

Surgery Aubery Road

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Requires improvement 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Surgery Aubery Road on 17/07/2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvements are to:

- review patient responses to the patient survey so as to identify areas for further improvement and monitoring.
- Review arrangements for telephone access in line with feedback from patient survey

Dr Janet Williamson

Deputy Chief Inspector of Primary Medical Services and Dentistry

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Regular meetings were held where topics such as significant events, drug and safety alerts, clinical updates, prescribing, new cancer diagnoses and review of patient deaths were discussed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice higher than others in the locality as regards getting

Requires improvement



Summary of findings

through on the phone and making an appointment but lower than others for several aspects of care including explaining tests and treatment and involving them in decisions about their care.

- There had been no internal surveys or action plans to address the low scores on the GP patient survey.
- Survey information and feedback from patients showed that patients said they were treated with compassion, dignity and respect and the GP gave them enough time and was good at listening to them.
- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We also saw that the provider had made significant improvements to the practice for example, in improving outcomes for patients with long term conditions.
- The practice had identified 2% of their patient population as carers but felt this was an area they could further improve on.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice actively participated in the Aspiring for Clinical Excellence programme with the CCG and was working to improve the management of long term conditions within the community.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from six examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour and we saw evidence that the practice complied with these requirements.
- The practice had recently become part of The Modality Partnership, a GP organisation operating across multiple sites predominantly in the Midlands, and the new organisation encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice had begun to engage with a newly formed patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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 good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage patients who may need palliative care as they were approaching the end of life. It involved patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For instance, PrimeCare, the out of hours provider were provided with details of all palliative care patients so that they could be assisted as quickly as possible. These details were checked and updated monthly.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice also regularly met as part of a multi-disciplinary team to discuss and review the care of those with end of life care needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice operated specialist clinics to review and monitor patients with specific long term conditions such as diabetes, hypertension, asthma and COPD.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Good



Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health. All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Medication reviews were undertaken whenever patients with long term conditions were seen.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Patients told us, on the day of inspection and via comment cards, that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were always available on the day for children under the age of 5 and also available outside of school hours. The premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group by the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours were available on Tuesday evening until 7:30pm.
- The practice was proactive in offering online services, including booking of appointments and ordering of repeat prescriptions, as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice would register patients living in vulnerable circumstances including homeless people and travellers.
- A register was kept of 19 patients with a learning disability and health reviews were being offered to all those patients on the list. Since April 2017 nine patients had received a health check. Patients with a learning disability were also offered guidance, signposted to support groups and offered them the influenza vaccination each year.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 had identified 2% of their patients as carers and maintained a register.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

Good



Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff spoken with had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published on 7 July 2017. The results showed the practice was performing slightly below local and national averages. 376 survey forms were distributed and 66 were returned. This represented 2.5% of the practice's patient list.

- 71% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 82%.
- 64% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 48% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards of which were 42 positive about the standard of care received. 4 were slightly less positive and centred around GP availability.

We spoke with four patients during the inspection. One patient commented that they waited too long before they were seen. All patients we spoke with, and the comment cards returned, provided positive feedback about the care they received. They stated that staff treated them with respect. Overall comment cards commented that reception staff were polite, helpful, approachable, committed and caring.

Surgery Aubery Road

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Surgery Aubery Road

Surgery Aubery Road is located in Small Heath, Birmingham. It is an inner city practice in an area of high deprivation and moderate unemployment. The patient list of 2,700 is a multi-ethnic group predominately of South Asian origin and, as such, there is a high prevalence of diabetes. The practice located within the Birmingham Cross City Clinical Commissioning Group (CCG) and holds a General Medical Services (GMS) contract with NHS England.

The practice has a higher than average proportion of registered patients aged from 0 to 44 years old who are predominantly male. Conversely there is a lower than average proportion of registered patients aged from 44 to 85+ years for both sexes.

The practice had become part of The Modality Partnership, a corporate partnership provider in April 2016. Modality Partnership has a number of GP partners with two being based at Surgery Aubery Road, one of whom is in the process of retiring. At the time of the inspection the GPs were being supported by a Practice Operations Manager and other supporting staff including one practice nurse, one healthcare assistant and four reception/administrators.

The nursing staff carry out reviews of patients who have long term conditions such as asthma and hypertension. They also provide cervical screening, immunisations and blood pressure monitoring services.

There is a small parking area at the rear of the practice that is usually used by staff but there is accessible parking on the surrounding roads. The premises are step free and suitable for access by wheelchair users. There is a toilet that is adapted for use by people who have restricted mobility.

The practice is open from 9am until 1pm and 2:30pm to 6:30pm every weekday with reception staff present to deal with patients requests and queries. Phone lines are open 9am to 1pm and from 4:30pm to 6:30pm on Monday, Tuesday, Wednesday and Friday whilst on Thursday the lines are open between 9am and 1pm. Core hours are between 8am and 6:30pm and if the practice is closed between these hours, GP services are provided by PrimeCare. The practice has opted out of providing GP services to patients out of core hours and during these times, there is a recorded message giving out of hours' details. The practice leaflet includes contact information and there are out of hours' leaflets in the waiting area for patients to take away with them.

Requests for home visits are assessed by telephone to enable GPs to prioritise which patients should be visited first.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 17 July 2017. During our visit we:

- spoke with a range of staff, including GPs, a nurse, an HCA, three reception staff and the Practice Operations Manager. We also spoke with patients who used the service.
- observed how patients were being cared for in the reception area and talked with carers and/or family members

- reviewed a sample of the personal care or treatment records of patients.
- reviewed 46 comment cards where patients and members of the public shared their views and experiences of the service.
- inspected all areas within the practice
- looked at information the practice used to deliver care and treatment plans.

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?

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- 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).
- From the sample of eight documented examples which occurred during the last 12 months we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an urgent referral had not been received by the hospital. This had led to a new procedure being adopted by the practice which required the reception staff to contact the hospital to ensure it has been received, and that an appointment had been offered to the patient.
- The practice also monitored trends in significant events and evaluated any action taken. Significant event logs were examined and minutes from meetings were seen and evidenced that learning points and action points were being shared with staff.
- Medicines and Healthcare products Regulatory Agency (MHRA) alerts were received corporately by Modality and then distributed to the Practice operations Manager with details as to the appropriate action to take. These actions would include details as to which cohort of patients to search and the actions to be taken once the searches had been run. These emails would be stored on a central server and examples were seen to evidence that this process was working and that results of actions

undertaken were recorded. For example, recent action taken as a result included 10 patients being identified following an MHRA alert into long term quinine prescribing. All were asked to take a treatment break.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements with policies being accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Due to the changes in GP partners, the practice nurse was the lead member of staff for safeguarding. From a sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff spoken with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three as was the Practice Nurse.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Two IPC audits had been undertaken in 2017 and mini audits were carried out on a monthly basis. We saw evidence that action was taken to address any improvements identified as a result. This included the replacement of a couch along with other items and included some redecoration being part of a longer term action plan.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Several sets of records for various high risk medications, including warfarin, methotrexate, azathioprine and lithium were checked and all the associated blood tests were complete and up to date. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and Patient Specific Directions from a prescriber were produced appropriately.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).
- All electrical and clinical equipment was checked and calibrated annually, most recently in January 2017, to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings and the risk assessment for this was carried out in March 2016. This highlighted an issue with the hot water boiler which was subsequently replaced with a combi boiler.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Rotas were in place for each staffing group to show that enough cover was in place each day. Staff told us they worked flexibly covering for each other when they were on leave or when staff were unexpectedly on sick leave.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents:

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

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety:

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment, carried out in November 2016, and also held fire drills with the last one taking place in February 2017. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015-2016) were with the previous provider and showed achievement of 94.4% of the total number of points available compared with the clinical commissioning group (CCG) average of 95.3% and national average of 95.4%. The clinical exception rate at 2.9% was 4% below both the CCG and national averages.

Data from 2015-2016 showed:

- Performance for diabetes related indicators was 78.5% which was 12.5% below the CCG average and 11.4% below the national average.
- The practice, at 88% was also below the CCG (96.3%) and national averages (96.6%) for dementia, but scored 100% for depression placing it 11.5% above the CCG and 7.8% above national averages.
- Performance for mental health related indicators was 97.3% which was 5.4% higher than the CCG and 4.4% above national averages.

Although data for 2016-2017 hasn't yet been verified and published, the practice was able to evidence an improvement in the overall QOF figure which had now reached 98.8%. Along with the improvement in the overall QOF figure we were shown unverified data from the clinical system which evidenced an increase in both the diabetes

and dementia domains to 95.8% and 100% respectively. The practice, however, was intent on improving all figures during the 2017-2018 year by more active recall programmes.

There was evidence of quality improvement including clinical audit:

There had been six clinical audits commenced in the last twelve months, five of these were completed audits where the improvements made were implemented and monitored.

- Findings were used by the practice to improve services. For example, an audit was undertaken on Aspirin prescribing in Type 2 Diabetes Mellitus. 152 patients were on repeat aspirin and of these, 43 had diabetes with no code for CHD/Stroke/PVD. All of these records were individually reviewed. A total of 4 patients were found to have valid reasons with the rest having been started for primary prevention when guidance advised this. The relevant read codes were then added to the patient records and when the audit was repeated 8 weeks later only the 4 patients with valid reasons were found.
- The practice participated in local audits, national benchmarking, accreditation and peer review. QOF and Modality Partnership benchmarking was used to monitor the practice's performance. These were discussed at Modality Clinical Management Group meetings and changes identified by the data were shared.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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.
- Staff administering vaccines 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- 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.
- 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.
- GPs and the practice nurse understood the need to consider Gillick competence and Fraser guidelines when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were kept under review with additional support being provided as and when required.

The practice had a comprehensive screening programme. The most recent published data showed that:

- The practice's uptake for the cervical screening programme was 87.4%, which was above the national average of 81%. The exception rate at 6.8% was 0.3% below the national average.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/ national averages.
- 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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Staff were very attentive to patients, speaking calmly and quietly to patients both attending at the reception desk and on the telephone.
- Patients told us they found the staff very kind, welcoming and always willing to help. They said they were always treated with respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of the 46 patient Care Quality Commission comment cards we received, 42 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 4 patients who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national 2015-2016 GP patient survey showed how patients felt they were treated with compassion, dignity and respect. The practice was below local and national scores for patients satisfaction on consultations with GPs and nurses. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 86%.
- 74% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.

- 62% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice was aware of data from 2015-2016 showing its scores to be below the CCG and national averages but were keen to point out that since the changes in ownership of the practice, things had been improving. There were, however, no practice surveys to show improvement or action plans to address the low scores.

Improvements in patient satisfaction was evidenced by the positive comment cards we received but results from the 2016-2017 survey continued to show it performing in some areas below the CCG and national averages. For example:

For example:

- 81% of patients said the GP was good at listening to them compared with 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 86% and the national average of 86%.
- 87% 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%. 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 74% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 75% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 91%.
- 73% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 93% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 65% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87%. This was an area that the Practice Operations Manager had identified and training had been put in place to improve this.

Are services caring?

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals with staff being aware of capacity as covered by the Mental Capacity Act as well as Gillick competency.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

- Information leaflets were available in easy read format.
- The e-referral service was used with patients as appropriate. (e-referral is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 54 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were offered timely and appropriate support including flu vaccinations when appropriate.

Staff told us that the practice did not routinely call families when they experienced bereavement. They would however refer patients to support organisations such as CRUSE and other support groups.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as non NHS vaccines being available privately or by referral to other local travel clinics.
- There were accessible facilities available, which included a hearing loop, and interpretation services.
- All patients had a named GP.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that, where appropriate, patients with a disability received information in format that would be beneficial and receive appropriate support to help them to communicate if necessary.
- As Surgery Aubery Road was part of the Modality Group, patients were able to access services such as rheumatology (treatment of arthritis) and dermatology (for the treatment of skin, nails and hair and its diseases). Surgery Aubery Road was now beginning to see a reduction in referrals to secondary care for new referrals and in follow up appointments. Patients benefited from services offered to them which were closer to their own homes.

Access to the service

The practice is open from 9am until 1pm and 2:30pm to 6:30pm every weekday with reception staff present to deal with patients requests and queries. Phone lines are open

9am to 1pm and from 4:30pm to 6:30pm on Monday, Tuesday, Wednesday and Friday whilst on Thursday the lines are open between 9am and 1pm. Core hours are between 8am and 6:30pm and if the practice is closed between these hours, GP services are provided by PrimeCare. The practice has opted out of providing GP services to patients out of core hours and during these times, there is a recorded message giving out of hours' details. The practice leaflet includes contact information and there are out of hours' leaflets in the waiting area for patients to take away with them.

In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them.

Results from the 2016-2017 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mostly comparable to local and national averages.

- 63% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%. Since becoming part of the Modality Group, the management were aware that dissatisfaction with the closing of the phone lines between 1pm and 4:30pm was a cause of concern for the patients and discussions were underway with staff so that uninterrupted phone access could be provided.
- 67% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 84% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 72% of patients said their last appointment was convenient compared with the CCG average of 75% and the national average of 81%.
- 64% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 47% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system to assess:

Are services responsive to people's needs?

(for example, to feedback?)

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

All visit requests were assessed by GPs as they were received, to allow for an informed decision to be made on prioritisation according to clinical need. 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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- 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. The practice's information leaflet included details on reporting concerns to the practice as well as to external organisations

We looked at six complaints received in the last 12 months and found that complaints had been dealt with appropriately and in a timely way. Lessons were learned from individual concerns and complaints and also from analysis of trends, and action was taken as a result to improve the quality of care. For example, incorrect medication had been prescribed by a locum GP which was promptly dealt with and new checking procedures put in place.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had been through a period of significant change in becoming part of a corporate provider when they merged with the Modality Partnership. We looked at the providers statement of purpose which detailed the aims of the Modality Partnership:

- To deliver exceptional patient care
- To provide patients with greater access to care through a choice of centres
- Develop and sustain a learning environment
- To be recognised as an employer of excellence
- To demonstrate excellence in all business practices
- To provide and look for opportunities for business growth.

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For instance the practice nurse was the lead for infection control and safeguarding.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Practice meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The practice was part of a provider partnership having joined the Modality Partnership in April 2016. They told us they had plans to consolidate their partnership with Modality and establish corporate ways of working with other members. The practice recognised that the process of change had brought about new systems, procedures and new ways of working for all staff. This had resulted in some anxieties within the staff team. During the inspection the clinical staff and the Practice Operations Manager demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care
- They were 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)
- They encouraged a culture of openness and honesty.

Staff confirmed that there was an open culture within the practice and they had the opportunity to raise any issues at any time and at their regular team meetings. Staff told us that management were approachable and always took the time to listen to all members of staff whatever their role.

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

Although the practice was aware of the poor results from recent GP Patient Surveys and the need to use this data to aid their business improvement, the practice had not yet put any significant plans in place on how to improve these results.

The practice did seek feedback from patients and staff in other ways, such as:

- Patients, through the recently formed patient participation group (PPG)
- the NHS Friends and Family test
- complaints and compliments received

Are services well-led?

Good 

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

- staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that since the acquisition by Modality they felt more involved in how the practice was being run. This was because of the more open management approach.

Feedback from the 2015-2016 showed that 84% of respondents found it easy to get through to the surgery by phone but by the time the results of the 2016-2017 survey had been published this had dropped to 67%. This might

be as a result of the practice closing it's phone lines between 1pm and 4:30pm and the practice should give consideration to reviewing this in light of theses figures and feedback from some of the comment cards.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local and corporate pilot schemes to improve outcomes for patients in the area.