

Grange Hill Surgery

Quality Report

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Date of inspection visit: 11 January 2017

Date of publication: 07/04/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grange Hill Surgery on 11 January 2017. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Significant events were investigated, acted on when necessary. All opportunities for learning from internal and external incidents were maximised to support improvement.
- Risks to patients were assessed and well managed. There were safe systems for prescribing medicines. Clinical staff processes ensured that patients received safe and appropriate care and this was clearly documented.
- Staffing levels were monitored to ensure they matched patients' needs. Appropriate recruitment checks were carried out.
- Practice staff were using proactive methods to improve patient outcomes and staff linked with other local providers to share best practice. For example, clinical staff had identified patients who had complex diabetes needs and a consultant saw those patients at the practice.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Accessible information was provided to help patients understand the care available to them.
- Senior staff had developed partnership with a specialist organisation to provide access to videos regarding healthy living and management of long term conditions. All videos were available online to patients in their homes. Patients were given leaflets about this and by the date of our inspection 62 patients had taken up this service. Practice leads had

Summary of findings

developed two videos which were being converted to digital format to assist patient access via the website. Additional videos were played constantly in the waiting area including dementia, looking after a child with fever and NHS health checks.

- Data from the National GP Patient Survey published July 2016 showed that patient satisfaction in respect of access to the service and the standard of care were rated above the local and national averages. Patients said they found it easy to make appointments and there was continuity of care, with urgent appointments available the same day.
- Information about how to make a complaint was readily available and easy to understand. Complaints were dealt with in a timely and appropriate way.
- The practice had a clear vision which had quality and safety as its top priority. High standards were promoted and owned by all practice staff with evidence of team working. There was a business plan that was monitored and regularly reviewed. Management sought feedback from patients, which it acted on.

- The delivery of high quality care was assured by the leadership, governance and culture and culture within the practice. Clinical staff were consistent and proactive through a targeted approach towards health promotion, care and treatment of its population groups.

We saw an area of outstanding practice:

- All locum and regular session GP holders were provided with a purpose designed template to record difficult and challenging patient consultations, referrals, path lab reports and areas of concern including safeguarding issues. A debrief meeting was held by the lead GP at the end of their session to review all patients seen during the session and discuss management of complex and challenging cases. Following absence of the lead GP all templates generated were reviewed and any identified actions were carried out.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Safety within the practice was monitored and ways to improve were identified and acted on.
- Information about safety was highly valued and used to promote learning and improvement. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when medicines safety alerts were received by the practice clinical staff checked that that patients were not affected by them by conducting a search and if necessary by taking action.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- Staff were aware of safeguarding procedures and took appropriate action when concerns were identified.
- There was an infection control protocol and infection control audits were regularly undertaken to prevent unnecessary infections.
- Staffing levels were regularly monitored to ensure there were enough staff to keep patients safe.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and local guidelines were used routinely when planning patient care.
- Patient's needs were assessed and care was planned, delivered and appropriately recorded in line with current legislation.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above local and national averages for all long-term conditions.
- Clinical audits demonstrated that quality improvements were implemented.
- At the end of each locum GP session they held a debrief meeting with the lead GP; each patient seen was discussed to ensure they had received appropriate care and treatment.
- The lead GP provided an anticoagulation service including patients in their homes who were unable to access the practice.

Summary of findings

- The lead GP used neuro linguistic programming for patients who presented with anxiety, stress and depression. This treatment was used five or six times per month with positive results.
- Staff had received training appropriate to their roles and further training needs were encouraged and identified.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Patient health education and self-management of long-term conditions was an integral part of the services provided to patients.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published July 2016 showed that patients rated the practice higher than others for all aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a patient centred culture and found strong evidence that staff were motivated and inspired to offer kind and compassionate care.
- We found positive examples to demonstrate the caring nature of practice staff. For example, patients who relied on public transport for planned hospital admissions were provided with a taxi service that was funded by the practice.
- Patients had their health care needs explained to them and they told us they were involved with decisions about their treatment.
- Carers were encouraged to identify themselves. Clinical staff provided them with guidance, signposted them to a range of support groups and ensured their health needs were met.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice provided enhanced services. For example, clinical staff had introduced systems that prevented unplanned hospital admissions.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Patients reported good access to the practice and continuity of care, with urgent appointments available the same day.
- There was an accessible complaints procedure with evidence demonstrating the practice staff responded quickly when issues were raised.

Are services well-led?

The practice is rated as outstanding for providing well-led services.

- Quality and safety were central to the functioning of the practice with promotion of high standards by all levels of staff.
- There was a clear leadership structure and a strong focus on openness and transparency between staff. Staff told us they felt supported by management.
- We found a high level of constructive engagement and staff satisfaction within their roles.
- The practice had a range of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour.
- Senior staff sought feedback from patients, the Patient Participation Group (PPG) and staff when making improvements.
- Good practice was identified and was being implemented at this Practice. For example, the practice manager was the lead member of the Quality Improvement Performance Committee (QIPC) which meets four times a year. QIPC is a CCG initiative for making measurable improvements in patient care and treatment.
- The provider had developed a written 'Disease Prevention Policy and Plan' and was working with a Councillor for a local area about how to use the plan for the wider population.
- The practice employed a research nurse funded by National Institute for Health Research (NIHR). The practice has proactively engaged in several research projects. For example, Atrial Fibrillation (irregular heart beat) and anticoagulation therapy, Chronic Obstructive Pulmonary Disease (COPD) and patient self-monitoring blood pressure monitoring in differing ethnic groups.

Outstanding



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated good for the care of older people.

Good



- There was a higher than average number of older patients registered with the practice. The practice offered personalised care to meet the needs of this population group.
- Nationally reported data showed the practice had good outcomes for conditions commonly found in older patients. For example, the review rate for patients who had chronic obstructive pulmonary disease was 98%, compared with a CCG average of 90% and national of 89%.
- Staff were responsive to the needs of older patients, including offering home visits and rapid access appointments for those with enhanced needs, health checks and vaccinations.
- The care of older people was managed in a holistic way. Regular multidisciplinary meetings were held that promoted provision of seamless and up to date care.
- Practice staff worked with other agencies and health providers to provide patient support. For example, Age UK.

People with long term conditions

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

Good



- Patients with long-term conditions had structured annual reviews to check that their health and medicine needs were being met. Where necessary reviews were carried out more often.
- Clinical staff worked with health care professionals to deliver a multidisciplinary package of care for patients.
- Where necessary patients in this population group had a personalised care plan in place and they were regularly reviewed.
- Data for 2015-2016 showed that the percentage of patients with diabetes who had received a foot examination within the last 12 months was 99%; which higher than the CCG average of 91% and the national average of 89%.
- The Practice had developed partnership with a specialist organisation that provided patient access to videos regarding healthy living and management of long term conditions. Statistics showed that patients were using this service.

Summary of findings

Families, children and young people

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

Good



- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Alerts were put onto the electronic record when safeguarding concerns were raised.
- There was regular liaison and meetings with the health visitor to review those children who were considered to be at risk of harm.
- The practice had developed its own initiative on child safety that included the storage of and inappropriate access to medicines.
- All children up to the age of 12 years were triaged and if necessary seen the same day.
- Patients and their children told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Practice staff ensured that late afternoon appointments were available for children to attend between 4pm and 6pm each day except Wednesdays when the practice was closed.
- Childhood vaccinations were in line with the local and national averages.
- Data for 2015-2016 informed us that the cervical and breast screening rates were in line with local and national averages.

Working age people (including those recently retired and students)

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

Good



- The practice nurse provided extended hours from 6pm until 8pm every Tuesday. The practice nurse told us they mainly saw patients for reviews of their diabetes and for cervical screening. We saw that the uptake of this service was good.
- Telephone consultations were available for those patients who found it difficult to attend the practice or if they were unsure whether they needed a face to face appointment.
- Online services were available for booking appointments and ordering repeat prescriptions.
- Health promotion advice was available and there was a full range of health promotion material available in the practice. The practice website gave advice to patients about how to treat minor ailments without the need to be seen by a GP.
- Staff actively encouraged patients to attend for health screening, such as, breast and bowel cancer.

Summary of findings

- NHS health checks were offered to all patients between the ages of 40 and 74 years. This was an opportunity to discuss any concerns patients had and for clinical staff to identify early signs of medical conditions. The uptake since April 2016 was 150, this represented 89% of the Public Health target set for this group.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those who had a learning disability.
- Health reviews of all 18 patients who had a learning disability had been carried out for 2015-2016.
- Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- There was a process in place to signpost vulnerable patients to additional support services.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- There was a clinical lead for dealing with vulnerable adults and children.
- The practice had identified 3% of their patients as carers and maintained a register. Clinical staff offered guidance to carers, signposted them to support groups and offered them the influenza vaccination each year.

Good



People experiencing poor mental health (including people with dementia)

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

- Patients who experienced poor mental health were offered an annual physical health check.
- Data for 2015-2016 showed that 100% of patients who experienced poor mental health had agreed care plans in place;
- GPs carried out assessments of patients who experienced memory loss in order to capture early diagnosis of dementia. This enabled staff to put a care package in place that provided health and social care support systems to promote patients well-being.
- Practice staff regularly worked with multi-disciplinary teams in the case management of patients who experienced poor mental health, including those with dementia.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Referrals to other health care professionals were made when necessary such as; the mental health team and Birmingham Healthy Minds who offered advice and support.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed how the practice was performing in comparison with local and national averages. A total of 301 surveys had been distributed and there had been 106 responses, this equated to a 35% response rate and 4% of the practice total population.

- 97% of patients said they found it easy to get through to this surgery by telephone compared with the Clinical Commissioning Group (CCG) average of 70% and the national average of 73%.
- 93% of patients said they found the receptionists at this surgery helpful compared with the CCG average of 86% and the national average of 87%.
- 94% of patients said last time they spoke with a GP they were good at giving them enough time compared with the CCG average of 86% and the national average of 87%.
- 99% of patients said the last appointment they got was convenient compared with the CCG average of 90% and the national average of 92%.
- 79% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

The responses to all questions in the National GP Survey were above the CCG and national averages. The survey findings were supported when during our inspection we spoke with five patients who were very complimentary about the service they received. They described their access to the practice and care as good or excellent. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards all were positive about the standard of care they received and most described it as excellent.

We also spoke with four members of the Patient Participation Group (PPG) who were also registered patients. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. They told us they were very satisfied with the care they received. The PPG had also carried out a survey dated 2015-2016 and the results were collated in August 2016. The results were positive. For example, responses for satisfaction about the opening hours were, three patients said fair, 23 good, 39 very good and 22 excellent.

Areas for improvement

Outstanding practice

- All locum and regular session GP holders were provided with a purpose designed template to record difficult and challenging patient consultations, referrals, path lab reports and areas of concern including safeguarding issues. A debrief meeting was held by the lead GP at the end of their

session to review all patients seen during the session and discuss management of complex and challenging cases. Following absence of the lead GP all templates generated were reviewed and any identified actions were carried out.

Grange Hill Surgery

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 advisor.

Background to Grange Hill Surgery

Grange Hill Surgery is located in the Kings Norton suburb of Birmingham. The practice holds a General Medical Services (GMS) contract, a nationally agreed contract commissioned by NHS England. There are 2,400 registered patients.

There is a higher than average proportion of patients of both sexes aged 45 to 49 years and those aged 65 to 79 years registered with the practice.

The practice is managed by the partnership of a female GP and one non-clinical partner who has the executive management role including practice manager. Clinical work is further supported by regular locum GPs. The practice employs a practice nurse who carries out reviews of patients who have long term conditions such as; diabetes, asthma and hypertension. They also provide cervical screening and contraceptive services. The practice uses a regular locum health care assistant (HCA) who carries out duties such as, phlebotomy (taking blood for testing), health checks and vaccinations. The practice also employs a practice manager, two administrators/senior receptionists and one administrator/receptionist.

The practice offers a range of services for chronic disease management and minor surgery.

The Practice employs a research nurse who is funded by the National Institute for Health Research (NIHR), who is undertaking studies of a range of illnesses such as, blood pressure monitoring in differing ethnic groups.

There is a dedicated parking area for patients. There is a toilet that is adapted for use by people who have restricted mobility. There are two consulting rooms, a nurse's room and a treatment room.

The practice is open from 8.30am until 6.30pm every weekday with the exception of Wednesdays when the practice closes at 1pm. Patients who contact the practice between 8am and 8.30am each day and Wednesday afternoons are directed to the South Doc out of hours' service as part of an agreed contract.

Appointments times are:

- From 9am until 11am each weekday
- From 4pm until 6pm Mondays, Tuesdays, Thursdays and Fridays.
- Extended opening hours are provided by pre-bookable appointments with the practice nurse from 6pm until 8pm every Tuesday.
- Requests for home visits may be contacted by telephone to enable GPs to prioritise which patients should be visited first.

The practice has opted out of providing GP services to patients out of hours. During these times GP services are provided by South Doc In Hours Services Ltd GP cooperative. When the practice is closed, there is a recorded message giving out of hours' details. The practice leaflet includes contact information and there are out of hours' leaflets in the waiting area for patients to take away with them. Information is also on the practice website.

Detailed findings

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. This 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.

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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before the inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 11 January 2017. During our inspection we spoke with a range of staff including the lead GP, the practice nurse, the practice manager, one senior administrator/receptionist and the administrator/receptionist. We also spoke with four Patient Participation Group (PPG) members who were also registered patients. We observed how people were talked with and reviewed the personal care or treatment records of patients. We reviewed 29 comment cards where patients shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

The practice demonstrated an effective system for reporting and recording significant events and we saw examples which had been reported, recorded and shared with some staff.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. Staff were aware of the requirements within the Duty of Candour and clinical staff encouraged openness and honesty.
- There had been nine significant events recorded during the last 12 months and we saw that these included incidents of concern as well as examples of good practice provision. The practice carried out a thorough investigation of the significant events and took appropriate action when necessary. These had been reviewed regularly and shared with relevant staff to identify trends or if further action was required.
- When there were unintended or unexpected safety incidents, patients received support, clear information, a verbal and written apology and were told about any actions taken.
- Safety was monitored using information from a range of sources, including the Medical and Healthcare products Regulatory Agency (MHRA) alerts and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and provided an accurate overview of safety requirements.
- Patient safety alerts were sent to all relevant staff and necessary actions were taken in accordance with the alerts such as individual reviews of patients who may have been prescribed a particular medicine. We saw that prescribing changes had been made where necessary following an alert to protect patients from inappropriate treatment.
- We reviewed safety records and incident reports and saw that appropriate actions had been taken to minimise risks to patients. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, a patient had failed to store a vaccine at the required temperature to maintain its stability. A locum practice nurse was informed of this

when administering the vaccine. Staff asked for advice from the distributor and discussed the issue during a practice meeting to highlight the need to check how patients stored their vaccines. As a result the written protocol was changed.

Overview of safety systems and processes

We saw that the practice operated a range of risk management systems for safeguarding, health and safety and medicines management. That included:

- Arrangements for safeguarding adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals who were responsible for investigating referrals. There was a lead member of staff for safeguarding and all GPs had received appropriate (level three) training. All other staff had received training that was appropriate to their role. GPs attended safeguarding meetings when possible and when requested, provided reports for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. Staff demonstrated they understood their responsibilities in relation to safeguarding processes. We saw recent documentation which confirmed that appropriate action had been taken.
- A notice was displayed in the waiting room and in each consulting room advising patients of their right to have a chaperone. All staff who acted as chaperones had been trained for the role and had undergone a Disclosure and Barring Service check (DBS). (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). Staff we spoke with demonstrated that they would carry out the role appropriately.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice manager was the infection control lead and liaised with the local infection prevention teams to keep up to date with best practice. All staff had received training in infection control and regular refresher training to keep them updated. There was an infection control protocol for staff to follow. An infection control audit was carried out annually. The

Are services safe?

latest audit was dated October 2016; we saw that any actions identified had been addressed. Patients informed us that clinical staff washed their hands and wore personal protective equipment (PPE) prior to commencing procedures.

- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- We looked at records that demonstrated patients who received high risk medicines were monitored at recommended intervals by blood test results and health reviews to check that the medicine dosage remained appropriate. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs had been appropriately signed by nursing staff and the lead GP. Healthcare assistants (HCAs) were trained to administer vaccines and medicines against a Patient Specific Direction (PSD) from a prescriber.
- Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Blank prescription forms were removed from the printers and rooms at the end of each day and stored securely. Practice staff had access to written policies and procedures in respect of safe management of medicines and prescribing practices. When hospitals requested a change to a patient's prescription, the changes were checked by a GP for accuracy before the prescription was issued to the patient.
- We reviewed two personnel files including clinical staff and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. We saw that appropriate checks were carried out when the practice used locum GPs and that a role specific induction was provided.

Monitoring risks to patients

- There were procedures for the monitoring and management of risks to patient and staff safety. A health

and safety policy was available to all staff. There were up to date fire safety risk assessments, staff carried out regular fire drills and weekly fire alarm testing. There was a range of other risk assessments regarding the premises, parking and safe storage procedures.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), clinical waste and legionella. (Legionella is a term used for a particular bacteria which can contaminate water systems in buildings.)
- Staff told us the practice was well equipped. We saw records that confirmed equipment was tested and regularly maintained. Medical equipment had been calibrated in accordance with the supplier's instructions.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Non-clinical staff absences were covered by two bank staff who had previously worked at the practice. When the practice nurse was on leave a locum nurse provided cover. The lead GP was covered either by the regular locum GP or by other locum GPs who were familiar with the practice.

Arrangements to deal with emergencies and major incidents

- All staff received annual basic life support training. There were appropriate emergency medicines available including those required to treat patients if they had adverse effects following minor surgery.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this was kept off site for eventualities such as; loss of computer and essential utilities.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and sample checks of patient records.
- The practice had an enhanced service for patients who presented with memory problems. This helped to ensure timely diagnosis of dementia and appropriate support plans.
- Patients who had an unplanned hospital admission were reviewed within three days of discharge and where necessary care plans put in place to reduce the risk of re-admission. Clinical staff had developed 80 care plans to support patients. Data showed that for 2015-2016 69 patients per 1000 had emergency admissions. This was the lowest data in comparison with other local practices.
- Occasionally a consultant (specialist doctor) from a hospital was invited to attend the practice and reviewed patients who had long-term conditions and complex needs. Recently a consultant who specialised in diabetes had been to the practice and the practice nurse attended as a learning exercise. The practice nurse told us that arrangements had been made for a diabetes nurse specialist to attend the practice to work along-side the practice nurse to review patients who had diabetes.
- Regular multidisciplinary meetings were held where very ill patients were discussed and their care need reviewed to promote coordinated care and treatment. The community nursing team, case manager, health visitor attended and a representative from the local hospice.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 practice's overall QOF achievement for 2015-2016 was 100%.

The practice's total exception rate was 6%; which was the same as Clinical Commissioning Group (CCG) and the national averages. Exception reporting is the exclusion of patients from the list who meet specific criteria. For example, patients who choose not to engage in screening processes or accept prescribed medicines.

The latest QOF data showed the practice was performing above the CCG and national averages during 2015-2016 for all types of long-term conditions;

- The review rate for atrial fibrillation (irregular heart beat) was 100%, which was comparable with the CCG average of 98% and the national average of 97%. The practice exception reporting rate was 0% compared with 1% for the CCG and 3% nationally.
- The review rate for patients who experienced poor mental health who had agreed care plans was 100%, which was higher than the CCG average of 93% and the national average of 89%. The practice exception rating was 6% compared with the CCG average of 8% and the national average of 13%.
- Performance for chronic obstructive airways disease (COPD) related indicators was 98%, which was higher than the CCG average of 90% and the national average 89%. The practice exception reporting rate was 5% compared with 7% for the CCG and 12% nationally.
- Performance for patients with dementia who had an agreed care plan was 100% which was higher than the CCG average of 86% and the national average of 84%. The practice exception rating was 0% compared with the CCG average of 4% and the national average of 7%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90 mm Hg or less was

Are services effective?

(for example, treatment is effective)

82%, which was comparable with the CCG average of 83% and the national average of 83%. The practice exception reporting rate was 3% compared with the CCG average of 4% and the national average of 4%.

- The percentage of patients with diabetes, on the register, in whom the last glucose blood test was 75mmol/mol or less in the preceding 12 months was 98% which was higher than the CCG average of 86% and the national average of 88%. The practice exception reporting rate was 17%; compared with the CCG average of 9% and 9% national average.

Through the management of the practice there was a strong focus on promoting health promotion and patient care and treatment.

We asked the lead GP why the exception rating for diabetes was higher than average. They were able to account for all the exceptions reported and demonstrated that the exceptions were clinically justified.

The lead GP provided anticoagulant assessment and treatment for all patients who required this service. This included home visits to patients who were unable to access the practice.

The lead GP used neuro linguistic programming for patients who presented with anxiety, stress and depression. The process included patient self-analysis, interception, information and coaching and motivation skills. This treatment was used five or six times per month with positive results.

All locum and regular session GP holders were provided with a purpose designed template to record difficult and challenging patient consultations, referrals, path lab reports and areas of concern including safeguarding issues. A debrief meeting was held by the lead GP at the end of their session to review all patients seen during the session and discuss management of complex and challenging cases. Following absence of the lead GP all templates generated were reviewed and any identified actions were carried out.

There was evidence of quality improvement through clinical audits. A total of nine clinical audits had been carried out during 2016. They included:

- A re-audit had been carried out in August 2016 that confirmed patients received appropriate care and treatment for coronary heart disease.

- The lead GP carried out quarterly audits of all patients who had received minor surgery and joint injections to check that the outcomes were appropriate.
- In July 2016 an audit was carried out to check that patients received appropriate anticoagulant therapy. As a result some patients had been reviewed. The recordings stated that the audit would be repeated annually.

Effective staffing

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

- The practice had an induction programme for newly appointed staff that was role specific. This included a dedicated induction for locum GPs. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, policies and procedures and confidentiality.
- The practice had a training programme in place designed to enhance specific skills. For example, the practice nurse had completed detailed training in diabetes.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. They told us they could ask for additional support at any time. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The lead GP had enhanced their knowledge and skills by attendance at 'The Women's Group' where a consultant (specialist doctor) was invited to speak about specific long-term conditions and they did this by presenting case studies. The meetings were held eight times a year and the lead practice GP was the coordinator.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Patients who had complex needs had care plans and these were regularly updated. The assessments and care planning included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that these patients were discussed during the multi-disciplinary team meetings.
- Test results were sent by text to those patients who had a mobile telephone, approximately 50% of registered patients. Where abnormal results were received patients were contacted and asked to make an appointment.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. 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.
- The GP we spoke with understood the Gillick and Fraser competency test. It was used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through records and audits to ensure the practice met its responsibilities in respect of legislation and national guidelines. Written consent was obtained before each minor surgery procedure commenced.

Supporting patients to live healthier lives

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

- These included patients who received palliative (end of life) care, carers of patients, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. All eligible patients who had attended the practice had received advice on obesity and smoking cessation. Patients were signposted to relevant services.
- The uptake for the cervical screening programme (2015-2016) was 80%, comparable with the CCG average of 80% and the national average 81%.
- The practice manager carried out regular computer searches and contacted patients by telephone to remind them that their health check was due. Patients who had not attended reviews were contacted again and given the opportunity to make another appointment.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening:
- Data showed that 71% of eligible female patients had attended for breast screening during a 36 month period. The CCG average was 69% and the national average 72%.
- Also 50% of eligible patients had undergone bowel screening in the last 30 month period, where the CCG average was 50% and the national average 58%.
- Senior staff had developed partnership with a specialist organisation to provide access to videos regarding healthy living and management of long term conditions. All videos were available online to patients in their homes. Patients were given leaflets about this and by the date of our inspection 62 patients had taken up this service. Practice leads had developed two videos which were being converted to digital format to assist patient access via the website. Additional videos were played constantly in the waiting area including dementia, looking after a child with fever and NHS health checks.
- Newly registered patients received health checks. Their social and work backgrounds were explored to ensure holistic care could be provided. If they were receiving prescribed medicines from elsewhere these were also

Are services effective?

(for example, treatment is effective)

reviewed to check they were still needed. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

- Childhood immunisation rates for the vaccinations given were comparable with the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 93%, this meant that the practice had achieved the overall CCG target of 90%. Practice data for five year olds who received dose one of triple vaccine (mumps, measles and rubella) was 93%, the CCG average was 95% and the national average was 94%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and the NHS health checks for patients aged 40–74 years. The practice had carried out 150 health checks since April 2016 and this equated to 89% of the eligible population group. The practice manager told us they had a process to capture more patients by the end of the year.
- A practice initiative involved the lead GP and five other board members held the 'Asian Women's Forum' meeting annually and had 30 members. They held cookery sessions for a healthy diet and advice about healthy living and the importance of health screening and coping with stress.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients and treated them with dignity and respect. This included face to face contact and on the telephone.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consulting and treatment room doors were closed during consultations.
- Reception staff explained that when patients wanted to discuss sensitive issues or appeared distressed, they were offered a private room to discuss their needs.
- The four patients we spoke with who were members of the Patient Participation Group (PPG) were complimentary about the way in which all staff communicated with them.
- All of the 29 patient comment cards we received were positive about the service they received. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.
- The five patients we spoke with described their care as good or excellent.
- Patients who relied on public transport for planned hospital admissions were provided with a taxi service that was funded by the practice.
- On two occasions (Sundays) within last year the lead GP had visited end of life care patients at home. They had been given direct access to them to avoid them calling out of hours' or ambulance services.

Results from the latest National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. The practice was above CCG and national averages for its satisfaction scores on consultations with GPs and nurses.

- 89% of patients said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.

- 94% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 92%.
- 86% of patients said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 94% of patients said the nurse was good at listening to them compared to the CCG average of 89% and national average of 91%.
- 94% of patients said the nurse gave them enough time compared to the CCG average of 89% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and national average of 97%.
- 95% of patients said the last nurse they saw or spoke with was good at treating them with care and concern compared to the CCG average of 88% and national average of 91%.

Care planning and involvement in decisions about care and treatment

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

Results from the latest National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages.

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.

Are services caring?

- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and 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 a range of health promotion advice and information leaflets about long-term conditions in the waiting area that provided patients with details of support services.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

Following a bereavement a GP contacted the family or carer and offered them support and if necessary referral to a counselling service.

The practice's computer system alerted GPs if a patient was also a carer. There were 62 carers on the register which equated to 3% of registered patients. There was information for carers on a notice board and the practice leaflet asked patients to identify themselves if they were carers.

Clinical staff signposted carers to various support groups and offered them annual influenza vaccinations. Senior staff had developed their own template for carrying out reviews of patients who were also carers. It included details such as, consent to share information, communication considerations and any special physical or medical considerations. Clinical staff provided carers with advice about prevention of pressure ulcers.

During October 2016 the practice held two open days for patients and invited patients and carers. Member of the Alzheimer's Society were present and provided information about the support they provided. As a result two patients and their carers received a home visit by staff from the Alzheimer's Society.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Providing they were urgent; all patients who requested same day appointments were seen on the same day.
- There were longer appointments available for people with a learning disability and patients with other long-term or complex conditions.
- There were extended opening hours available to improve patient access.
- Home visits requests were triaged to enable GPs to prioritise them.
- Patients who were at risk of unplanned admission to hospital were closely monitored and reviewed following discharge.
- The practice nurse had received specialist training and saw patients with a range of conditions such as; wound care, diabetes and asthma.
- Patients identified as being at risk of fuel poverty were provided with advice about how to stay warm, how to prevent development of pressure ulcers and were given a blanket that had been purchased by practice staff. Free salt-grit was supplied to patients who could not obtain supplies. Staff at the practice were involved in identifying patients who were in need. Patients were also provided with details of a support group who would visit the patient in their own home.

Access to the service

The practice was open from 8.30am until 6.30pm every weekday with the exception of Wednesdays when the practice closed at 1pm. Patients who contacted the practice between 8am and 8.30am and Wednesday afternoons were directed to the South Doc In Hours services as part of the agreed contract.

Appointments times were:

- From 9am until 11am each weekday

- From 4pm until 6pm Mondays, Tuesdays, Thursdays and Fridays.
- Extended hours were provided by pre-bookable appointments with the practice nurse from 6pm until 8pm every Tuesday.
- Patients who requested home visits were contacted by telephone to enable GPs to prioritise which patients should be visited first.

Routine appointments could be pre-booked up to two weeks in advance in person, online or by telephone. Requests for repeat prescriptions could be made in the same ways.

Results from the National GP Patient Survey published July 2016 showed the level of patients' satisfaction with how they could access care and treatment. For example:

- 97% of patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.
- 97% of patients said they were able to get an appointment to see or speak with someone last time they tried compared to the CCG average of 71% and the national average of 76%.
- 97% of patients described their experience of making an appointment as positive compared to the CCG average of 70% and national average of 73%.
- 82% reported they were satisfied with the opening hours compared to the CCG average of 74% and national average of 76%.

All of the five patients we spoke with and the 29 comment card we reviewed commented that they had no difficulty in accessing the practice.

Listening and learning from concerns and complaints

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

- Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. Information about how to make a complaint was available on the practice's website, in the practice leaflet and in the waiting area.
- There had been two formal complaints received during 2016. We saw that complaints had been dealt with in an effective and timely way. We saw that complaints were

dealt with openness and transparency. Complaints were discussed with staff to enable them to reflect upon them and any actions taken to reduce the likelihood of future incidents. Complaints had been reviewed by senior staff for the purpose of identifying trends or whether further action was needed, none were identified.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

Senior staff had a vision to deliver quality care and promote positive outcomes for patients. The practice had a written business plan. It took into account how services could be delivered effectively to patients and the likely increase in the number of registered patients due to the impending local build of 300 new houses within the practice boundary. The document gave in-depth information about eight objectives and details about how they would be achieved. All of the set objectives concerned clinical care achievements, for example, how to assist frail patients and those who were not able to access the practice and clinical data. We saw that all performance was measured, and the Quality and Outcomes Framework (QOF) score provided when appropriate.

- Senior staff met regularly with other practices through local network and CCG education meetings to share achievements and to make on-going improvements where possible.
- Senior staff had considered future needs that included the proposed transfer of secondary care services to primary care and how these could best be delivered.
- The lead GP and practice manager attended monthly Clinical Commissioning Group (CCG) meetings. The practice manager was the lead member of the Quality Improvement Performance Committee (QIPC) which met four times a year. QIPC is a CCG initiative for making measurable improvements in patient care and treatment. The practice manager was involved with numerous committees with a purpose of making clinical improvements such as, the Health Care Innovators Forum and the National Association of Primary Care, Regionals meetings. The practice manager had been a speaker at a number of health events.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.

- Staff worked as a team and supported each other in achieving good patient care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals disseminated best practice guidelines and other information.
- There were robust systems for identifying those patients who needed to attend the practice for reviews of their long-term conditions, the results of the Quality Outcomes Framework (QOF) data confirmed high practice achievements in this area.
- There were comprehensive assurance systems and performance measures, which were reported and monitored, and if necessary action was taken to improve performance.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There was a holistic understanding of performance, which integrated the views of patients concerning safety and quality information.
- Practice specific policies were implemented and were available to all staff. We saw that a wide range of up to date and comprehensive policies were available for all staff to access.

Leadership and culture

On the day of inspection the lead GP and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us that senior staff were approachable and always took the time to listen to them.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. There was a culture of openness and honesty and all staff were treated equally.

The practice had systems to help ensure that when things went wrong with care and treatment:

Are services well-led?

Outstanding



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

- The practice prioritised safety, on-going service improvements and compassionate care.
- The partners were visible in the practice and staff told us they were approachable at all times.
- Practice staff gave affected people support, information, explanations and a verbal and written apology.
- Staff kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- We saw that communication between staff was excellent. Staff told us the practice held regular team meetings and some reception staff who were not working chose to attend the meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and fully supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Practice staff encouraged and valued feedback from patients, the public and staff. They proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through its own surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the introduction of text mobile phone reminders to patients about their appointments and new seating arrangements in the waiting area.
- Practice staff carried out their own annual patient survey and the latest report was dated February 2016. It stated that 87 patients had participated, this equated to

4% of the total practice population. The overall outcome was positive. The results were shared with the PPG who developed a written action plan and we saw that most had been implemented. For example, 88% of respondents said that they were greeted with warmth on their arrival at the practice.

- The PPG organised and held annual garden parties with an open invitation to patients and others who wished to attend.
- The practice had gathered feedback from staff during one to one discussions and generally from staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

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

- Senior staff used every opportunity to learn from incidents and complaints to support improvement. Learning was based on thorough analysis and investigation.
- Systems and processes to improve clinical care were highly developed with further ideas for on-going progress. The provider and practice manager met regularly with the CCG and was working closely with them in identifying and implementing improvements.
- The practice team were forward thinking and an integral part of local schemes to improve outcomes for patients. For example, hosting two events for the Alzheimer's Society.
- The practice part funded a research nurse who was employed by the National Institute for Health Research (NIHR). Research projects included extended anticoagulation, primary care infection control and blood pressure monitoring between differing ethnic groups.
- Clinical staff actively encouraged and provided patient education about managing of their long-term conditions and health promotion. For example, the practice was working jointly with patient participation group (PPG) and shared their plans to encourage

Are services well-led?

Outstanding



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

patients to take up photography. They had linked the project with health education and lifestyle changes. This was introduced as a means of encouraging patients from all different groups to take up the hobby using their camera phones, creativity and a local competition. Prizes would include cookery books and healthy foods.

- The provider had developed a written 'Disease Prevention Policy and Plan' and was working with a Councillor for a local area about how to use the plan for the wider population. The document identified four action points, engagement with patients, early

identification of conditions, prioritisation of actions that made positive improvements on health and lifestyles and encouraging patients to participate in public health programmes of health screening.

- In conjunction with a consultant (specialist doctor) from the Royal Orthopaedic Hospital the lead GP developed a knee and shoulder flow chart and training pack for effective assessment and referral mechanisms. This was used to train GPs and resulted in an effective pathway for patients.