

# Ambar Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



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 first inspected Ambar Medical Practice on 4 November 2015 as part of our new comprehensive inspection programme. The practice was rated as inadequate and was placed into special measures.

We carried out a comprehensive inspection of Ambar Medical Centre on 9 November 2016.

This inspection was conducted to see if improvements had been made following the inspection in November 2015 where we identified areas where the provider must make improvements. At the time of the inspection in November 15 Dr Ahmed was the registered provider. They are no longer registered with CQC having left from the practice in December 2015. Dr Lodhi is now the registered provider with the CQC to deliver the regulated activities. Overall the practice is rated as Requires Improvement.

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

- We noted that the new management team in place had introduced effective systems and processes to monitor safety of patients and staff.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Since the last inspection in November 2015, the practice had introduced a system to analyse significant events and incidents, these were documented and shared with staff.
- Effective recruitment procedures have been implemented since the comprehensive inspection in November 2015. This included Disclosure and Barring (DBS) checks for staff that required them.
- Patients' records were being reviewed and updated accordingly, as errors in data and medication reviews were found at the previous inspection.
- Patients we spoke with on the day of the inspection were positive about the staff but commented on the difficulties in getting appointments. We saw that staff were friendly and helpful and treated patients with kindness and respect.
- The practice had introduced a programme of audits that were driving improvement in performance in order to improve patient outcomes.

# Summary of findings

- It was noted that the practice had made improvements and were making changes to the systems and processes to improve patient outcomes and the management of the practice.
- The management team introduced a series of formal meetings to ensure all staff and community services were kept up to date, this included team meetings on a monthly basis and clinical staff meetings every two weeks.
- The practice had introduced formal governance arrangements to manage and assess the risk and quality of the service it provided, including infection control procedures.
- We saw that following our comprehensive inspection in November 2015, effective systems had been implemented to ensure patients' needs were assessed and care was planned and delivered following best practice guidance.
- An effective system had been put in place to monitor and act on Patient Safety Alerts, information from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).
- The provider implemented the use of nationally recognised guidance, including guidelines issued by NICE (National Institute for Health and Care Excellence).
- 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.

- The practice had reviewed their current patient record system to ensure that content and coding was effective.
- The practice actively reviewed complaints and how they were 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.
- There was a clear leadership structure and staff felt they were supported by the practice manager and GP. The practice had set up a patient participation group, which was in its infancy, but on speaking with the chair of the group, they were committed to supporting the practice in moving forward.

There are areas where the provider should make improvements:

- Continue to review clinical registers to ensure accuracy of data and improved outcomes for patients.
- Continue to encourage patients to attend screening and immunisations including cytology, child immunisations and cancer screening.
- Continue to monitor patient satisfaction through feedback.
- Review access to online services to improve patient's satisfaction and a practice website to guide patients on services available.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

**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 systems in place to monitor safety. These included systems for reporting incidents, significant events, near misses, positive events as well as comments and complaints received from patients. Since the previous inspection the practice had introduced an effective system for reviewing events and discussing lessons learnt and implementing action plans. The practice held monthly meetings to discuss lessons learnt. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- An effective system had been implemented to review all correspondence and patient safety alerts received which were reviewed and actioned appropriately.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- When we inspected the practice in November 2015 we found that the practice did not have effective systems in place to support their internal recruitment procedures. The practice had since introduced a new system to ensure that effective recruitment checks were in place.
- The practice had arrangements in place to respond to emergencies and major incidents, this included emergency medicines.

### Are services effective?

Requires improvement



- The management of patients with long term conditions was identified as being an area of improvement at the previous inspection. The provider had employed a team of locum nurses with experience in long term condition management. We saw evidence to support that the practice was in the progress of reviewing all patient data to ensure that accurate medical records were in place. A strategy had been implemented for monitoring patients with chronic diseases which highlighted the number of patients on the disease register and planned dates for review.
- Our findings at our most recent 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.

# Summary of findings

- There was evidence of quality improvement including clinical audit. There had been audits completed at the practice, including two cycle audits which demonstrated improvements.
- QOF results from 2014/15 showed the practice had achieved 82.8% of the total QOF points available. This was lower than the CCG average of 96.4% and national average of 98.4%. The total overall achievement for 2015/16 was unavailable. The practice told us this was due to discrepancies in the data of the previous provider.

## Are services caring?

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. However, the patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice's computer system alerted GPs if a patient was a carer. Practice data highlighted that 20 patients had been identified as carers, this represented 0.9% of the practice list. This was an improvement from the previous inspection in November 2015 where we found no system in place to identify carers and offer them additional care or support.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations.

**Requires improvement**



## Are services responsive to people's needs?

- 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 over the telephone or in person. Extended hours were not available. Results from the GP patient survey of July 2016 showed 39% of patients described making an appointment as good, this was lower than the CCG average of 75% and the national average of 73%.
- There were longer appointments available for vulnerable patients, for patients with a learning disability, 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.

**Requires improvement**



# Summary of findings

- 55% of the practice population were of Asian ethnicity and some of these patients did not speak English as a first language. To assist patients with their needs and offer support, the majority of staff were able to speak a range of languages. The practice also made use of translation services to support patients where needed.

## Are services well-led?

- The practice had a clear vision and a new strategy had been implemented to offer quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a strong leadership presence with the GP and Practice Manager and staff told us they felt supported within their roles.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the new strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of openness and honesty.
- The practice was proactively trying to seek feedback from patients and had set up a patient participation group which was in its infancy and had met once at the time of inspection.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for effective caring and responsive services; this affects all six population groups

- 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. 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, vaccinations and a dedicated phone line 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.
- The practice had identified patients in need of palliative care and had set up a palliative care register. The practice had reviewed the register and confirmed that 10 patients were appropriately included. Regular meetings with the palliative care nurse were held every month to review patient's needs.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for effective, caring and responsive services; this affects all six population groups.

- During our inspection in November 2015 we did not see evidence to provide assurance that structured annual reviews had been completed for patients, incomplete and poorly documented records had impacted on this. The new provider introduced a schedule to review disease registers and update patient's records accordingly with the practice pharmacist and nursing team. A chronic disease management recall system was also implemented to ensure patients were reviewed and monitored regularly.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For

**Requires improvement**



# Summary of findings

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 month.

- The provider had organised a review of patients with complex diabetes needs with the community diabetes service holding clinics at the practice once a month.
- The practice had introduced electrocardiograms (ECG) to assist with the detection of possible heart conditions.

## Families, children and young people

The practice is rated as requires improvement for effective, caring and responsive services; this affects all six population groups

- 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 and there were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- Appointments were available outside of school hours and the premises were suitable for children. Staff told us that if a mother required somewhere for breast feeding they would be offered a private room and information was on display advising patients that this was available. Baby changing facilities were in need of a review to ensure appropriate infection control measures were in place.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife provided antenatal care every week at the practice and the practice held monthly meetings with the health visiting team.
- The practice had a low uptake rate for childhood immunisation. Staff were actively encouraging patients to attend their appointments and had organised meetings with Sure Start for their support in promoting immunisations.
- The practice's uptake for the cervical screening programme was 70% which was lower than the national average of 82%.

**Requires improvement**



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

The practice is rated as requires improvement for effective, caring and responsive services; this affects all six population groups.

- The practice did not offer online services, but electronic transfer of prescriptions (EPS) to local pharmacies was available.

**Requires improvement**





# Summary of findings

- The nurse prescriber ran a minor illness clinic each day to support patients who did not require to see a GP.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years. Data supplied by the practice showed 216 checks had been completed in the past 12 months.
- Results from the national GP survey in July 2016 showed 56% of patients were satisfied with the surgery opening hours which were compared to the CCG average of 77% and the national average of 76%.
- The practice told us they did not offer extended hours appointments, as a survey they had completed showed majority of patients did not work and therefore the practice felt there was no need to offer this service.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for effective, caring and responsive services; this affects all six population groups

- The practice held a register of patients living with a learning disability, frail patients and those with caring responsibilities and regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments and annual health checks for people with a learning disability. Data provided by the practice showed that there were 20 patients on the learning disability register, however only one had received their annual health checks within the last 12 months. The practice told us that the current registers were inaccurate and they were inviting patients in for review to ensure they had been correctly coded.
- 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 month.
- 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 has implemented social prescribing with the support of the patient participation group chairperson to help direct patients to the most relevant social care service.

**Requires improvement**



# Summary of findings

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

The practice is rated as requires improvement for effective, caring and responsive services; this affects all six population groups.

- During our inspection we found that data from the Quality and Outcome Framework (QOF 2015/16) public website was unavailable. The practice told us that this was due to discrepancies in the practice data of the previous provider. Data provided by the practice for 2015/16 showed 60% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 97%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A community psychiatric nurse held a session every two weeks at the practice to offer support to patients with mental health needs.
- Data provided by the practice for 2015/16 showed 60% of patients on the practice's mental health register had had their care plans reviewed in the last 12 months, which was lower than the national average of 93%.

## Requires improvement



# 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 were performing lower than local and national averages for patient satisfaction. Three hundred and forty nine survey forms were distributed and 62 were returned. This represented 18% response rate.

- 40% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 40% 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 82% and the national average of 85%.
- 56% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 36% 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 76% 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 15 comment cards which were all positive about the standard of care received. Five cards expressed difficulties accessing the practice by telephone. Some of the comments received told us about the excellent service that was received and how helpful the staff were.

We spoke with four patients during the inspection including two members of the patient participation group. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, two patients commented on the difficulties in getting an appointment and accessing the practice by telephone.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to review clinical registers to ensure accuracy of data and improved outcomes for patients.
- Continue to encourage patients to attend screening and immunisations including cytology, child immunisations and cancer screening.
- Continue to monitor patient satisfaction through feedback.
- Review access to online services to improve patient's satisfaction and a practice website to guide patients on services available.

# Ambar 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 and a nurse specialist adviser.

## Background to Ambar Medical Centre

Ambar Medical Centre is located in Walsall, an area of the West Midlands. 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 had an approximate list size of 2300 patients.

The previous provider left in December 2015 and a new provider has registered with the CQC to offer regulated activities from this location since June 2016. A new team of staff have also been employed, including a practice manager, assistant practice manager, pharmacist, reception manager, nurses and receptionists. The nursing team are currently employed under a locum arrangement and consist of a nurse prescriber, practice nurse and a health care assistant.

The practice is open from 8.30am to 6.30pm Monday to Thursday and 8.30am to 12 noon on Fridays. Extended hours were not offered by the practice and the practice does not have a website. The practice is situated in a

purposed built building which is shared with another practice and pharmacy. Space and parking are limited with two consulting rooms being on the ground floor and further rooms available on the first floor, which are accessed via a lift or stairs.

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 patients from 0-18 years with 40% of the practice population being in this age group and 55% of patients of Asian ethnicity. The area served has higher deprivation compared to England as a whole and ranked at one out of ten, with ten being the least deprived. This is amongst the 20% most deprived neighbourhoods in the country.

## Why we carried out this inspection

On 4 November 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 provider was not meeting the requirements of the regulated activities and was placed in special measures. The provider left in December 2015 and a new provider registered with the CQC. This inspection on 9 November 2016 was to review if the outstanding actions identified had been implemented. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 November 2016. During our visit we:

- Spoke with a range of staff including GP, practice nurse, practice pharmacist, practice manager and reception 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.'
- Reviewed documentation made available to us?

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

At the previous inspection in November 2015, we found that the practice did not have effective systems in place to monitor safety and review incidents or identify lessons to be learnt. During this inspection we found that the practice had implemented systems to monitor safety and used a range of information to identify risks and improve patient safety. There were processes in place for reporting incidents, comments and complaints received from patients and patient safety alerts were actioned appropriately and shared with staff.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support 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 meetings to discuss incidents, significant events and any safeguarding concerns. We reviewed five significant events that had occurred between July 2016 and October 2016. We saw evidence of an error that had occurred with the vaccination fridge temperatures. These had been investigated; relevant suppliers and the clinical commissioning group (CCG) had been notified. Lessons learnt had been shared with the practice team. Significant event records were well organised, clearly documented and continually monitored.
- Patient safety alerts were reviewed and acted on. We saw evidence to confirm that alerts were sent to the relevant staff for actioning and were discussed at staff meetings.

We reviewed minutes of meetings where incidents and significant events 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 three.
- 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).
- The practice maintained appropriate standards of cleanliness and hygiene. Cleaning schedules were in place for all areas of the practice, including clinical equipment. We found that the cleaning company did not have a checklist in place to confirm that areas had been cleaned. This has been addressed by the practice and plans were in place to ensure this was actioned. COSHH (Control of Substances Hazardous to Health) guidelines were in place but we found these needed updating.
- The practice nurse was the designated clinical lead for infection control and there was an infection control protocol in place and staff received regular training. The practice nurse carried out regular infection prevention checks. We saw evidence of audits and completed checks and actions taken to address areas identified. Baby changing facilities had not been considered during the infection control audit.
- The arrangements for managing medicines, including vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

## Are services safe?

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the practice pharmacy and the local CCG pharmacy team, 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are documents (in the permitting the supply of prescription only medicines to groups of patients, without individual prescriptions). Patient Specific Directions (PSDs) and had been adopted by the practice to allow the health care assistant to administer some vaccinations. (PSDs is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by that prescriber).
- 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.
- At the previous inspection in November 2015 gaps were identified in the recruitment processes. At this inspection 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 and appropriately managed.

- There were 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 were available. The provider employed an external company to carry out annual reviews of the premises and identify actions. The last review had been completed in January 2016. The practice had up to date fire risk assessments and carried out regular fire alarm tests. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had carried out risk assessments 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 and a rota system was 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- 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 and was available on an internet application held by the GP and practice manager which could be accessed remotely.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice had commenced a programme to assess the needs of their patients and deliver 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. Due to the poor management of disease registers highlighted at the previous inspection, the provider had implemented a strategy for the monitoring of the chronic disease register. This included review dates to ensure registers were up to date with the latest clinical information for each patient.

### 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. For 2014/15 the practice had achieved 82.8% of the total QOF points available. This was lower than the CCG average of 96.4% and national average of 98.4%. The QOF data refers to the previous provider, therefore we are limiting the use of this data for this provider. The provider supplied us with the following QOF data:

Data supplied to us by the practice from April 2016 was unverified data and showed that the following results were lower than the CCG and national averages. For example:

- 74% of patients with diabetes, on the register, had a last blood pressure reading measured in the last 12 months of 150/90 mmHg or less, this was lower than the CCG and national average of 86%.
- 47% of patients with diabetes, on the register, had a last blood pressure reading measured in the last 12 months of 140/80 mmHg or less, this was lower than the CCG average of 75% and the national average of 70%.
- 69% of patients with diabetes, on the register, had a measured total cholesterol (measured within the preceding 12 months) of 5 mmol/l or less, this was lower than the CCG average of 73% and the national average of 70%.

- 60% of patients with schizophrenia, bipolar affective disorder and other psychoses who have had a comprehensive care plan documented in their record, in the preceding 12 months, this was lower than the CCG average of 87% and the national average of 78%.
- 57% of patients with schizophrenia, bipolar affective disorder and other psychoses who have had a record of blood pressure in the past 12 months, this was lower than the CCG average of 88% and the national average of 81%.

The practice had introduced a programme of regular audits supported by the practice pharmacist. We reviewed two audits where the improvements made had been implemented and monitored. For example, the practice had completed an audit to review the number of patients on the hypertension register with a blood pressure reading below 150/90mmHg in the past 12 months. The first audit in April 2016 identified 60% patients who did not have a blood pressure reading within these recommended guidelines. A re-audit carried out in October 2016 showed 74% of patients now had a blood pressure reading below 150/90mmHg. The practice has implemented a strategy for monitoring chronic disease registers in line with QOF indicators.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice had reviewed records of patients who were taking specific medicines used to treat depression and anxiety disorders. The audit was implemented to identify patients who were on a higher medication dose than the recommended guidelines. All identified patients were invited to attend for a medication review.

### Effective staffing

The provider had introduced a new team of staff to the practice including a practice manager, assistant practice manager, nursing staff and reception/administration staff. Staff demonstrated they 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 training courses. For example, nurses were supported to attend study days, such as updates on



# Are services effective?

## (for example, treatment is effective)

immunisations and cervical screening. Currently the nursing team were employed as locum staff, but the provider told us that plans were in place to make the team permanent members of staff.

- 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 revalidation. The GPs were up to date with their yearly continuing professional development requirements.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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 held palliative care meetings every month to discuss the care and support needs of patients and their families and we saw minutes in place to support this.

- When the new provider took over the running of the practice the computer system identified 22 patients on the palliative care register. The provider told us the data was inaccurate due to discrepancies in coding. The

provider had since reviewed the patients on this register and had found that 10 patients had palliative care needs. All of these patients had a care plan in place and all of the eligible patients received regular medication reviews. We saw that the patients on the register were frequently 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. This included a pilot for a social prescription service. This service had been set up with the support of the patient participation group (PPG) and the chairperson of the PPG had taken on the role of link worker. The practice had commenced two clinics each week run by the link worker who would complete a needs assessment for patients referred to the service. From the outcome of the assessment the link worker with the support of the practice would signpost patients to the relevant resources, this included social services and Sure Start. The practice planned to review the outcomes of the pilot after two months to ensure it met the needs of the practice population.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP 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 of audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

- 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 relevant services.

The practice's uptake for the cervical screening programme was 70%, which was lower 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 and 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, but results were lower than the CCG and national averages. For example,

- 44% 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 72% and the national average of 72%.

- 17% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 53% and the national average of 58%.

Childhood immunisation rates for vaccinations were unavailable on Public Health England website. The provider has identified a poor uptake on childhood vaccinations since commencing at the practice. The practice nurse sent out invitations to patients and held an immunisation clinic twice a week. Information supplied by the practice showed 13 children had been vaccinated between last week of September 2016 and first two weeks of October 2016. But between June and September 2016, 47 children did not attend their appointments, which represented 2% of the practice list. Due to the low uptake the practice engaged with the Health Visiting team and Sure Start to encourage parents to bring children to the practice.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Data supplied by the practice showed 216 checks had been completed in the past 12 months.

# 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 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the GP offered an excellent service and staff were helpful and polite and treated them with dignity and respect. Comment cards also 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 some patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs were lower than the Clinical Commissioning Group (CCG) and national averages. For example:

- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group CCG average of 88% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

Results for consultations with nurses were lower than the CCG and national averages. For example:

- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.

Results for helpfulness of receptionists were lower than the CCG average and national average. For example:

- 57% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

To improve these aspects of the service, a new nursing team had been brought in under locum arrangements. There was a nurse prescriber as the lead role to support staff with the management of long term conditions and to offer a daily minor illness clinic. The provider had also organised customer service training for reception staff to ensure staff understood how to offer support and help to patients in a professional manner.

### 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. Majority of patient feedback from the comment cards we received was positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed lower than average results to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The GP national survey results were collected during the following time periods July to September 2015 and

## Are services caring?

January to March 2016, this reflects the time period prior to the new provider's registration with the Care Quality Commission, however the new provider had reviewed the results of the survey and implemented an action plan. An in-house survey in April 2016 had also been completed, where 60 survey forms had been distributed and all had been returned. This represented approximately 3% of the total practice list. Results from the practice survey showed 82% of patients found the GP was good at listening to them and 76% felt they were given enough time.

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 and many of the staff spoke other languages.
- Information leaflets were available in easy read format and in a range of languages.

### **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 20 patients on the practice's register for carers; this was 0.9% of the practice list. This was an improvement from the previous inspection in November 2015 where we found no system in place to identify carers and offer them additional care or support. The practice had a lower than average older population with 40% of patients aged 18 years and under which was higher than the national average of 21%.

Staff told us that if families had suffered bereavement, the practice contacted the family to offer support and advice.

# 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.

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

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone and face to face.
- The practice also offered telephone consultations for patients who needed advice over the phone.
- There were longer appointments available for, carers and patients experiencing poor mental health.
- 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.
- There were translation services available and disabled facilities.
- The practice offered a variety of services including cervical screening and phlebotomy.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions and was currently reviewing the registers to ensure they were relevant to each patient.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Thursday and 8.30am to 12pm Friday. Appointments were available Monday to Friday 9am to 10.50am. Afternoon appointments were available on Monday and Tuesday from 3pm to 4.50pm, Wednesday and Thursday from 3pm to 3.50pm. Appointments on Friday morning were only available in the morning.

The practice did not offer extended hours appointments. Pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than the CCG and national average. For example:

- 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 40% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

Five of the comment cards we received detailed difficulties in getting through to the practice by telephone, which was reflected in the patient survey results. The practice had reviewed the results from the patient survey and had an action plan in place to make improvements to the current service provision. This included the installation of a new telephone system. The practice had also carried out an appointment access audit. The practice had concluded that as they had a low number of people at work the need for extended hours surgery was not viable and more appointments were needed during the day to accommodate the patient demographics. The area served has higher deprivation compared to England as a whole and ranked at one out of ten, with ten being the least deprived. This is amongst the 20% most deprived neighbourhoods in the country.

55% of the practice population were of Asian ethnicity and some of these patients did not speak English as a first language. To assist patients with their needs and offer support, the majority of staff were able to speak a range of languages. The practice also made use of translation services to support patients where needed.

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 introduced an effective system for handling complaints and concerns.

# Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice leaflet and 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 six complaints received since February 2016. These were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints. 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 were proactive in improving services and outcomes and had a clear vision to deliver high quality care and promote good outcomes for patients. The process of implementing this vision had commenced and the practice had detailed action plans they were working to in order to reach their vision. We spoke with three members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a quality service to patients.

When we inspected the practice in November 2015 there were a number of areas where improvement was required. The provider had recently taken over the contract and had registered with CQC to deliver the regulated activities. They had employed a new management team and pharmacist and had started to make the improvements and were able to demonstrate where patient outcomes had improved. The practice had clear plans in place for the services they were planning on offering to patients and we saw evidence of changes being implemented. The provider had also taken on the contract at another practice and had plans to have a management team and clinical team that supported both sites under one provider name.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Since the last inspection new practice specific policies were implemented, regularly reviewed and were available to all staff. Policies and documented protocols were well organised and available as hard copies and 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.
- An understanding of the performance of the practice was being developed and reviewed regularly with the support of the practice pharmacist and nursing team.

- There were arrangements for identifying, recording and managing risks, these had been addressed and embedded within the practice.
- 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. The practice held regular meetings; these included monthly meetings of all staff to discuss significant events, complaints and multidisciplinary (MDT) meetings. All meetings were governed by agendas and meetings were clearly minuted, action plans were produced and lessons learnt were discussed and documented.

### Leadership and culture

On the day of inspection the provider told us they prioritised safe and compassionate care. The practice manager and GP formed the management team at the practice. Staff told us that it was a team environment. Staff told us the practice manager and GP were approachable and listened to all members of the staff.

The new management team 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 with the practice manager and GP.

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.

# Are services well-led?

Good 

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

## 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 (PPG) and complaints received. The PPG was in its infancy and had only met once, it consisted of five members. We spoke with two members of the group as part of our inspection.
- Staff meetings were held every month to discuss complaints and significant events. Staff told us they had been kept up to date with the changes to the provider and developments of the practice.
- The practice manager had implemented a system for monitoring staff development and was completing regular staff reviews. 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 GP were very supportive.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff development was a priority at the practice and all staff

were commencing or attending courses to improve their personal development and support the development of the practice. For example, the reception staff had completed a course in customer service to improve efficiency of assisting patients.

The practice had implemented improvements to improve the service and monitor patient outcomes for example:

- A new telephone system was planned to improve patient access.
- New staff had been recruited which included a advanced nurse prescriber, practice nurse, health care assistant and reception staff. More appointments were available with the nurse prescriber to assist patients with minor illnesses.
- A schedule of audits had been implemented to monitor practice effectiveness and improve patient outcomes.
- A thorough review was being completed of all the disease registers to ensure patients were receiving the appropriate care.
- A system had been set up to monitor staff development; this includes training, appraisals and clinical revalidations.
- The practice had identified, and were clear about further improvements necessary to deliver quality care to patients.