

# Enki Medical Practice

## Quality Report

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

### Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

|   | Page |
|---|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 4    |
| The six population groups and what we found | 6    |
| What people who use the service say         | 9    |
| Areas for improvement                       | 9    |

### Detailed findings from this inspection

|  |    |
|--|----|
| Our inspection team                      | 10 |
| Background to Enki Medical Practice      | 10 |
| Why we carried out this inspection       | 10 |
| How we carried out this inspection       | 10 |
| Detailed findings                        | 12 |
| Action we have told the provider to take | 23 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at 11 February 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Some risks to patients were assessed and managed, with the exception of some relating to recruitment checks, management of medicines and medical emergencies as well as infection prevention and control.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they could get an appointment when needed but found the telephone appointment system confusing.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

- Ensure appropriate emergency medicines are available.
- Improve infection prevention and control (IPC) measure to stop the risk and spread of infections.
- Systems or processes must be operated effectively to ensure there are no gaps in recruitment and staffing processes.

# Summary of findings

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. There was a system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again. Infection prevention and control audits were not robust to detect and control risks related to spread of infection. There were limited emergency medicines available and an adequate risk assessment had not been conducted to determine the type of emergency medicines that should be kept.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were generally above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. The lead GP partner told us that they did not regularly have multidisciplinary meetings but worked to ensure needs of patients including those on end of life care were met through ad-hoc communication with other professionals. However, the practice confirmed after the inspection that multidisciplinary meetings took place with district nurses, health visitors, and occasion with social workers. Most staff had received training appropriate to their roles and any further training needs had been identified and planned to meet these needs. There was evidence of appraisals and personal development plans for all staff.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. The reception opened into the waiting area and we saw reception staff were caring towards patients and maintained confidentiality. Information for patients about the services available and was easy to understand. Data showed that patients rated the practice higher than others for several aspects of care.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the

Good



# Summary of findings

Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Patients we spoke with said they found the telephone system confusing but the practice had made the system simpler following feedback. Patients said that urgent appointments were available the same day. The practice was purpose built, had good facilities and was well equipped to treat patients and to meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. Staff were able to speak some of the languages spoken by patients and staff knew how to arrange a translation service where appropriate. The practice website could be translated in various languages to ensure information about services was accessible to all.

## Are services well-led?

The practice is rated as requires improvement for being well-led. There was a clear corporate vision and strategy to deliver integrated care and the some of the services offered, such as the electrocardiogram (ECG) reflected this. There was a clear central corporate leadership structure to help support the practice and staff. This was further supported by clinical and administration leadership in the practice. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. However, systems and processes were not always operated effectively to ensure there were no gaps in recruitment and staffing processes.

The practice proactively sought feedback from staff and patients, which it acted on. The practice had a patient participation group (PPG) and responded to feedback from patients about ways that improvements could be made to the services offered. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Requires improvement**



# 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 provider was rated as require improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice had carried out reviews of patients over the age of 75 years who were taking eight or more medicines.

Requires improvement



### People with long term conditions

The provider was rated as require improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of people with long-term conditions. The practice nurses had lead roles in chronic disease management. Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met. For those patients with the most complex needs, the clinicians worked to meet their needs working with other relevant health care professionals where appropriate. This included specialist clinics for more complex patients such as the electrocardiogram (ECG) service. One of the GP partners told us that a salaried GP had an interest in cardiology and they were planning to offer a wider service for these groups of patients.

Requires improvement



### Families, children and young people

The provider was rated as require improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and

Requires improvement



# Summary of findings

young people who had a high number of A&E attendances. Staff had access to safeguarding folders in the reception with contact details for the relevant safeguarding team. Same day appointments were available for children and appointments were available outside of school hours. The practice building was purpose built and was suitable for children and babies. We saw parents with pushchairs were able to access the practice and there was adequate space in the reception area.

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

The provider was rated as require improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered online services and telephone consultations as well as a full range of health promotion and screening that reflected the needs of this age group. For example, the provider had developed a smart phone application where patients could use to make appointments, order repeat prescriptions, access self-help guides as well as provide real time feedback.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The provider was rated as require improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice had a large register of substance misuse patients and three drug workers were assigned to the practice. The drug workers were based in the practice and they told us that they worked closely with the practice to improve outcomes for these patients. The practice also had a large number of mental health patients registered. Because the community mental health team was also located in the same building, this facilitated better care for these patients. One of the Advanced Nurse Practitioner (ANP) was trained in substance misuse and the lead GP had also attended further training in primary mental health care. Vulnerable patients were discussed at regular practice and staff knew how to recognise signs of abuse in

**Requires improvement**



# Summary of findings

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.

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

The provider was rated as require improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice utilised local services for counselling support such as Healthy minds. Patients were also signposted to a variety of groups and voluntary organisations for self-referral. Those with more complex mental health needs were referred into the local community mental health services who were housed within the same building helping to better facilitate this process. The lead GP had also attained advanced University certificate in Primary Mental Health Care. There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice performance was mixed in comparison with local and national averages. Of the 409 survey forms that were distributed 74 were returned. This represented an 18% completion rate.

- 52% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 85%).
- 62% described the overall experience of their GP surgery as fairly good or very good (CCG average 63%, national average 73%).
- 65% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 65%, national average 78%).

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Most of the comments cards stated that they had received an excellent service from the GPs and the practice.

We spoke with six patients including a member of the Patient Participation Group (PPG) during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. Some patients also stated that they found the telephone appointment system a little confusing. The practice also carried out the friends and families test. The practice had displayed its performance of the friends and family test from November 2015 to January 2016. We saw that 515 patients were extremely likely to recommend the practice to their friends and family. Also, 284 were likely to recommend, 51 were either likely or unlikely, and 68 were unlikely.

## Areas for improvement

### Action the service MUST take to improve

- Ensure appropriate emergency medicines are available.
- Improve infection prevention and control (IPC) measure to stop the risk and spread of infections.
- Systems or processes must be operated effectively to ensure there are no gaps in recruitment and staffing processes.

# Enki Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Enki Medical Practice

Enki Medical Practice provides primary medical services to approximately 7750 patients in the local community in Lozells in Birmingham. The practice is part of a corporate partnership and one of the partners (female) worked at the practice. Five salaried GPs (three male and two female) worked part time at the practice. The GPs are supported by a two Advanced Nurse Practitioners (ANPs), two practice nurses and two health care assistants. The non-clinical team consists of an administrative and reception staff and a practice/operations manager and deputy practice manager. The governance and quality team as well as other functions (such as the finance team) of the corporate partnership were also housed in the practice building.

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. Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract.

The practice opening times are 8am to 6pm Mondays, Tuesdays and Fridays. The practice closes at 1pm on Wednesdays. On Thursdays the practice provides an extended hours service till 8pm.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by the external out of hours service provider when the practice is closed including Wednesdays when the practice closed for the afternoon.

Home visits are available for patients who are unable to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book new appointments without having to phone the practice. The corporate provider has developed a smart phone application for making appointments and requesting repeat prescriptions as well as to provide feedback of their experience.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 February 2016. During our visit we spoke with a range of staff including the deputy practice manager, the governance and quality manager, members of the central corporate administration team as well the practice reception staff. The practice/operations manager was on leave at the time of our inspection. The clinical staff members we spoke with included the lead GP partner at the practice, as well as a salaried GP. Other members of the team included Healthcare assistants and nurses. We also spoke with members of other services that were located within the building such as the drug workers assigned to the practice.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. A staff member we spoke with told us about a specific incident that had occurred recently. They told us that they had completed an incident form and had discussed the incident at the reception team meeting. We saw that the practice had a significant event monitoring policy with a template. The practice had recorded eight incidents from June 2015 and where appropriate learning had been discussed and change in practice implemented. For example, an incident from November 2015 showed that there was a mix-up with a vaccination of a patient. The practice took steps to contact the patient and their family and explained the incident and apologised to them. Changes to the way patients were booked for appointments were also made.

The practice also shared many of the incidents at the practice with the Clinical Commissioning Group (CCG) using an electronic system. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

### Overview of safety systems and processes

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. All staff had access to policies and protocols. For example, reception staff showed us two folders for safeguarding children and adults with relevant policies. 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 and all staff we spoke with were aware of who it was. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. We saw an example where appropriate advice was sought.

Notices in the reception areas and consultation rooms we looked at 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.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the healthcare assistants (HCA) was the practice infection control lead. The practice was unable to provide us with evidence of their training and suitability to the role on the day of the inspection. However, after the inspection we were sent a training certificate but were unable to determine the date of the training. The local CCG held regular IPC link worker training but we were told by the practice that the HCA did not attend as they did not meet the criteria set by the CCG. However, we were told by staff that the CCG had changed its criteria and the HCA would now be attending meeting with other local infection prevention leads. We were also told that another nurse at a nearby practice that was part of the corporate partnership acted as a 'buddy' for the HCA to lead on IPC issues.

We saw that the IPC lead undertook monthly checks of the practice premises such as consultation rooms and reception areas to identify any issues. We saw that the checks had identified a treatment rooms as being carpeted. We spoke with one of the GP partners who told us that they planned to change the carpeting of the practice including the treatment room and consultation rooms. We saw that some treatment rooms had adequate flooring that would facilitate effective cleaning. Although, these IPC checks were being undertaken regularly they had not identified all issues. For example, we saw that the flooring in one of the patient toilets needed to be repaired as it compromised effective cleaning and this was not identified in the audits.

Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. However, we saw six PGDs that had not been by appropriately signed by management. After the inspection the practice had sent us copies of signed PGDs.

We reviewed four personnel files to check if appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate

## Are services safe?

professional body and the appropriate checks through the Disclosure and Barring Service. Although most recruitment information was available some was missing. For example, the practice could not confirm if medical indemnity for a GP was in place.

### Monitoring risks to patients

There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and 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 that enough staff were on duty. Within the corporate provider each location had a nearby 'buddy' practice. In the event of unplanned absence other staff members could cover. The practice also had access to locum clinical staff. We were told that one of staff members from the practice was helping out at the 'buddy' site currently.

### Arrangements to deal with emergencies and major incidents

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

Staff members we spoke with told us that there was an alert system on all computers which when activated will inform all computers in the practice of an emergency.

The practice did not stock any emergency medicines apart from adrenaline which could be used for anaphylactic shock. We spoke with a GP partner who told us that they had conducted a risk assessment to identify a list of medicines that were **not** suitable for a practice to stock. However, the practice was unable to present the risk assessment to us when asked on the day of the inspection. The GP partner also told us that because there was a chemist located in the same building they could acquire emergency medicines when needed. As part of the emergency medicines kit the practice held a portable medical oxygen cylinder and an Automated External Defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. We saw records that showed they were checked to ensure they were in good working order and were in date. However, these checks were not regular because records showed that checks were undertaken in June 2015, and then checked again in December 2015 and January 2016. Emergency medicines and equipment should be checked regularly. Furthermore, these checks were not robust because we found two syringe needles in the emergency drugs kit that had expired in June 2014.

# 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. We spoke with one of the GPs who demonstrated how they accessed and used guidance including NICE. The practice was part of a corporate GP partnership that operated across 13 different locations in Sandwell and Birmingham and the use of NICE guidance was monitored centrally by relevant lead GPs within the partnership.

The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included reviewing discharge summaries following hospital admission to establish the reason for admission. A healthcare assistant called patients following discharge so that arrangements could be made to review and develop care plans. This was to ensure patient needs were being met which assisted in reducing the need for them to go into hospital.

Data we looked at showed the number of emergency admissions with cancer was lower than the national and CCG average. We saw also that the practice referral for cancer which resulted in detection and treatment was significantly higher than the Clinical Commissioning Group (CCG) and national averages. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services CCG and national averages.

### 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 data showed that the practice achieved 98% of the total number of points available, with 9% exception reporting. 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. The exception reporting was in line with local and national averages. 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 better compared to the CCG and national average. The practice achieved 94% of the available points for all diabetes indicators. This was 9% better than the local and 8% better than the national average.
- The percentage of patients with hypertension having regular blood pressure tests was better to the CCG and national average. The practice achievement was 85%; this was 3% above local and 2% above national average.
- Performance for mental health related indicators was worse compared to the CCG and national average. The practice value was 80%; this was 8% below local and 12% below national average.

The practice found it difficult to engage with every patient and had recently instigated a 'meeter and greeter' receptionist who had access to mobile care records (using a laptop) and was able to proactively invite patients for reviews as well as other interventions such as vaccinations. The practice hoped to further increase their QOF achievement through this pilot scheme. We spoke with the staff member who told us that they would look at the appointment system for the next day and check if any patients were due any QOF related reviews. They were then taken off their normal responsibilities to engage with patients whilst they waited for their appointments. This allowed for any follow up to be undertaken or scheduled as appropriate.

The practice had completed a number of clinical audits with evidence to confirm that these were positively influencing and improving practice and outcomes for patients. We saw evidence of completed audits where improvements were implemented and monitored. For example, the practice had conducted an antibiotic audit in January 2015. This audit looked at whether patients prescribed antibiotics met the criteria. The audit showed that the practice had made improvement since the previous audit.

The practice had also conducted audits on certain types of medicine prescribed for substance misuse patients. The idea was to reduce the dose of these medicines for those patients who were taking more than the recommended dose. Also, there were a number of patients who were

# Are services effective?

## (for example, treatment is effective)

thought to be on reducing doses but did not seem to be consistently maintaining their reductions. The first audit was conducted on May 2015 and following the audit, a meeting was held with all prescribing clinical staff in May 2015 to discuss the findings. A re-audit was conducted in August 2015 which identified some improvements as well as other identifying other actions to make further reductions such as more support for patients to facilitate reduction.

### Effective staffing

The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We spoke with a staff member who confirmed that they had received an induction when they first started working at the practice.

The practice had a training matrix to ensure mandatory training was up to date for all staff. However, this was not effective as there were gaps and it did not demonstrate current training completed by all staff. Following the inspection, the provider sent us certificates to confirm training which were identified as gaps in the training matrix.

The learning needs of staff were identified through a system of appraisals. Staff received training that included safeguarding, fire procedures, basic life support, chaperone training as well as equality and diversity. Staff had access to and made use of eLearning training modules and in-house training.

Regular staff meetings provided the opportunity to share important information with staff. The minutes showed that these meetings were detailed and covered a number of areas including significant events and complaints.

### 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, their intranet and an integrated pathology and discharge summaries system linked to the local acute hospital. This included care plans, risk assessments, medical records and results of tests and investigations. All relevant information was shared with other services in a timely way, for example when people were referred to other services. The practice had a system of a 'duty' GP or on call

GP. One of their roles was to review and action clinical letters received from other providers. The lead GP also told us that they reviewed all referral made by locum GPs to ensure they were appropriate.

There was some evidence that staff worked with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. The lead GP and a practice nurse we spoke with told us that they met frequently to discuss patients as they found this easier and more effective to do than to organise regular formal multidisciplinary meetings as attendance at these could be variable. However, we were told after the inspection that multidisciplinary were held submitted minutes of meetings as evidence.

The practice used a dashboard system (governance data pack) from the central management team from the corporate partnership. The data pack was RAG (Red, Amber and Green) rated with actions points. For example, looking at the practice performance for reviews of patients with specific conditions or on long term medicines. These allowed the practice to further monitor and improve patient outcomes.

### 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. A GP we spoke with confirmed that they had received training in mental capacity and told us that they advised early dementia patients to consider lasting power of attorney.

The GPs we spoke with demonstrated an understanding of the importance of determining if a child was Gillick competent especially when providing contraceptive advice and treatment. A Gillick competent child is a child under 16 who has the legal capacity to consent to care and treatment. They are capable of understanding the implications of the proposed treatment, including the risks and alternative options. A GP we spoke with told us that consent was recorded on the patient notes and an alert put on the screen if relevant.

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking cessation and sexual health advice.

The GP partners told us that they had one of the largest lists (130, at the time of inspection) of patients with Substance Misuse problems along with other social and psychological problems within the CCG area. There were three drug workers that were assigned to the practice. We spoke to one of the drug workers on the day of the inspection and they told us that they worked well with the practice and had a close working relationship with them to meet patient needs. One of the salaried GP was trained in substance misuse. The lead GP and one of the ANPs were also trained to an enhanced level for substance misuse.

The Community Mental Health Team was also located in the same building which facilitated better management of these patients, especially as many of the substance misuse patients had other complex physical and psychological issues. The lead GP had also completed a certificate in Primary Mental Health Care.

Many of the patients registered at the practice were of south Asian heritage who were known to have a higher prevalence for diabetes. The practice offered regular weekly diabetes clinic run by one of the practice nurses and the Healthcare Assistant (HCA). They were supported by a GP and an Advanced Nurse Practitioner (ANP). Patients were also signposted to other organisations such as the XPERT diabetes education programme.

The practice had an electronic screen with health promotion information such as the benefits of exercise. There were also posters and practice leaflets with details of services for patients to access including a range of self-referral service such as sexual health, smoking cessation and mental health services.

The practice had a comprehensive screening programme. Data showed that the practice's uptake for the cervical screening test over the last five years was 81.4% which was better than the CCG average and in line with the national average. There was a system in place to recall and follow up patients who did not attend for their cervical screening test. Findings were audited to ensure good practice was being followed.

Childhood immunisation rates were mostly in line with CCG averages. For example, childhood immunisation rates for the vaccinations given to under one year olds was 89%, two year olds ranged from 80% to 89%. Vaccinations for five year olds ranged from 86% to 91%. These values were comparable to the CCG values.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on 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. We saw that many of the patients knew the staff well and vice versa. Patients we spoke with also were positive about the staff and told us they were helpful and courteous.

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 we spoke with were aware when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said the service offered was excellent and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients including a member 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. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 81%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)

- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 91%).
- 87% said they found the receptionists at the practice helpful (CCG average 81%, national average 87%)

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

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

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

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%)
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%)

The practice was located in a very deprived area and the lead GP told us that a significant number of their patient population were transient. For example, they told us that in 2013 they had received the most requests for polish translators. However, for 2016 Arabic translators were most requested while the request for Polish translators had decreased to the sixth most requested. To further emphasis this, the lead GP pointed out that in 2013 the request for Arabic translators was very minimal. Some of the staff including the GPs also spoke some of the languages spoken by patients. They included Punjabi, Urdu and Bengali. The practice website could also be translated into various languages so that it was more responsive to the needs of its patient population.

## Are services caring?

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them referred them to other services such as Cruse. A GP we spoke with told us of another service (Edward's Trust) which they felt provided a useful service for patients who had lost children.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. For example, the practice was part of a corporate provider and patients had access to specialist GPs in Dermatology, Rheumatology, Musculoskeletal and Gynaecology. One of the GPs at the practice had a specialist interest in Cardiology. The corporate partnership was looking to develop a cardiology service within practice and was currently offering an in house Electrocardiogram (ECG) service. ECG equipment helps to record electrical activity of the heart to detect abnormal rhythms and the cause of chest pain. Patients also had access to on-site spirometry services for patients with respiratory conditions and phlebotomy services (blood taking) which allowed care closer to home.

There were three drug workers based at the practice and although the practice did not provide the service, the practice hosted the drug workers who provided a service to many of the patients registered with the practice. Other services were also based in the same building such as the community mental health service.

The practice offered extended hours on a Thursday until 8pm for working patients who could not attend during normal opening hours. There were longer appointments available for people with a learning disability. Online booking was available as well as home visits for older patients or patients who would benefit from these. The corporate provider had also developed a smartphone application to help book appointments as well as to provide further information on services.

The practice building was located in a purpose built building with disabled facilities as well as a hearing loop. All consultation rooms were on the ground floor and the reception area was large and spacious making access with a push chair or a wheel chair easier.

### Access to the service

The practice was open between 8am and 6pm Tuesdays, Thursdays and Fridays. On Mondays the practice opened at 9am and closed at 6pm. On Wednesdays the practice opened at 8am but closed at 1pm.

Patients were able to have consultations in person or take advantage of a range of other ways to seek advice including online, telephone and by skype.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 52% patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).
- 55% patients said they always or almost always see or speak to the GP they prefer (CCG average 47%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them. However, some patients also told us that they found it difficult to get through to the practice on the telephone. Some patients also stated that they found the telephone system confusing. This aligned with the GP patient survey above where the practice performed worse than the local and national averages.

The practice told us that they had a dedicated call centre based at the practice that triaged all calls. We saw that there was a dedicated call centre with 13 call handlers on the day of the inspection. We were also told that the practice was a hub for four other practices within the corporate partnership. We saw work was underway to increase the size of the call centre so that calls for other practices within the corporate partnership could also be handled. However, the practice had received feedback from patients that the process of getting through to the practice via the call centre was confusing. In response the practice had simplified the process by minimising the number of options on the system. Some of the patients we spoke with on the day acknowledged that the system had become more user-friendly. One of the GP partners we spoke with explained that the purpose of the call centre was to offer better access and flexibility but this was a period transition for patients as they were getting used to the new system.

# Are services responsive to people's needs?

(for example, to feedback?)

## **Listening and learning from concerns and complaints**

The practice had a policy 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 manager received and responded to all complaints. In the absence of the practice manager the deputy practice manager was responsible for responding to complaints. The responsibility for investigating and responding to complaints was the lead

GP partner and the practice manager. We saw that information was available to help patients understand the complaints system and staff we spoke with knew the process to follow when a patient wanted to make a complaint. The practice investigated complaints and discussed learning through staff meetings.

The practice had received 17 complaints for 2015 and where appropriate action was taken and learning shared.

# Are services well-led?

Requires improvement 

(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 excellent care every time in a variety of ways. A poster of the vision statement was displayed in the reception waiting area. Staff members we spoke with told us that they had been consulted on the mission statement when it was developed.

The practice had a robust strategy and processes were in place that reflected its vision. For example, the practice vision was able to deliver healthcare advice in a range of ways including online, telephone and by skype. Systems were in place for the practice to deliver that vision.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. The operational management team for the corporate provider met regularly to discuss issues affecting all the practices. This team included practice managers, the governance and quality manager from the central operations team as well as other members from the same team. The clinical management team for the corporate provider met regularly and the practice also held its own clinical meetings as well as practice meetings to discuss issues related specifically to the practice.

The practice had a comprehensive understanding of the performance of the practice because the corporate provider team released a RAG (red, amber and green) rated dashboard identifying areas for improvement. This allowed the practice to focus on areas of weakness.

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The lead GP was responsible for clinical issues and the practice manager was responsible for day to day running of the practice. There was an assistant practice manager and the governance team for the corporate partnership were also based in the same building.

A programme of continuous clinical audits and internal checks were used to monitor quality and to make improvements.

Although there was a governance structure in place there were gaps in the process. For example, checks such as the

infection prevention needed to be more robust. Adequate checks were not in place for emergency medical equipment. There were also some gaps in recruitment and staffing processes. For example, the practice could not confirm the indemnity status of a GP.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to deliver high quality care. The practice had a corporate team to support its aim of delivering its vision of care. Staff told us and records we looked at showed that regular team meetings were held. Staff also told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. Staff said they were confident in raising any issues and felt supported if they did. There were protected learning events held in house six monthly as well as those held by the Clinical Commissioning Group (CCG) to support staff learning and development.

Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice and this was encouraged so that opportunities for improvement could be identified.

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

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

Feedback from patients was gathered through the Patient Participation Group (PPG) and through surveys and complaints received. The practice PPG also met with other PPGs within the corporate partnership. We spoke with a PPG member on the day of the inspection and they told us that the practice listened to any suggestions made by the PPG. The last PPG meeting at the practice was held in February 2016 where issues regarding telephone access was highlighted and discussed. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

The practice also monitored the national GP patient survey as well as feedback from the NHS friends and family test. We saw that the practice displayed its performance of the friends and family test from November 2015 to January

# Are services well-led?

Requires improvement 

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

2016. We saw that 515 patients were extremely likely to recommend the practice to their friends and family. Also, 284 were likely to recommend, 51 were neither likely nor unlikely, and 68 were unlikely.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. One of the GP had an interest in Cardiology and was due to complete a diploma in June 2016. They supported and answered queries from other colleagues within the partnership.

Furthermore, the practice planned to develop and offer a specialist cardiology clinic in the future. The practice team was forward thinking and was undertaking pilot schemes to improve outcomes for patients in the area. For example, they had instigated a 'meeter and greeter' receptionist who had access to mobile care records (using a laptop) and was able to proactively invite patients for reviews, vaccinations near patient testing etc. The practice hoped to implement this in other practices within the corporate partnership after trialling at this practice.

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<br>Family planning services<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><b>How the regulation was not being met:</b><br>The registered person must ensure persons providing care or treatment to service users have the competence to deliver care. The registered person must ensure appropriate emergency medicines are kept in the practice through adequate risk assessments. Risks to the spread of infections are detected and prevented or controlled.<br><br>This was in breach of regulation 12 (2) (c) (g) (h) |
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><b>How the regulation was not being met:</b><br>Systems or processes must be operated effectively to enable the registered person to keep all current and relevant records of persons employed in the carrying on of the regulated activities.<br><br>This was in breach of regulation 17 (d) (l)  |