

OHP-Leach Heath Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) – Requires Improvement

We carried out an announced comprehensive inspection at OHP- Leach Heath Medical Centre on 20 December 2017. The practice was previously inspected in February 2016 and was rated as good overall. The practice changed provider in July 2017 and is now being inspected under a new provider registration (Our Health Partnership).

At this inspection we found:

- The practice had experienced difficulties due to redevelopment of the local area and the loss of clinical staff that had placed additional pressures on staff workload.
- The practice had effective systems and processes in place to keep patients safe and safeguarded from abuse. This included safeguarding arrangements for children and vulnerable adults, the management of medicines and infection control. However we identified some weaknesses in recruitment processes.
- The practice did not have effective systems and processes for managing and monitoring risks in relation to health and safety and the premises.
- The practice had established systems for reporting and recording significant events and for learning from them.
- Records seen demonstrated that care and treatment was delivered according to evidence- based guidelines.

Summary of findings

- Patient outcomes in relation to the quality outcome framework showed the practice was performing in line with other practices locally and nationally for many long term conditions.
- Practice staff worked with a range of health and care professionals in the delivery of patient care and was proactive in identifying opportunities to promote and support patients to lead healthier lives.
- We found systems for providing staff with ongoing support were inconsistent. This included effective induction and appraisal processes.
- Feedback from patients from the national GP patient survey and the CQC patient comment cards showed that they felt they were treated with compassion, kindness, dignity and respect and felt involved in their care and treatment. Patient satisfaction with consultations with clinical staff and helpfulness of reception staff was comparable to local and national averages.
- Patient feedback on access to appointments was mostly in line with other practices with the exception of ease of access through the telephone system.
- Information about services and how to complain was available to patients. However, complaints were not managed in a consistent way.
- We identified weaknesses in the governance arrangements in the management of some risks and in supporting staff.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure appropriate recruitment checks are in place for all staff employed and where relevant registration with professional bodies are routinely monitored.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental

standards of care by means of effective systems for the management of risks in relation to the premises (including fire safety, legionella, control of substances hazardous to health and arrangements for business continuity).

- Ensure appropriate provision to ensure staff receive appropriate support, training, supervision and appraisals for the duties they are employed to perform.

The areas where the provider **should** make improvements are:

- Raise awareness of the Accessible Information Standard so that staff are able to respond to this. Including systems for alerting staff of vulnerable patients so that their needs could be addressed. For example carers and those with specific needs; for example, hearing or sensory difficulties.
- Review medicines for use in an emergency and undertake risk assessment for recommended medicines not routinely stocked.
- Continue to address and improve areas where the practice is an outlier in relation to patient outcomes and prescribing.
- Continue to take action and monitor progress in response to patient feedback regarding telephone access.
- Review system for recording verbal complaints to support learning and improved documentation to ensure complaints are responded to in a consistent and timely way.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for safe, effective and for well-led services. The issues identified as requires improvement overall affected all patients including this population group.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, effective and for well-led services. The issues identified as requires improvement overall affected all patients including this population group.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for safe, effective and for well-led services. The issues identified as requires improvement overall affected all patients including this population group.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, effective and for well-led services. The issues identified as requires improvement overall affected all patients including this population group.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, effective and for well-led services. The issues identified as requires improvement overall affected all patients including this population group.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe, effective and for well-led services. The issues identified as requires improvement overall affected all patients including this population group.

Requires improvement



OHP-Leach Heath Medical 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 second CQC inspector.

Background to OHP-Leach Heath Medical Centre

OHP – Leach Heath Medical Centre is a member of the provider organisation Our Health Partnership, a partnership of 38 practices with 340,000 patients across the West Midlands area. The partnership aims to support the member practices in meeting the changing demands of primary care. The practice also sits within NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is located in a suburban area on the outskirts of Birmingham, close to the Worcestershire border. The premises are purpose built for providing primary medical services.

The practice registered list size is approximately 9,000 patients. Over recent years the practice list size has steadily grown due to redevelopment and new housing in the local area which followed the closure of the Rover plant in

Longbridge. Redevelopment of the area also included a large retirement housing complex. The practice also gained additional patients following the closure of another local practice.

Services to patients are provided under a General Medical Services (GMS) contract. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as childhood vaccinations.

Based on data available from Public Health England, the age distribution of the practice population is similar to local and national averages. The practice is located in an area with higher than average levels of deprivation and has a higher proportion of patient with long standing health conditions than the CCG and national averages.

The practice currently has four GP partners (three female and one male), two salaried GPs (one female and one male) and a GP registrar. Other practice staff consist of a team of three practice nurses and one healthcare assistant (all female). There is a team of administrative staff which includes a practice manager, a reception manager and a team of administrative staff who support the daily running of the practice.

The practice is open between 8.30am and 6.30pm Monday to Friday. Consultation times are 8.40am to 11.30am and 3pm to 5.50pm daily. Extended opening hours are on a Monday evening between 6.30pm and 7.30pm and on a Thursday morning between 7am and 8am. When the practice is closed during the out of hours period, between 6.30pm to 8am, primary medical services are provided by Primecare.

Detailed findings

The practice was previously inspected by CQC in February 2016 and received an overall rating of good.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse; however we identified weaknesses in the systems and processes relating to recruitment and the premises.

- The practice had policies for safeguarding children and vulnerable adults from abuse and a named GP lead for supporting staff on safeguarding matters. Staff we spoke with were aware who the lead was. Contact details for relevant agencies responsible for investigating safeguarding concerns were displayed and accessible to staff in the practice. Staff we spoke with told us they had received training and that GPs were trained to a level three. There was a system to highlight those at risk on the patient record system so staff were aware. Monthly meetings were held with the health visitor to discuss any concerns.
- The practice carried out staff checks prior to recruitment. We reviewed five personnel files for four clinical staff (including one locum) and one non-clinical member of staff. In most cases appropriate checks were in place however, we identified some gaps; for example, for one clinical member of staff there was no evidence of conduct in previous employment such as references and the Disclosure and Barring Service (DBS) check was from previous employment and not current at the time of recruitment to this practice. (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). For relevant clinical staff there was no evidence of ongoing checks of professional registration to ensure they remained up to date. At our previous inspection in February 2016 we also identified some gaps in recruitment information and in relation to checks on professional registration. Following the inspection, the practice advised us that this information was now being collated as part of the new OHP IT system.
- Staff who acted as chaperones were trained for the role and had received a DBS check. Notices were displayed throughout the practice which alerted patients that they could request a chaperone.
- There was an effective system to manage infection prevention and control. The practice had a range of infection control policies in place to support staff. The infection control lead for the practice had recently left and one of the practice nurses had taken on the role. The new infection control lead told us that they were due to undertake infection control training in February 2018 to gain a better understanding of the role. The practice appeared visibly clean and tidy, cleaning schedules were in place and completed by cleaning staff. An infection control audit was carried out by the local CCG infection control team in February 2017, the practice achieved a score of 95%. Infection control was also a standing agenda item at the clinical staff meetings. There were systems for safely managing healthcare waste.
- The practice ensured equipment was safe and maintained according to manufacturers' instructions. We saw evidence that clinical equipment had been tested for electrical safety and had undergone calibration checks within the last 12 months to ensure it was fit for use.
- The practice did not have effective systems in place for monitoring the premises to ensure they were safe. While we saw some evidence of risk assessments for legionella and fire and for checking of fire equipment, the records maintained were incomplete. There were large gaps in records to demonstrate regular testing of fire alarms and water safety checks in relation to legionella had been undertaken. A service check had identified an emergency lighting failure in March 2017 but this had not yet been rectified. Control of substances hazardous to health safety sheets were in place did not reflect all products used. We found a lack of systematic processes in place for logging and monitoring maintenance issues to ensure they were completed in a timely way. The practice was aware of these concerns and an external health and safety assessment had recently been completed that had identified actions the provider needed to complete.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. Staff rotas were in place in advance to ensure enough staff were on duty to deliver the service. The practice advised us that they had experience some staffing issues over the last year but these were now resolved and a new GP had been recruited who was due to start in January 2018.
- There was a comprehensive locum pack in place for locum staff working on a temporary basis.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Emergency equipment and medicines were available and staff knew where these were kept. The equipment and medicines were routinely checked to ensure they were ready and fit for use when needed. We identified one medicine recommended for emergencies that was not stocked available and no risk assessment in place as to the course of action should it be required.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Sepsis guidelines were displayed in the consulting rooms for reference and warning systems in place for sepsis were included on the patient record system for reference.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage however, we found information within the plan had not been up dated to reflect changes in current staffing.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. We saw that tasks required in response to patient information received such as test results were completed in a timely manner.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment; for example, with out of hours providers.

- Referral letters seen included all of the necessary information. The practice had participated in a referral triage scheme during 2017 with other practices in their locality to improve the quality of referrals to secondary care.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines minimised risks. For example, medicines were stored securely and appropriate arrangements were in place for managing the cold chain when handling vaccines.
- The practice kept prescription stationery securely and monitored its use.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. For example, we saw evidence that patients on high risk medicines that required regular monitoring were appropriately monitored and followed up. The practice involved patients in regular reviews of their medicines.
- Patient Group Directions were in place to allow the practice nurses to administer medicines in line with legislation.

Track record on safety

Although findings from our previous inspection demonstrated the practice had a good safety record, we found some shortfalls at this inspection.

- Risk assessments in relation to the safety of the premises had not been kept up to date, although the practice was now working to remedy this.
- The service had systems for recording, investigating and learning from incidents and complaints. These were risk assessed according to severity.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a lead GP who oversaw the recording and management of significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses to the lead GP.

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong.
- The practice learned and shared lessons and took action to improve safety in the practice. For example, in one incident there had been a delay in actioning a holiday vaccination form which had led to changes in the system for transferring forms to the nursing team from reception.
- Incidents were discussed at the clinical meetings. Incidents and action taken were also recorded on an OHP IT system which allowed learning to be shared with other practices in the partnership.
- There was a system for receiving and acting on safety alerts. As part of the new IT system from OHP safety alerts were shared with the member practices who were required to confirm that they had been acted on.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as requires improvement for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. Clinical staff were able to access evidence based guidance such as the National Institute for Health and Care Excellence (NICE) best practice guidelines from their computers. The practice also made use of templates for assessing needs and delivering care and treatment in line with current legislation, standards and guidance. We saw evidence of NICE guidance discussed at clinical staff meetings.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice shared with us information from their local CCG on antibiotic prescribing (October 2016 to December 2017). This showed local comparisons with other practices within their locality. The practice had slightly higher antibiotic prescribing (including broad spectrum antibiotics) than others in the comparative group. GPs were aware of the need to reduce local antibiotic prescribing and were working with local CCG pharmacists. Local antimicrobial guidelines were displayed in the consulting rooms and the practice advised that most of the GPs had undertaken an antibiotic course. Information leaflets on the risks relating to antibiotic use were readily available for patients to take away. The practice had a higher than average prevalence of chronic obstructive pulmonary disease compared with the CCG and national average which they suggested may contribute to the higher antibiotic prescribing rates for the practice.

Older people:

- As part of a new enhanced service, the practice was undertaking a screening exercise of patients over 65 years old to identify those who were frail with the view to carrying out an assessment of general health and prescribing needs. At the time of inspection the practice

had identified 120 patients as moderately or severely frail. The practice had offered 65 patients identified as moderately frail a place on a 'Move it or lose it' programme of gentle exercise.

- The practice followed up on older patients discharged from hospital. Care plans and prescriptions were updated to reflect any extra or changed needs.
- Eligible patients in this population group were offered flu, shingles and pneumonia vaccinations.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Performance in relation to patient outcomes for long term conditions (Quality Outcome Framework data for 2016/17) was mostly in line with CCG and national averages. However, there were two areas identified as outliers. These related to Chronic Obstructive Pulmonary Disease (COPD) and diabetes indicators.
- Results for diabetes related indicators overall showed the practice had achieved 86% of the total points available compared to the CCG average of 94% and national average of 91%. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c (a measure of diabetic control) was 64 mmol/mol or less in the preceding 12 months was 73% compared with the CCG average of 81% and the national average of 79%. We discussed this with the practice. Data for the current year showed the practice progress to date was currently at 66% for diabetes indicators. The practice was also working to identify patients at risk of diabetes (prediabetes) of which 102 patients had been identified. Patients newly diagnosed as diabetics and those at risk of diabetes were referred to diabetes education programmes hosted at the practice.
- Results for COPD related indicators showed the practice had achieved 88% of the total points available compared to the CCG average of 99% and national average of 96%. The percentage of annual reviews undertaken during 2016/17 was 78% which was below local and national averages, practice data for the current year to date was 73%. Practice staff told us that

Are services effective?

(for example, treatment is effective)

all COPD patients had care plans in place and were reviewed following a hospital admission. The practice also had a slightly higher prevalence of COPD compared to local and national averages.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice carried out regular medicine reviews of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 78%, which was in line with the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- Practice staff were currently participating in the gold standard framework accreditation training scheme to support improvements in end of life care for example, through earlier detection and support of those who may need palliative care. They had undertaken an audit to assess and review end of life care.
- The practice held a register of patients with a learning disability. There were 49 patients on this register of which 42 (86%) had received a health review in the last 12 months.

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

- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months (2016/17 data). This was above the local average of 85% and national average of 84%.
- Patients with dementia and their families were offered additional support from a Dementia Support Worker from the Alzheimer's Society who ran sessions at the practice on a monthly basis.
- 86% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a

comprehensive, agreed care plan documented in the previous 12 months (2016/2017 data). This was slightly lower than the local average of 92% and the national average of 90%. During the inspection we also saw that between 1 April 2017 and 20 December 2017 only 33% of the 109 patients on the mental health register had a care plan in place. The practice explained that the majority of mental health care plans are undertaken in the last quarter (January to March) and that the actual number of care plans for the previous 12 months was 60%.

- Practice staff told us that an informal meeting was held with a local psychiatrist to discuss and review patients with poor mental health.
- Practice staff carried out annual medicines reviews which included those receiving medicines for mental health needs.

Monitoring care and treatment

The practice had a programme of quality improvement to review the effectiveness and appropriateness of the care provided.

The most recent published Quality Outcome Framework (QOF) results were for 2016/17. The practice achieved 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 8% compared with the CCG average of 11% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice shared with us examples of clinical quality improvement activity they had recently undertaken, including clinical audits. There were three full cycle audits relating to end of life care, the identification of at risk patients and the management of patients with atrial fibrillation.

- The end of life care audit carried out in July and December 2017 demonstrated significant improvement in the management of palliative care patients. For example, the number of patients on the palliative care register now receiving appropriate support had increased from 33 to 54 patients. The number of

Are services effective?

(for example, treatment is effective)

patients on the register where carers had been identified had increased from eight to 32 patients and the number of patients on the register that had a do not attempt resuscitation order (DNAR) following consultation had increased from seven to 23.

Improvement was also seen in the identification of 'at risk' patients through improved coding. However the clinical audit relating to the management of atrial fibrillation showed minimal improvement between the baseline and re-audit.

- Other audits seen included a one cycle audit which reviewed the management of patients with a urinary tract infection (undertaken in November 2017) which had identified areas for improvement; there were plans to repeat the audit in three months. We also saw yearly monitoring audits for minor surgery and for the fitting of intra uterine devices.

Effective staffing

Staff training records were difficult to follow. The practice did not have a clear system for identifying core training and monitoring this to ensure staff were up to date with their training requirements. Staff advised us that training records were to be transferred to the new IT system introduced by OHP which would make them easier to monitor.

We saw that staff had access to on-line training but saw some gaps within these training records. Some training records were maintained in individual files and the member of the nursing team we spoke with was able to show that they had received training to carry out their roles such as immunisations and cervical screening.

We found systems for providing staff with on-going support inconsistent. This included induction processes and appraisals. Appraisal forms varied and were not always fully completed, named or dated to ensure learning and development needs were discussed. Although there was a documented induction process it was not clear that all staff had received an adequate induction. There was no clear approach for supporting, managing and ensuring the competence of staff.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Regular multi-disciplinary team meetings were held with district nurses, palliative care nurses and health visitors to discuss and plan the care of some of the practices most vulnerable patients, including those with end of life care needs.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. There were systems in place for ensuring information relating to hospital discharges was reviewed and actioned by a GP.
- The practice had recently been involved in a referral triage programme to support improved referrals with secondary care.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. We saw the practice was proactive in working with other organisations including third sector organisations to provide additional support to patients. For example, in relation to dementia support, diabetes education and helping maintain mobility.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, vaccination programmes and national cancer screening programmes. Data available on the uptake of breast and bowel cancer screening programmes for eligible patients was in line with local and national averages.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making for patients who may lack mental capacity and for children and young people.
- Staff told us that they had access to e-learning on the Mental Capacity Act.

Are services effective?

(for example, treatment is effective)

- The practice had systems for seeking consent for procedures carried out at the practice. We saw examples of written consent forms.
- Information was displayed in the waiting area advising patients under 16 of their right to a confidential service.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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. There was a notice alerting patients to this.
- Feedback from patients through the 27 completed Care Quality Commission comment cards we received and the two patients we spoke with in person were positive about the service and the care and treatment received. Patients described staff as caring friendly and helpful and told us that they were treated with dignity and respect.
- The latest available results from the NHS Friends and Family Test currently reports 86% of patients would recommend the practice to others.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 305 surveys were sent out and 111 were returned. This represented approximately 1.2% of the practice population. The practice was comparable to others for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients who responded 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%.
- 86% of patients who responded said the GP gave them enough time compared with the CCG average of 86% and the national average of 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and the national average of 95%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 85% and the national average of 86%.

- 85% of patients who responded said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.
- 90% of patients who responded said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 97% of patients who responded 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%.
- 85% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 88% and the national average of 91%.
- 85% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87%.

Involvement in decisions about care and treatment

We saw that there was some support available to help patients be involved in decisions about their care. For example:

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas advising patients of this and evidence of recent bookings.
- The practice made use of services such as Alzheimer's support to help patients and their carers find further information and access additional services available.
- Information about advocacy services was displayed in the waiting area.
- Feedback received from patients through the CQC comment cards indicated that patients did not feel rushed during consultations and had time to ask questions about their care and treatment.

However,

- The practice did not have a hearing loop but said they had made use of British Sign language interpreters. Some staff we spoke with were not aware of any easy read materials or how to obtain them if needed. There was no specific alert on patient's records to easily highlight patients who may be in need of extra support to access the services such as those with language or sensory barriers or carers.

The practice proactively identified patients who were carers. A carers board was displayed in the waiting area

Are services caring?

which signposted patients to further support and through the new patient registration form. The practice had identified 215 patients as carers (approximately 2.4% of the practice list).

- Patients identified as carers were given a carers pack which gave them information about support available, and were invited for flu vaccinations. Practice staff told us that carers would be given priority appointments.
- Staff told us that if families had experienced bereavement a letter was sent to offer condolences and further support.

Results from the national GP patient survey (published in July 2017) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.

- 82% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 82% and the national average of 82%.
- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 92%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Evidence found on the day indicated staff recognised the importance of patients' dignity and respect and were compliant with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments).
- The practice was proactive in identifying support services where possible in response to unmet needs, for example to support those with dementia or who were frail.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the premises were accessible to those with mobility difficulties. There was a large porch which enabled people to park a mobility scooter and bell at the entrance to alert staff if assistance was required.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice participated in the ambulance triage scheme in which GPs provide advice to paramedics and facilitate support for patients with primary care as an alternative to accident and emergency.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice offered in house services for the convenience of patients to support in the diagnosis and monitoring of long term conditions. This included spirometry, electrocardiographs and ambulatory blood pressure monitoring

Families, children and young people:

- The practice had systems to review all discharges and 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.
- Practice staff told us that children would be offered a same day appointment when necessary.
- Appointments were available outside of school hours with GPs and nurses.
- The premises were suitable for children and babies. There was easy access for pushchairs, baby changing facilities and an area available for mothers wishing to breastfeed.

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

- The needs of this population group 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 a Monday evening and Thursday mornings.
- On-line services for booking appointments and repeat prescriptions were available for patient convenience.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances such as those with a learning disability and with caring responsibilities.
- Practice staff told us that longer appointments were available for patients who needed them on the GPs request.
- Practice staff told us that they did not have any patients who were of no fixed abode but if the situation arose they would refer to a GP for guidance.

Are services responsive to people's needs?

(for example, to feedback?)

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

- Staff interviewed had a good understanding of how to support patients with dementia. For example, they held dedicated dementia clinics and worked closely with the Alzheimer's Society support workers who were able to provide additional support to patients and their families.
- The practice had a dedicated lead GP for mental health.
- The practice reviewed hospital discharges and followed up patients as appropriate.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- The practice offered a range of pre-booked and same day access appointments as well as telephone consultations.
- Patients with the most urgent needs had their care and treatment prioritised.
- Reception staff had a system of 'red flag' symptoms which they would escalate to one of the GPs for a call back or advise the patient to call for an ambulance.
- Extended opening hours appointments were available between 6.30pm and 7.30pm on a Monday evening and between 7am and 8am on a Thursday morning.
- At the time of inspection the next available appointment with a GP was within three working days and the practice nurse nine working days. However, it was noted that this covered the Christmas holiday period.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed compared to local and national averages. The ability to get through to the practice by phone easily was the main issue raised by patients.

- 36% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 59% and the national average of 71%.
- 75% of patients who responded 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 national average of 84%.

- 72% of patients who responded said their last appointment was convenient compared with the CCG average of 75% and the national average of 81%.
- 62% of patients who responded described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 68% of patients who responded 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%.

Feedback we received from patients through the completed CQC comment cards also raised accessing appointments as a concern. For example, of the 27 cards received 5 patients said they had experienced difficulty obtaining appointments.

We spoke with staff about action they were taking to try and improve access for appointments. Staff told us that they had implemented two additional telephone lines and there were plans to introduce a new telephone system early in 2018. Reception staff had also been redeployed so there were more staff available to respond to calls during peak times.

Listening and learning from concerns and complaints

The practice had systems in place for handling complaints and concerns.

- The practice had a complaints policy and procedures in line with recognised guidance and there was a practice lead for handling complaints.
- There was a notice displayed in reception which advised patients what to do if they wished to raise a complaint.
- Complaints were discussed at clinical meetings.
- The practice had received five formal complaints in the last 12 months. We reviewed four of these. From examples seen we saw that complaints had been investigated and responded to. However, it was not evident that the complaints process was being consistently followed. For example, there was no system for ensuring complaints were responded to in a timely way as key dates were not always recorded and not all complaints seen had been acknowledged on receipt.
- The practice also did not have a system for recording verbal complaints received to support the identification of trends or learning.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

Senior partners told us about some of the challenges faced by the practice which had included a significant increase in list size (approximately 2,000 additional patients since 2012). This had been due to redevelopment in the local area over the last few years, including the development of a large retirement home and the closure of a practice nearby. Staff told us that this had also led to an increase in the prevalence of chronic diseases at the practice. The practice had temporarily closed their list towards the end of 2017 to help manage some of the pressures faced from staffing shortages and a high demand for the service.

Although, the practice demonstrated positive outcomes for patients, systems and processes were not always clear and well embedded. There was a lack of clear leadership and direction within the practice. We found the practice manager had not previously worked in general practice and had not received adequate support to enable them to fully take on the role. There was also a lack of effective engagement and supervision of all staff to ensure key issues and learning needs were identified and addressed. However, staff found the leadership visible and approachable if needed.

Vision and strategy

The practice was a member of Our Health Partnership (OHP), a new provider organisation supporting member practices to help meet the changing demands of primary care. With OHP a new IT system had been introduced which once fully embedded should support the administration of the practice and support closer working within the wider OHP organisation by facilitating shared learning of incidents, safety alerts and best practice guidance. Senior practice staff told us they had adopted the OHP Business plan.

The practice had a desire to deliver high quality care and promote good outcomes for patients. However, they did not have any documented local plan which formally set out the vision and values of the practice and how they planned to manage and develop the practice in response to the pressures faced. Practice staff spoke about the recruitment

of a new GP in January 2018 which they hoped would relieve some of the pressure on the practice and discussed the possibility of recruiting an Advanced Nurse Practitioner in the future.

Culture

- Staff spoke positively about the relationships with the practice leadership. They found them approachable and supportive and felt able to raise concerns if needed.
- The practice was focused on the needs of patients and securing positive outcomes for their patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Systems were in place which supported compliance with the requirements of the duty of candour.
- We identified no concerns in relation to the promotion of equality and diversity in the practice.
- However, we found some weaknesses in the systems for ensuring all staff received appropriate support, supervision and development. Systems for appraisals were not effective in identifying learning needs and were inconsistently completed.

Governance arrangements

We found the governance arrangements at the practice were not consistently effective. Practice leaders had established policies, procedures and activities to ensure safety and for the running of the service but did not have effective systems to assure themselves that they were operating as intended. For example, in relation to aspects of health and safety, management of complaints and for supporting and managing staff.

There were areas where staff had clear responsibilities and lead roles such as in the management of long term conditions and in supporting patients in their care and treatment. However, we also identified areas in the management of the practice where staff did not demonstrate clear understanding of roles, responsibilities and systems of accountability to support good governance. This predominately related to the premises.

Although minutes of staff meetings were documented there were no clearly identified actions or systems for following up matters arising at subsequent meetings. The

Are services well-led?

Requires improvement 

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

practice advised us that the minutes of the previous clinical meeting were always discussed at the beginning of the meetings and that the partners ensured that any actions agreed have been completed.

Managing risks, issues and performance

We identified some weaknesses in the processes for managing risks, issues and performance.

- Practice performance in relation to the Quality Outcomes Framework and patient satisfaction was in most areas in line with other practices. The practice had made use of clinical audit and to improve services and acted on incidents, complaints and safety alerts.
- While the practice was aware of the challenges it faced due to additional pressures on the service and had taken some action to address, there was no clearly documented plan of action as to how this was going to be managed in the long term and for monitoring impact on the quality of care.
- Although the premises appeared well maintained, the practice did not have effective systems in place for managing and monitoring the safety of the premises. The practice had recognised this and had recently received external health and safety advice and an action plan to support the practice in relation to the premises
- The practice did not have effective systems for the supervision and supporting of staff and ensuring staff training and learning and development needs were identified and met.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Patient information was effectively used to support patient care and treatment. Information received was acted on in a timely way and used to identify areas for further support.
- The practice told us about action taken in response to patient views about the service and action taken, although the effectiveness of action taken had yet to be evaluated. For example, changes to handling telephone calls at peak times.
- Evidence seen during the inspection showed effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

- The practice was implementing new IT systems as part of the Our Health Partnership which once embedded should facilitate the monitoring of staff training, incidents and complaints and for ensuring action against safety alerts.
- However, there were weaknesses in the quality of record keeping in relation to staff training, appraisals and for managing the safety of the premises.

Engagement with patients, the public, staff and external partners

The practice encouraged feedback from patients, the public, staff and external partners and engaged with them in the delivery of services.

- The practice had a patient participation group (PPG) with approximately four active members and a lead GP for engagement with the group. The latest PPG minutes made available to us during the inspection were for August 2017 in which the practice had shared with the group information about the temporary list closure, the flu campaign and new service arrangement for pre-diabetes patients. The practice told us there had been another meeting in November 2017. Practice staff told us that in response to feedback the practice were opening their outer door earlier during cold weather for patients to wait until reception opened.
- The practice had used patient feedback from the National GP patient survey which had highlighted issues around access. There had been some changes to staffing at peak times and plans for new telephone systems.
- The practice was seeking to improve staff engagement with plans to hold whole staff meetings. The practice had reintroduced administrative staff meetings although only one had taken place recently to date. Clinical meetings were held monthly and nursing staff were able to raise issues at these meetings.

Continuous improvement and innovation

We saw some examples from the practice of continuous improvement and innovation. As a member of OHP the practice was benefiting from a new IT system to support the administration of the practice and shared learning of incidents, complaints and safety alerts.

The practice was also proactive in identifying services to support and promote health and wellbeing within the population. This included the provision of a dementia

Are services well-led?

Requires improvement 

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

support worker to assist with social and other aspects of care for patients and their families, pre-diabetes programme for those at risk of developing diabetes and gentle exercise programmes for patients identified with frailty.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <ul style="list-style-type: none">• This included the management of risks relating to the premises, fire safety, legionella, control of substances hazardous to health and arrangements for business continuity. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.</p> <p>In particular:</p> <ul style="list-style-type: none">• Training records did not demonstrate staff were up to date with core training.

Requirement notices

- Not all staff received adequate induction for their roles and responsibilities and appropriate competency checks.
- Appraisals seen did not demonstrate an effective process for identifying and actioning staff learning and development needs.

The service provider had failed to ensure that persons employed who are registered with a health care or social care regulator, were enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continued to meet the professional standards which are a condition of their ability to practise or a requirement of their role.

In particular:

- The practice did not have systems in place for monitoring and demonstrating that, where relevant, staff registration with relevant professional bodies was up to date.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

In particular gaps in information provided included:

This section is primarily information for the provider

Requirement notices

- Evidence of conduct in previous employment such as references.
- Disclosure and Barring Service (DBS) check was from previous employment and not current at the time of recruitment to this practice.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.