

RK Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at RK Medical Practice on 20 October 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for RK Medical Practice on our website at www.cqc.org.uk.

At the inspection in October 2016 we found the practice did not have comprehensive systems in relation to safety and governance, staff training and appraisals were lacking and there were shortfalls in the required recruitment procedures. Warning notices were issued, with the practice required to undertake action to meet the regulations in relation to safe care and treatment and good governance.

This most recent inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 31 July 2017. Overall the practice is now rated as Good.

Our key findings at this inspection were as follows:

- We had previously identified a number of areas of potential risk to both patients and staff including the lack of risk assessments for fire safety, legionella and the general environment. Evidence at this inspection demonstrated that safe and comprehensive systems had been implemented to address these areas.
- Appropriate recruitment checks were completed and staff personnel files were now in place to document these for all staff.
- Systems to securely store and monitor the use of prescription pads had improved.
- Systems to recognise, record, and respond to significant events had improved and these were supported by an updated incident policy. Evidence was available that demonstrated outcomes and learning from significant events and complaints were shared.

Summary of findings

- Governance arrangements had improved significantly and there was a clear staffing and organisational structure with identifiable roles and responsibilities.
- Practice meetings were now scheduled weekly and these were minuted.
- Records of staff training showed that a range of training including fire safety and safeguarding had been completed. Additional training was planned.
- The practice had updated and reviewed policies and procedures. These were available for staff and practice meeting minutes demonstrated these were shared and discussed with the team. Staff were aware of the new policies introduced.
- Unverified data provided by the practice indicated there had been some progress in clinical outcomes, although work needed to be continued to improve patient outcomes.
- Instructions to enable nurses to administer medicines safely were signed and dated by GPs and the practice nurse.
- Patient feedback was positive about the practice and about all staff and patients said they were treated with compassion and dignity.

- A Patient Participation Group had been formed and was being supported by a GP who had retired from the practice at the time of the last inspection.

The areas where the provider should make improvement are:

- Continue work to demonstrate quality improvements for patients outcomes
- Review the investigated significant events within the agreed timeframes and as per policy.
- Consider the content and style of the letters to complainants to ensure a more detailed response is recorded
- Continue to identify and support patients who are also carers

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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?

At our previous inspection on 20 October 2016, we rated the practice as inadequate for providing safe services. The arrangements to manage and reduce risks to patients were not sufficient. For example, risk assessments for the environment, fire and legionella were not available; learning from significant events was not shared; some aspects of medicine management needed improving and appropriate recruitment checks were not in place for all staff. We issued a warning notice in respect of these issues.

The practice had taken action to improve all these areas when we undertook a follow up inspection on 31 July 2017. The provider is now rated as good for providing safe services.

- Systems to recognise, record, and respond to significant events had improved and these were supported by a reviewed incident policy. Evidence from team meeting minutes and speaking with staff confirmed learning was shared from incidents; however the planned review of investigated events was in some cases overdue.
- Systems and processes to keep patients and staff safe had improved. Fire safety, legionella, and environmental risk assessments were in place and minor actions identified from these assessments had been responded to.
- Staff had easy access to safeguarding policies and procedures and all staff had received training for both children and adults safeguarding.
- Appropriate recruitment checks were now in place for all staff and staff personnel files were appropriately maintained.
- Areas of medicine management had improved. There was a more comprehensive system for ensuring prescription monitoring and security.

Good



Are services effective?

At our previous inspection in October 2016, we rated the practice as inadequate for providing effective services as the arrangements for monitoring patient outcomes, staff training and appraisals were not adequate.

There had been some improvement when we undertook a follow up inspection on 31 July 2017. The provider is now rated as requires improvement for providing effective services.

Requires improvement



Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were still below the local and national averages. Unverified data demonstrated some improvement and work needed to be continued to improve patient outcomes
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Clinical staff numbers had increased with the employment of a community practice nurse and a salaried GP.
- Staff had the skills and knowledge to deliver effective care and treatment. Training for staff was more effectively managed.
- There was now evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved

Are services caring?

At our previous inspection in October 2016 we rated the practice as good for providing caring services. The practice remains rated good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had made efforts to improve the identification of patients who were also carers

Good



Are services responsive to people's needs?

At our previous inspection in October 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

These arrangements had improved when we undertook a follow up inspection on 31 July 2017. The practice is now rated as good for providing responsive services.

Good



Summary of findings

- Information about how to complain for patients had been improved and was readily available. Evidence from five examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Since the last inspection the practice had created a practice website which gave patients full access to booking appointments, electronic prescription requests and a range of information about the services it provided.
- The practice understood its population profile and had used this understanding to meet the needs of its patients.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs

Are services well-led?

At our previous inspection on October 2016, we rated the practice as inadequate for providing well-led services as there was no vision or strategy for the practice, no overarching governance structure and policy guidance was not adequate.

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection. The practice is now rated as good for being well-led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were now clear about the vision and their responsibilities in relation to it.
- There was now a clear leadership and organisational structure and staff felt supported by management. The practice had reviewed the range of policies and procedures to govern activity and held practice meetings, which were now scheduled monthly.
- An overarching governance framework had been implemented which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour. In five examples we reviewed we saw evidence the practice complied with these requirements.
- The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice had supported the formation of a patient participation group (PPG) and proactively sought feedback from patients.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. This was improved by the practice employing a community practice nurse whose role was specifically for the review and management of house bound patients, patients who lived in care homes and elderly frail patients.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

People with long term conditions

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

Good



- GPs and nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- There had been some improvement in clinical outcomes in respect of the management of all long term conditions. Unverified data provided by the practice showed improvement and work needed to be continued to improve patient outcomes.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care

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, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were good for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for new mothers and their families following discharge from hospital, giving early information on vaccinations and how to best access help and advice if the baby became ill. This was also to try to help reduce A&E attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.

Working age people (including those recently retired and students)

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

Good



- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients could access extended hours appointments until 8.00pm seven days per week, via the federation arrangements for working patients who could not attend during normal opening hours. This was for both GP and nurse appointments.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a Military Veterans policy and signposted these patients to more specialised health and well-being support.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out care planning for patients living with dementia.
- At the last inspection data indicated 55% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was worse than the CCG average of 79% and national average of 78%. Unverified data demonstrated that this has improved to 99%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. There were 332 survey forms distributed and 110 were returned. This represented a response rate of 35% or 2.5% of the practice's patient list.

- 85% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 75% and 77% respectively

We spoke with 12 patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Patients commented that they felt the practice had improved recently, stating that staff seemed friendlier and access to appointments had improved. The patients said they liked the practice website and the opportunity to access information better.

The practice had collated the results of the NHS Friends and Family test (FFT) and feedback each month from April 2017 had demonstrated that patients were consistently highly likely to recommend the practice to others.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue work to demonstrate quality improvements for patients outcomes
- Review the investigated significant events within the agreed timeframes and as per policy.
- Consider the content and style of the letters to complainants to demonstrate a more detailed response is recorded
- Continue to identify and support patients who are also carers

RK Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspection Manager. The team also included a GP specialist adviser and two CQC Inspectors.

Background to RK Medical Practice

RK Medical Practice is situated in a purpose built health centre at 171 Brownley Rd, Wythenshawe Manchester, M22 4GL. This facility is shared with another GP practice and various community health services, including the district nursing team. The practice has 4500 registered patients and is part of Manchester Clinical Commissioning Group (CCG). Services are provided under a General Medical Services contract with NHS England.

The practice has two male GPs, one the registered provider, the other a salaried GP. There is also a long term female locum GP employed. The practice staff consists of a practice manager, a practice nurse, a community practice nurse and a number of reception and administration staff.

The practice has appropriate facilities, disabled access and car parking. There are three consultation rooms and two treatments rooms utilised by the practice.

The surgery is open from 8am until 6:30pm Monday to Friday and is also a part of a federation of GP practices who provide extended hours cover in the area between 6pm and 8pm, Monday to Friday, as well as on Saturday and Sunday. Patients are able to attend appointments at a small number of local health centres as part of this arrangement.

Out of hours services are provided by Go to Doc via NHS 111.

The practice is a teaching practice, supporting medical students.

Information published by Public Health England rates the level of deprivation within the practice population group as level one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Male and female life expectancy in the practice geographical area is 74 years for males and 77 years for females, both of which are below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register is generally similar to the average GP practices in England. The practice has a higher percentage (60.5%) of its population with a long-standing health condition when compared to the local CCG average (51%) and the England average (53.2%). The practice percentage (49%) of its population with a working status of being in paid work or in full-time education is below the CCG average (66%) and the England average (62%). The practice percentage (16.8%) of its population with an unemployed status is above the CCG average (6.9%) and the England average of (5%).

Why we carried out this inspection

We undertook a comprehensive inspection of RK Medical Practice on 20 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

Detailed findings

The full comprehensive report on the Oct 2016 inspection can be found by selecting the 'all reports' link for RK Medical Practice on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of RK Medical Practice on 31 July 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations for example the CCG and NHS England to share what they knew. We carried out an announced visit on 31 July 2017. During our visit we:

- Spoke with a range of staff, including all GPs, Practice manager, Community Practice Nurse, Reception and administration staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection in October 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of the management of incidents, assessment of risks, recruitment of staff and the management of prescription pads were not adequate.

We issued a warning notice in respect of these issues. These arrangements had improved when we undertook a follow up inspection on 31 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a comprehensive system for reporting and recording significant events and evidence was available to demonstrate these were discussed regularly at practice meetings and were used to improve the quality of service provided.

- 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 told us of incidents which they were aware of. For example a staff member told us about an issue with prescriptions concerning a local pharmacy and how action taken was shared with the rest of the staff.
- Staff confirmed there was an open, safe environment to raise issues. A policy was in place to support the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Records of significant events showed that appropriate investigation had been carried out and actions to improve service delivery recorded. We noted that patients were invited to the practice as part of the investigation of the incident. All incidents and some complaints were also investigated as significant events. A log of significant events was maintained and a record of the investigation into each incident recorded. Monthly practice meetings provided evidence that learning from significant events and complaints were shared as appropriate.
- The practice manager had reviewed the significant events policy and this included required analysis

Overview of safety systems and process

The practice had improved systems and processes to keep patients safe and safeguarded from abuse.

- Arrangements to safeguard children and vulnerable adults had improved and all staff spoken with were aware of these, and how to access the practice's safeguarding policies, procedures and safeguarding contact telephone numbers.
- There was a lead member of staff for safeguarding. GPs were trained to child protection or child safeguarding level 3. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities in relation to safeguarding and all had received training on safeguarding children and vulnerable adults relevant to their role.
- There was a notice in the waiting room and consultation rooms advising patients that chaperones were available if required. All administrative staff had received training in chaperoning. Staff who carried out the chaperoning role now had a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Regular monitoring and recorded checks of the building and facilities were undertaken. An audit had been undertaken by the Community Infection Control Lead on 12 June 2017. There were minor recommendations, which had all been actioned soon after the audit.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice now minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Blank prescription forms and pads were now securely stored and there were improved systems to monitor their use.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a process to ensure

Are services safe?

this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. These were all current, dated and signed as required.

We saw since the last inspection that staff recruitment files were appropriately maintained and that recruitment of staff followed the practice recruitment policy and employment guidelines.

We reviewed four personnel files, including a new staff member and the locum GP and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, medical indemnity, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- Since the last inspection environmental risk assessments had been completed and a health and safety policy had been implemented.
- The practice was based in a health centre, where NHS Property Services maintained the building. We noted that there had been improved engagement by the practice and there was evidence of a current fire risk assessment. There were designated fire marshals within the practice. There was a fire evacuation plan and fire evacuation training had been undertaken.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

There were appropriate arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients

Arrangements to deal with emergencies and major incident

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

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

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in October 2016, we rated the practice as inadequate for providing effective services as the arrangements for monitoring patient outcomes, staff training and appraisals were not adequate.

These arrangements had improved when we undertook a follow up inspection on 31 July 2017. However there were still areas of improvement required in relation to the management of patients with long term conditions. The provider is now rated as requires improvement for providing effective services.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Clinical staff told us how they accessed up to date clinical guidance on appropriate websites. We found evidence that following alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) which regulates medicines, medical devices and blood components for transfusion in the UK, the designated administration staff for prescribing undertook searches of patient records to identify those prescribed these medicines or equipment and, following discussion with a GP, took action accordingly. This included inviting patients in for a medicine review.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The only published results available (2015/16) were 67.2% of the total number of points available, with 7.1% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- In 2015/16 the percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 51%

compared to the clinical commissioning group (CCG) average of 66% and national average of 78%. Unverified data provided by the practice for 2016/17 showed an improvement to 61%

- In 2015/16 the percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 39%, compared to the CCG average of 66% and national average of 70%. Unverified data for 2016/17 showed an improvement to 75%
- In 2015/16 the percentage of patients with diabetes on the register whose last measured total cholesterol was 5mmol/l or less within the preceding 12 months was 52%, which was below the CCG average of 67%, and the England average of 70%. Unverified data for 2016/17 showed an improvement to 61%
- In 2015/16 the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 60% compared to the CCG average of 75% and national average of 81%. Unverified data for 2016/17 showed an improvement to 86%
- In 2015/16 55% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was worse than the CCG average of 79% and national average of 78%. Unverified data demonstrated that this has improved to 99%.

Since the inspection in October 2016 the practice had trained and given reception/administrative staff responsibilities for the designated QoF areas, including mental health, diabetes and chronic obstructive pulmonary disease. Staff reported that this had increased awareness as to why patient recall and reviews of such long term conditions was important to improve patient care. It was felt by the staff that this had improved the overall management of patients with long term conditions. Work needed to be continued to improve patient outcomes.

There was evidence of quality improvement including clinical audit and a programme of regular clinical audit and re-audit was now established.

- Evidence from three clinical audits was reviewed. One of these audits had the 1st cycle completed and was due to be re audited in September 2017. This was in response to an alert from the Medicines and Healthcare

Are services effective?

(for example, treatment is effective)

products Regulatory Agency (MHRA) in relation to prescribing Valproate in girls and women of child bearing age. (Valproate is used to treat epilepsy and bipolar disorder and to prevent migraine headaches) The other two audits were two cycle audits which demonstrated improvements were implemented and monitored. One was in relation to avoiding A&E attendances and the other was an audit following patients who had undergone minor surgery. Following the audit, work had been implemented to improve the assessment of patients with long term conditions and to increase home visits for more vulnerable patients.

- The practice participated in local audits, national benchmarking and accreditation.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Following the previous inspection in October 2016 the practice had introduced a comprehensive training policy and a training matrix for all staff. Staff we spoke with were able to tell us about the training they had received. This meant that staff were receiving appropriate role specific training.

- The practice had reviewed and improved the induction training it provided to new staff. It had introduced an induction policy and pack. The induction programme included mandatory training such as safeguarding children and adults; health and safety, fire safety, infection control and prevention, information governance and confidentiality.
- The practice had employed a salaried GP to increase capacity following the last inspection.
- Since the last inspection the practice had employed a community practice nurse whose role was specifically for the review and management of house bound patients, patients who lived in care homes and elderly frail patients. Work had not been undertaken to demonstrate the impact of this new role.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. The practice nurse administering vaccinations and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence.

- Since the last inspection staff had received an appraisal and a planned schedule of future staff appraisals had been established. Staff also had personal development plans in place. The GP undertook all appraisals within the practice.
- The practice had involved staff in reviewing staff roles and responsibilities and, following individual discussions, staff were allocated clear roles and responsibilities, particularly around QoF and the recall of patients with long term conditions.

Coordinating patient care and information sharing

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

- This included 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.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis including palliative care meetings and multi-disciplinary complex care meetings.

Consent to care and treatment

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

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

Are services effective?

(for example, treatment is effective)

- Written consent was obtained for patients undergoing any minor surgical procedure.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice was aware of patients who were military veterans and maybe requiring additional health and well-being support. Information was readily available for additional specialist services.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 70% to 96% and five year olds from 94% to 98%.

The practice's uptake for the cervical screening programme was 68%, which was the same as the CCG average of 68% and comparable with the national average of 74%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The uptake for bowel screening was 39% comparable to the CCG average of 46% but below the national average of 57%. Breast screening uptake was 59.4%, which was comparable to the CCG average of 61% but again below the national average of 72%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection in October 2016 we rated the practice as good for providing caring services. The practice remains rated good for providing caring services.

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

We spoke with 12 patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 85% of patients said the GP gave them enough time compared to the clinical commissioning group (CCG) and national average of 86%
- 87% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and the national average of 89%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.

- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) and national average of 86%.
- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) and the national average of 91%.
- 94% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and the national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 90% and national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared with the clinical commissioning group (CCG) average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG and the national average of 86%.

Are services caring?

- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and the national average of 92%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the clinical commissioning group (CCG) and national average of 86% and 85% respectively.

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

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

The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

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

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

- The practice was aware of patients who were military veterans and maybe requiring additional health and well-being support. Information was readily available for additional specialist services and the practice had a military veteran's policy.

The practice's computer system alerted GPs if a patient was also a carer. Since the last inspection the practice had identified an additional 23 patients as carers giving a total of 37, however this was still less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. The practice had set up a "Carer's Corner" with carer registration forms and additional practice information available. Reception staff were also raising awareness to identify carers when patients arrived in the practice. Carer health assessments were also offered.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice also proactively contacted new mothers, sending congratulations cards and giving early information on vaccinations and how to best access help and advice if the baby became ill. This was also to try to help reduce A&E attendances.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection in October 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

These arrangements had improved when we undertook a follow up inspection on 31 July 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

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

Since the last inspection the practice had created a website which gave patients full access to booking appointments, electronic prescription requests and a full range of practice information about the services it provided.

- Patients could access daily extended hours until 8.00pm seven days per week, via the federation arrangements for working patients who could not attend during normal opening hours. This was for both GP and nurse appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

- The practice continued work with the local food bank and had a process whereby they would provide homeless patients with tickets for food parcels.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 9am to 12.15pm every morning and 1.30pm to 5.50pm daily. Extended hours appointments were offered via the federation arrangements on weekdays till 8pm and every Saturday and Sunday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. On the day of inspection emergency appointments were available the same day and routine appointments were available the next day.

Patients told us they felt able to get appointments when they needed them.

Results from the 2017 National GP patient survey showed that patients' satisfaction with how they could access care and treatment was above or comparable to local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and national average of 76%.
- 72% of patients said they could get through easily to the practice by phone compared to the clinical commissioning group (CCG) and national average of 69% and 71% respectively.
- 77% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and the national average of 84%.
- 82% of patients said their last appointment was convenient compared with the CCG average of 76% and the national average of 81%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 53% of patients said they do not normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

At the inspection in October 2016 the arrangements in respect of recording, investigating and learning from complaints needed improving. The complaints policy was not in line with national guidance, verbal complaints were not always recorded and patient information on how to complain was not adequate.

At this inspection we found the practice had improved the system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A more detailed information leaflet on how to make a complaint was now available along with a patient complaint, complement and suggestion form, provided at the reception desk.

- Verbal complaints were now recorded and acted upon.
- All comments made on NHS Choices by patients were responded to and patients offered a meeting with the complaints manager.

We looked at five complaints made since the last inspection and noted that complaint acknowledgement letters were sent to complainants within the timescale detailed in the complaints policy. We found that some of the letters of response were a little brief and this was discussed with the practice. The complaints manager had commenced a log of complaints and this detailed the actions undertaken by the practice in response to the outcome of complaint investigations. Actions included discussing the complaint with the individual staff members as required and sharing learning at practice team meetings.

Are services well-led?

Good 

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

Our findings

At our previous inspection on October 2016, we rated the practice as inadequate for providing well-led services as there was no vision or strategy for the practice, no overarching governance structure and policy guidance was not adequate.

We issued a warning notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 31 July 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice vision statement was: “to give general medical services to all patients”. This was underpinned by the objectives which included: “To always be aware the safety of our patients and staff and to maintain this at all times, to ensure patients receive the best treatment and are fully involved in any decision making and to ensure that all staff are courteous, respectful and aware of patient’s anxieties and concerns”.

At this inspection staff were able to articulate the strategy of the practice. A business plan had also been implemented, along with plans for the future of the practice.

Governance arrangements

At the last inspection the practice lacked a clear governance structure and staff were unclear about their roles and responsibilities. We found this had improved:

- There was a now clear staffing and organisational structure and staff were aware of their own roles and responsibilities. GPs and nurses had been given lead roles in key areas.
- Reception and administration staff had been given responsibility to raise awareness with patients in relation to the management of long term conditions and this was linked with QoF performance.
- Practice policies and guidance had been reviewed and were available to all staff via the shared drive or in paper copy. These reflected current guidance and each had review dates.

- A comprehensive understanding of the performance of the practice was now in place. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Risk management had improved. There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- There was an improved oversight of staff training and staff training needs.
- Appraisals were now completed with evidence of performance management and personal and professional development.
- Clinical audits had been undertaken to maximise learning and improve patient outcomes.

Leadership and culture

On the day of inspection the GPs 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 the GPs were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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. The partners encouraged a culture of openness and honesty.

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was an improved leadership structure and staff felt supported by management.

Are services well-led?

Good 

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

- Practice meetings were now scheduled monthly and minuted. Multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients were held. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns were discussed.
- Staff told us that team work within the practice had greatly improved since the last inspection. Staff welcomed the additional responsibilities given to them and said they felt more valued. Staff said there was an open culture within the practice and they had the opportunity to raise any issues at practice meetings and felt confident and supported in doing so. Minutes were recorded and were available for practice staff to view.

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

Since the last inspection the practice had a newly formed patient participation group (PPG). They had met three times since the last inspection and meeting minutes were available. Member numbers were low but they were actively promoting the group via the practice website.

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback:

- via patient surveys and “improving the practice” questionnaires. A recent survey in relation to the practice clinical triage system indicated that 99% of patients who took part welcomed the service and thought it improved access to the GPs and nurse.

- the NHS Friends and Family test (FFT), complaints and compliments received. The practice had collated the results of the FFT and feedback each month from April 2017 had demonstrated that patients were consistently highly likely to recommend the practice to others.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt more involved with the development of the practice and were listened to about how to make further improvements. A staff survey was planned for the future.

Continuous improvement

Since the last inspection the practice had attended locality and city wide meetings to share good practice, improve care and treatment and to be part of future healthcare developments. Work had commenced with a local community pharmacist with the community practice nurse to improve compliance with medication and avoid stockpiling amongst the housebound and elderly patients.

The practice was a teaching practice, supporting medical students and continued to receive positive feedback for the training and support given to medical students during their training.

The practice should continue work to improve the management of patients with long term conditions.