for consultations with GPs and nurses. For example:

- 66% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

The practice scored higher for consultations with nurses on the following indicators:

- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 95% say the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 87% and the national average of 92%.

The practice scored higher than the CCG average for receptionists but lower than the national average on the following indicators:

- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

The practice had reviewed previous results from patient surveys and implemented an action plan, but we found that some areas were still ongoing and actions that had been implemented to improve the service were not functioning.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey did not reflect the comments we had received during the inspection or on the comment cards. Scores were lower than local and national averages for consultations with the GPs. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 62% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

Patients' views aligned with the results of the GP national survey for consultations with nurses. For example:

Are services caring?

- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. There were 55 patients on the practice's register for carers; this was 1.3% of the practice list. There was a noticeboard in the patient waiting room which told patients how to access a number of support groups and organisations.

Staff told us that if families had suffered bereavement, the practice manager and GP would contact the family and arrange for them to visit the surgery. Patients struggling to cope after bereavement were referred to elderly care assessors for support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had recently commenced a rheumatology (DMARD) monitoring service.

Services for patients with disabilities needed to be reviewed to ensure patient's needs were being met. For example:

- At the previous inspection in March 2015 we identified that an assessment had not been completed to ensure the practice complied with the Equality Act (2010). The Act ensures providers of services do not treat disabled people less favourably, and must make reasonable adjustments so that there are no physical barriers to prevent disabled people using their service. The practice had told us these areas had been identified and they had a plan to secure funding to address the identified actions within three months. At this inspection we found this had not been acted on and disabled facilities were still limited. There were accessible toilet facilities for patients with mobility issues, but there were no disabled parking spaces and no automatic doors to assist patients to have easier access to the building. The practice told us they were still awaiting confirmation of funding.
- There was no hearing loop at the practice and on speaking with the staff it was difficult to ascertain how patients with hearing difficulties were supported.

We did find flexibility, choice and continuity of care for patients. For example:

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice also offered telephone consultations for patients who needed advice.
- There were longer appointments available for patients with a learning disability, carers and patients experiencing poor mental health.
- Extended hours appointments were offered on Saturday morning from 10am to 1pm.

- The practice offered text messaging service to remind patients of their appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. For vaccines only available privately, patients were referred to other clinics.
- The practice offered a variety of services including cervical screening, minor surgery and phlebotomy.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions for example a diabetic consultant ran a clinic for patients with complex diabetes.

Access to the service

The practice is open between 8am and 6.30pm Monday to Friday. Appointments were available from Monday to Friday 9.10am to 11.50am and 4pm to 6.20pm.

Extended hours appointments were offered on Saturday morning from 10am to 1pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

The practice had carried out an inhouse survey in May 2016. They had distributed 300 questionnaires and had 60 returned, which represented a 20% response rate. Results from the practice survey had shown that patients had commented on the lack of appointments. The practice had addressed this and had increased the number of appointments available by offering Saturday morning appointments.

Are services responsive to people's needs?

(for example, to feedback?)

Due to waiting times to speak with a receptionist, the practice had introduced a self check in system, but this was not working on the day of inspection.

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

Listening and learning from concerns and complaints

The practice had 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.

- The practice leaflet and website guided patients to contact the practice manager to discuss complaints.
- There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. We looked at five complaints received in the last 12 months and these were satisfactorily handled and dealt with in a timely way and demonstrated openness and transparency. Action was taken as a result to improve the quality of care. We saw in the meeting minutes that learning was shared and where required action was taken to improve safety in the practice.

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. We spoke with five members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. This was reflected in feedback received from patients and in the way comments, concerns and suggestions were responded to. Patients told us that the GP was caring and supportive and the staff were very helpful and supportive.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and quality care, but was not effective in the management of risks. It outlined the structures and procedures in place, for example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice policies were available, but we found examples of policies that had not been reviewed to make them specific to the practice needs. Policies and documented protocols were organised and available on the practice intranet. Staff we spoke with were able to easily access policies and demonstrated that they understood key policies on areas such as whistleblowing and safeguarding.
- A comprehensive understanding of the performance of the practice was maintained. The practice regularly reviewed its progress against ?.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, but we found evidence that these were not effective with the storage of hypodermic needles in the hallway accessible to patients.
- Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues. For

instance, staff we spoke with were aware of whom to report safeguarding concerns to, who to go to with a confidentiality query and who to go to for infection control guidance.

Leadership and culture

On the day of inspection the GP and practice manager demonstrated they had the experience and capability to run the practice and ensure high quality care. Staff told us the GP and practice manager were approachable and listened to all members of staff.

The GP encouraged a culture of openness and honesty throughout the practice. Staff we spoke with confirmed that they were actively encouraged to raise concerns. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly.

The practice held regular meetings; these included monthly significant event and complaint meetings and multidisciplinary (MDT) meetings every two months. All of these meetings were governed by agendas which staff could contribute to, meetings were clearly minuted and action plans were produced at each meeting.

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

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

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

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

- The practice had gathered feedback from patients through patient surveys, the patient participation group

Are services well-led?

Good 

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

(PPG) and complaints received. The PPG consisted of eight members. We spoke with one member of the group as part of our inspection who told us that the group met occasionally but only two patients would attend. The practice were encouraging patients to join and we saw information on display in the waiting room

- The practice proactively gathered feedback from staff through monthly meetings and appraisals. Staff appraisals were completed regularly and staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that the practice manager and GPs are very supportive.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was actively taking part in the Primary Care Commissioning Framework (PCCF) with the clinical commissioning group and had received positive feedback on the improvements the practice had made. For example, the practice was using evidence based prescribing and had employed a pharmacist for two sessions a week to monitor patients' medicines.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
Family planning services	Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Dignity and Respect
Maternity and midwifery services	Providers must make sure they provide care and treatment in a way that ensures peoples dignity and treats them with respect at all times.
Surgical procedures	How the regulation was not being met: <ul style="list-style-type: none">• The practice should continue to progress the funding to ensure that reasonable adjustments can be made in line with the Equality Act 2010.
Treatment of disease, disorder or injury	