Yew Tree Healthy Living Centre

Quality Report

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

Ratings

Overall rating for this service	**Requires improvement**
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Requires improvement**
Are services responsive to people's needs?	**Requires improvement**
Are services well-led?	**Inadequate**

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Yew Tree Healthy Living Centre on 4 May 2016. Overall the practice is rated as requires improvement.

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

- There was a system in place for recording significant events and staff understood their responsibility to raise concerns.
- The practice was not operating an effective system for the management of incoming clinical correspondence and the management of pathology results.
- During the inspection we found that there were inconsistencies in the frequency of reviews for high risk medicines.
- A programme of clinical audits was undertaken across the three practices the provider managed, to improve patient care and outcomes.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- We observed that the receptionist was courteous and helpful to patients attending both at reception and on the telephone.
- The national GP survey data was low compared to the national average for access to appointments, and the ability to get through to the practice via the telephone. The practice manager had recently accessed the national GP patient survey, but had yet to take any action to address the issues identified.
- The friends and family survey undertaken by the practice only ascertained if patients were aware of this survey.

The areas where the provider must make improvement are:

- The provider must actively seek and act on views of people who use the service, about their experience and quality of the care and treatment delivered.
- The provider must review their governance arrangements to ensure effective systems and processes are operated with regards to pathology results and high risk medicine reviews.

Summary of findings

The areas where the provider should make improvement are:

- The provider should promote attendance of GPs at key meetings.
- The provider should consider how they identify carers in order to offer support.
- The provider should continue to monitor the numbers of staff, to ensure that they are able to meet the needs of the people using the service
- The provider should ensure that GPs maintain a comprehensive understanding of the performance of the practice and outcomes for patients.

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?

Requires improvement

The practice is rated requires improvement for providing safe services

- There was s system in place for recording significant events and staff understood there responsibility to raise concerns.
- The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The premises were visibly clean and tidy
- During the inspection we found that the practice was not operating an effective system for the management of incoming clinical correspondence, and the management of pathology results.
- We found that there were inconsistencies in the frequency of reviews for high risk medicines.

Are services effective?

Requires improvement

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

- Data showed patient outcomes were low compared to the national averages.
- Clinical staff's knowledge of and reference to national guidelines was inconsistent.
- A programme of clinical audits was undertaken across the three practices the provider managed,to improve patient care and outcomes.
- Multidisciplinary working was taking place but record keeping was not comprehensive.
- Staff had appraisals within the last 12 months and the GP was update with their continuing professional development and revalidation.
- The practice's uptake for the cervical screening programme was 84%, compared to the national average of 82%. Data showed that the exception reporting rate was 13%, which was 7% above the national average. However, the practice was able to demonstrate that the exception rates had been reviewed and had reduced.

Are services caring?

Requires improvement

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

Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for many aspects of care. 59% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%. 56% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a carers corner in the waiting area, providing information and leaflets.

Are services responsive to people's needs?

Requires improvement

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

- Feedback from patients reported that access to a named GP and continuity of care was not always available, although urgent appointments were usually available the same day.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

Inadequate

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

- Some systems and process were not robust and embedded within the practice. During our inspection we found that the practice had not followed protocols effectively, for example, the management of pathology results, incoming clinical correspondence and the frequency of reviews for high risk medicines.
- The practice had not proactively sought feedback from patients.
- The patient participation group (PPG) had dis-banded in 2015, and the practice were taking action to re-establish this group. Some members of the previous group were attending the PPG meetings at the provider's other practices.

Summary of findings

- The practice held regular governance and practice/ multidisciplinary meetings. The minutes of the practice/MDT meetings were not comprehensive. Whilst the minutes of the governance meetings were generally detailed.
- All staff had received inductions and regular performance reviews.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. This is because the practice is rated as requires improvement for providing safe, effective, caring and responsive services. The practice is rated inadequate for well-led services. These ratings affect all population groups.

- The practice and offered urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. Performance for patients identified with Dementia were 100%, with an exception rate of 11%, compared to the national average of 95%.
- The practice offered health checks for patients over the age of 75 years.
- The practice had a separate telephone number issued to the elderly to support admission avoidance.

People with long term conditions

Inadequate

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

- Longer appointments for patients with long term conditions were available to patients when needed
- A practice nurse had received appropriate training to manage long-term conditions and patient reviews. Although there was no designated lead for diabetes.
- The practice worked alongside a specialist diabetes service. As a result of patient outcomes the practice planned to re-establish monthly in-house specialist nurse led clinics, in addition to the above service.
- The practice was performing below the national average for diabetes related indicators. 61% patients had received reviews compared to the national average of 78%.
- The practice was not operating an effective system for the management of incoming clinical correspondence and the management of pathology results.

Summary of findings

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. This is because the practice is rated as requires improvement for providing safe, effective, caring and responsive services. The practice is rated inadequate for well-led services. These ratings affect all population groups.

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 84%, compared to the national average of 82%, the exception reporting rate was 13%, this was 7% above the national average. However exception rates had been reviewed and had improved.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 90% and five year olds from 89% to 98%.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working aged people, including those recently retired. This is because the practice is rated as requires improvement for providing safe, effective, caring and responsive services. The practice is rated inadequate for well-led services. These ratings affect all population groups.

- The practice offered a range of health promotion and screening that reflected the needs for this age group.
- The national GP patient survey published in January 2016 showed results were below local and national average with regards to accessing the service. For example, 50% of patients were satisfied with the practice's opening hours compared to CCG average of 71% and the national average of 78%. 52% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 73%.
- The practice offered online appointment booking and electronic prescription ordering.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because

Summary of findings

the practice is rated as requires improvement for providing safe, effective, caring and responsive services. The practice is rated inadequate for well-led services. These ratings affect all population groups.

- There were 12 patients on the practice learning disability register, nine of the patients had care plans and the remainder had been contacted so that care plans could be commenced.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and worked with other healthcare professional in providing care.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health. This is because the practice is rated as requires improvement for providing safe, effective, caring and responsive services. The practice is rated inadequate for well-led services. These ratings affect all population groups.

- 75% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%. The practice exception rate was 11% compared to the CCG and national average of 8%.
- Performance for mental health related indicators was 97% compared to the CCG average of 87% and national average of 89%.
- The practice provided information about how to access various support groups and voluntary organisations
- Staff 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 national GP patient survey results were published January 2016. The results showed the practice was performing below local and national averages. 404 survey forms were distributed and 108 were returned. This represented a 27% response rate.

- 52% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 62% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 52% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 39% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment card, 15 were positive about the standard of care received. Three indicated that it was difficult to get through to the practice via the telephone.

We spoke with four patients during the inspection. All four patients said that it was difficult to get appointments and appointments never run to time. They were not satisfied with the care they received and thought more doctors were needed.

Areas for improvement

Action the service MUST take to improve

- The provider must actively seek and act on views of people who use the service, about their experience and quality of the care and treatment delivered.
- The provider must review their governance arrangements to ensure effective systems and processes are operated with regards to pathology results and high risk medicine reviews.

Action the service SHOULD take to improve

- The provider should promote attendance of GPs at key meetings.
- The provider should consider how they identify carers in order to offer support
- The provider should continue to monitor the numbers of staff to ensure that they are able to meet the needs of the people using the service
- The provider should ensure that GPs maintain a comprehensive understanding of the performance of the practice and outcomes for patients.

Yew Tree Healthy Living Centre

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 Yew Tree Healthy Living Centre

Yew Tree Health Living Centre is a long established practice located in Sandwell, and are part of the Sandwell and West Birmingham Clinical Commissioning Group (CCG). There are approximately 4,500 patients of various ages registered and cared for at the practice.

Services to patients are provided under a General Medical Services (GMS) contract. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

Yew Tree Health Living Centre is overseen by two directors who are based at another nearby location. The clinical team includes three GPs and a practice nurse. The team are supported by a practice manager, a trainee practice manager, a receptionist and a healthcare assistant/ receptionist. The practice also has a full time receptionist/ admininstrative apprentice.

The practice is open between 8.30am and 6.30pm on Monday, Tuesday, Wednesday and Friday. It is also open on Thursday until lunchtime. Appointments are available from 8.30am to 12.30pm and 2.30pm to 6pm. Cordley Street Surgery which is also managed by Great Bridge Partnership for Health Limited, provides telephone triage and home visits until 6.30pm.

Extended hours are available on Tuesdays with appointments available until 7.30pm. The practice is closed on Thursday afternoon, although patients are able to access a full service at Cordley Street Surgery. Extended appointment times are also available on a Saturday from 9.30am to 1pm and 2pm to 5pm at Cordley Street Surgery.

When the practice is closed during the out of hours period patients are directed to the 'walk in centre' or 111 out of hours service.

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 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 4 May 2016. During our visit we:

Spoke with a range of staff and spoke with patients who used the service.

Observed how patients were being cared for and talked with carers and/or family members

Reviewed an anonymised sample of the personal care or treatment records of patients.

Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The practice had some systems in place to monitor safety, these included systems for reporting incidents and complaints received from patients.

- There was a system in place 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). The practice had records of four significant events that had occurred during the last 12 months.
- We saw evidence from the four significant events that were recorded, that when things went wrong with care and treatment, patients were informed of the incident, 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 these were discussed. The multidisciplinary (MDT) meetings and practice meetings had been combined and occurred monthly. We reviewed three sets of minutes from February to April 2016 and found that the minutes were limited and consisted mainly of bullet points and were only one to one and a half pages long. The GPs from Great Bridge Partnership other practices had attended, but not the lead GP from Yew Tree Healthy Living Centre; minutes of the meetings had been circulated.

Overview of safety systems and processes

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

- Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role, including GPs and nurses who were trained to child safeguarding to the appropriate level.
- 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
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We saw weekly cleaning records and cleaning specifications. There were records to reflect the cleaning of medical equipment and calibration records to ensure that clinical equipment was checked and working properly. There were also records to indicate that electrical equipment had been checked.
- Staff had access to personal protective equipment and there was a policy for needle stick injuries
- The practice had arrangements for managing emergency medicines and vaccines. The vaccination fridges were well ventilated and secure and temperatures were monitored daily.
- The practice nurse administered vaccines using patient group directives (PGDs) that had been produced in line with national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment. The PGDs were up to date and the practice nurse had received training to administer vaccines.
- There were systems in place for handling repeat prescriptions. Patients prescribed high risk medicines were reviewed and blood monitoring undertaken, to ensure the medicines remained relevant to their health needs. However we found inconsistencies in the frequency of the reviews and although we did not see evidence that patients had continued on high risk

medicines, the system was not robust. This raised the possibility of a patient continuing on a high risk medicine beyond the recommended monitoring intervals.

- We reviewed the management of pathology results and found that robust systems were not in place, to ensure that patients with abnormal results had returned to the practice for a review. The GP was unable to provide a list of patients that had abnormal results to check, or follow up on. Shortly after the inspection, the practice confirmed that they were implementing an electronic pathology recall system.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and the practice had up to date fire risk assessments and carried out regular fire drills. 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was only one receptionist employed by the practice; the healthcare assistant also undertook reception duties when they did not have clinics. On the day of the inspection there were queues at the reception desk and the telephone was constantly ringing. This was supported by the findings of the national patient survey. However the practice had recently undertaken a review of the needs of the service in regards to the staffing levels and skill mix.
- We were informed that the nurse practitioner was responsible for diabetes management. The practice discontinued their own monthly diabetes clinics had introduced the CCG Diabetes Integrated Care Evaluation (DICE) team at Yew Tree. The performance indicators for diabetes were 75% compared to the CCG average of 85% and national average of 88%. As a result of these outcomes the practice intended to recommence their own monthly clinics.
- The practice used regular locum GPs and we saw evidence that appropriate recruitment checks were completed.

Arrangements to deal with emergencies and major incidents

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

- There was an 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.
- 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The evidence to demonstrate that the practice assessed and delivered care in line with relevant and current evidence based guidance and standards was not robust.

Discussion with the GP did not demonstrate up to date knowledge of recent NICE guidance. However there was evidence to demonstrate that the practice did make changes following a significant event. For example, a two week fast track referral was not initiated. However the practice had amended the procedure to ensure appointments were made prior to the patient leaving the consulting room, the referral form was amended in accordance with NICE guidance and information was shared with GPs across all Great Bridge Partnership locations.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results were 95% of the total number of points available, with an exception rate of 14%, this was 5% above local and national average. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where certain medicines cannot be prescribed due to a contraindication or side-effect.

Data from January 2014/15 showed:

- Performance for diabetes related indicators was 61% compared to the national average of 78%.
- Performance for mental health related indicators was 95% compared to the national average of 92%.
- Performance for patients identified with dementia was 100%, compared to the national average of 95% with an exception rate of 11%.

We discussed the performance of QOF in relation to the diabetic indicators and the practice told us that the diabetic nurse practitioner would be re-instating regular clinics at the practice.

A programme of clinical audits was undertaken across the three practices the provider managed,to improve patient care and outcomes. One of the clinical audits completed in the last two years, was to assess the prescribing of opioid patches in line with CCG guidance. This was a completed audit where some improvements had been made.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- We saw records to demonstrate that staff had received on going training and support to cover the scope of their work. Training included: safeguarding, fire safety awareness and basic life support Staff made use of e-learning training modules and in house training, they were supported in attending external training updates. All staff had received an appraisal within the last 12 months
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.

Coordinating patient care and information sharing

Staff worked together and with other health and social care services to understand and meet the needs of patients. This included when people moved between services, including when they were referred or after they were discharged from hospital

We reviewed three sets of minutes for the multi-disciplinary (MDT)/practice meetings. The advanced nurse practitioner was the lead for the MDT discussion and co-ordination of care. The minutes of meetings were circulated, although these were generally brief.

Consent to care and treatment

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

Requires improvement

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

There were 12 patients on the practice's learning disability register and nine patients with learning disabilities had care plans.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. Patients were signposted to the relevant service. These included patients in the last 12 months of their lives, carers and those requiring advice on their diet, smoking and alcohol cessation was available from local support groups.

The practice nurse operated an effective system for ensuring that test results had been received for every cervical screening sample sent. The practice's uptake for the cervical screening programme was 84%, compared to the national average of 82%, the exception reporting rate was 13%, this was 7% above the national average. The practice had reviewed the exception rates for cervical smears and had improved. The was a policy to send telephone reminders and letters to patients who did not attend for cervical screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National data from March 2015 identified that breast cancer screening rates for 50 to 70 year olds was 61% compared to the CCG average of 69% and a national average of 72%. Bowel cancer screening rates for 60 to 69 year olds was 46% compared to the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 90% and five year olds from 89% to 98%.

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.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. We noted that conversations at the reception desk could be overheard although this was faint.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs

Patients completed 18 Care Quality Commission comment cards, 15 were positive about the service experienced. Patients said they were generally satisfied with the care provided, there dignity and privacy was respected and staff were friendly and helpful.

The practice did not have a patient participation group (PPG), this had recently been disbanded. The practice were actively trying to reinstate the group with posters displayed in reception and some previous members attended the PPG meetings at the other practices.

Results from the national GP patient survey January 2016 showed the practice was below average for its satisfaction scores on consultations with GPs. For example:

- 58% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 58% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 77% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 59% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.

However the results for consultations with the nurse were more positive. For example:

- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.

  89% of patients said the last nurse they spoke to was good at giving them enough time compared to the CCG average of 87% and the national average of 92%.

The practice manager had recently accessed the national GP patient survey, no action had been taken to address the issues identified. The family and friends survey undertaken by the practice was to identify if patients were aware of this survey.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey in relation to involvement in decisions about care and treatment were below local and national averages. For example:

- 59% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 56% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. However we were also informed that family members were used for translation.

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

Requires improvement

Are services caring?

practice's computer system alerted GPs if a patient was also a carer, however the lead GP was unable to navigate the system to locate this information. The practice had identified 45 patients as carers (1% of the practice list). There was a carers corner in reception.

There was no specific support for families that had suffered a bereavement, there was information on bereavement counselling available.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice offered extended hours on a Tuesday until 7.30pm for working patients who could not attend during normal opening hours. The practice did not open on a Saturday, however the practice leaflet indicated that patients were directed to another location belonging to Great Bridge partnership.
- There were longer appointments available for patients with a learning disability.
- We were informed that home visits were discouraged as there was often only one GP onsite.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS, patients were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8.30am and 6.30pm Mondays, Tuesdays, Wednesdays and Fridays. With appointments available from 8.30am to 12.30pm and 2.30pm to 6pm. Extended hours were available on Tuesdays when the practice was open until 8pm with appointments available until 7.30pm.The practice was closed on Thursday afternoons. Appointments were available on a Saturday from 9.30am to1pm and 2pm to 5pm at Cordley Street Surgery, another location belonging to Great Bridge Partnership.

When the practice was closed during the out of hours period patients were directed to the 'walk in centre' or 111 out of hours.

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

- 50% of patients were satisfied with the practice's opening hours compared to CCG average of 71% and the national average of 78%.
- 52% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 73%.

People told us on the day of the inspection that they were not able to get appointments when they needed them. We noted on the day of the inspection that the telephone in reception was ringing constantly and not answered and there were queues at the reception desk.

The practice employed one receptionist and the healthcare assistant worked on reception at the end of their clinics. We saw evidence that the practice had recruited an additional receptionist and were awaiting the relevant recruitment paperwork prior to commencing employment.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person for handling all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example posters were displayed in reception.

We looked at four complaints received in the last 12 months and found that these were satisfactorily dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, a clinician undertook reflective practice and had discussion with appraiser, the outcome was discussed at the MDT meeting

Are services well-led?

Inadequate

(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 vision and strategy to promote good outcomes for patients and the mission statement had been shared with staff. The practice business plans reflected the vision and values.

Governance arrangements

We found that governance arrangements were not always robust and some systems and processes needed strengthening for example:

- The practice had not followed procedures effectively, with regards to the management of incoming clinical correspondence.
- The practice did not have an effective and embedded system for the management of pathology results and the frequency of reviews for patients on high risk medicines.
- The practice had policies in place that were available to staff.
- Multidisciplinary working was taking place but record keeping at the multidisciplinary/practice meetings were not comprehensive.

Leadership and culture

The practice was nurse-led with many clinical areas being led by nurses. The practice was overseen by two directors who were based at a nearby location. Within the practice the management team included the lead GP, nurse practitioner, practice manager and trainee practice manager.

A GP we spoke with did not have a comprehensive understanding of the performance of the practice. For example, they could not provide explanations regarding low QOF indicators and high exception rates, they could not navigate the computer system to locate and identify at risk patients, for example looked after children or carers.

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

The patient participation group (PPG) had dis-banded in 2015 and the practice were taking action to re-establish this group. Posters in the waiting room encouraged patients to join the group, and some members of the previous group attended the PPG meetings at the other practices.

Results from the national GP patient survey published in January 2016 had identified several areas where the practice was performing below local and national averages. The practice had recently accessed the national GP patient survey results, and as such had not reviewed and analysed the information in order to improve services to patients.

This section is primarily information for the provider

Enforcement actions

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider did not:** • Have effective governance and assurance processes to assess, monitor and improve the quality and safety of the services provided, including the management of pathology results and high risk medicine reviews. • Actively seek and act on the views of people who use the service, about their experience and quality of the care and treatment delivered.