

Dr J.R. Naik and Partners

Quality Report

119 Chester Road
Streetly
Sutton Coldfield
B74 2HE
Tel: 03000 280 202
Website: www.oaksmedical.net

Date of inspection visit: 16 August 2016
Date of publication: 30/11/2016

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?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr J.R. Naik and Partners	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Oaks Medical Centre Streetly on 16 August 2016. Overall the practice is rated as good. There are two surgery locations that form the practice; these consist of the main practice at Shady Lane Great Barr and the branch practice at Chester Road Streetly. Both locations have separate CQC registrations; we have therefore produced two reports. There is one patient list and systems and processes are shared across both sites. The data included in this report relates to both locations. During the inspection we visited both sites.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of a completed Disclosure and Barring Service (DBS) check for non-clinical staff who carried out chaperoning duties.
- There were arrangements in place to respond to emergencies and major incidents.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment; with the exception of formal training for staff who carried out chaperoning duties.
- There was a programme of continuous clinical audits, which demonstrated quality improvement and staff were actively engaged to monitor and improve patient outcomes.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For

Summary of findings

example the practice introduced an electronic call management system; this improved the phone access which enable the practice to reduce the volume of missed appointments’.

- Patient feedback from the comment cards we received were positive, for example patients felt GPs were caring, supportive and patients felt listened to. However
- Information about services and how to complain was available and easy to understand. The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result. The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice where the practice used their knowledge of the local community and patient population as levers to deliver high quality, person centred care. The practice expanded the clinical team in order to respond to population needs. For example:

- The practice held a health awareness event in March 2016 where guest speakers from health organisations and charities such as, Diabetes UK,

Alzheimer’s society and Heart care were available. During the weekend patients were provided with the opportunity to speak to health care specialists to increase their knowledge in certain areas of health.

The areas where the provider should make improvement are:

- Ensure that staff undertaking chaperoning duties receive a Disclosure and Barring Service check and sufficient training to carry out this role.
- Ensure that recruitment procedures are operated effectively. For example the practice should ensure
- Explore ways of improving the uptake of national screening programs such as breast and bowel cancer screening.
- Explore ways of improving the amount of care plan, medication and face to face review carried out on patients with a learning disability.
- Ensure information for carers are available within the practice.

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?

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses which were well documented.
- The practice used every opportunity to learn from incidents which were shared across both practice sites to support improvement. Learning was based on a thorough analysis and investigation.
- When things went wrong patients received reasonable support, truthful information, and a written apology. Patients were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- On the day of the inspection the premises was observed to be clean and tidy; the practice carried out an infection control audit within the last 12 months.
- Risks to patients were assessed and well managed; there were arrangements in place to respond to emergencies and major incidents. The practice up skilled staff members to ensure adequate cover were available at all times to meet patients' needs.

Are services effective?

Good



- Our findings during the inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data from the Quality and Outcomes Framework (QOF) showed variations in patient outcomes; for example, there were areas where the practice performed above and below the local and national average. During 2015 the practice merged with another practice where QOF performance were not equal. The practice were aware of this and taking appropriate actions.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had a programme of continuous clinical and internal audits. The clinical audits demonstrated quality improvement and staff were actively engaged to monitor and improve patient outcomes.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment; and they worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

Good



- Data from the national GP patient survey showed the practice was comparable to local and national average for its satisfaction scores regarding consultations with GPs and nurses.
- Patient feedback from the comment cards we received were positive, for example patients felt GPs were caring, supportive and patients felt listened to.
- Information for patients about the services available was easy to understand and accessible.
- During the inspection, we saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held a carers' list, and carers had access to health check and advice to enable them to maximise their own health needs. Although the practice had a carers policy, leaflets directing carers to avenues of support were not available within the practice.

Are services responsive to people's needs?

Good



- The practice were aware of the July 2016 national GP patient survey results regarding how easily patients could get through to the practice by phone. In response the practice installed a new phone system which enabled the practice to monitor activity and ensure appropriate staffing levels were available during busy periods.
- 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 held health awareness events where guest speakers from health organisations and charities such as, Diabetes UK, Alzheimer's society and Heart care were available.

Summary of findings

- The practice implemented suggestions for improvements and made changes to the way services were delivered as a consequence of feedback from patients and the patient participation group. For example, the practice extended their clinic times to increase access for working patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number 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. For example, the practice were pursuing improvements following the merger with another practice where performance were not equal.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and there were well documented evidence of where the PPG had been involved in improving how the practice was run.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The patient participation group (PPG) supported the practice to promote the uptake of flu vaccinations. Data provided by the practice showed that their uptake of flu immunisations for over 65s in the last 12 months was 76%.
- Health care assistants (HCA) carried out nursing and care home visits; any concerns were then referred to the advanced nurse practitioner or GP. The practice had a well-established call and recall system for this population group to ensure reviews were taking place at least annually.

People with long term conditions

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Overall performance for diabetes related indicators was below the national average. For example, 83% compared to the CCG and national average of 90%. Unverified data provided by the practice showed that influenza immunisation for patients diagnosed with diabetes during 2015/16 was 86%.
- The practice employed a specialist diabetic nurse who provided in-depth care and insulin initiation was available on site. The practice nurse actively carried out pre-diabetes screenings to identify patients at risk and offered support and advice to these patients
- Longer appointments and home visits were available when needed.
- The practice referred into services such as the Desmond Diabetic Programme, Chronic Obstructive Pulmonary Disease Team, Expert Patient and Heart Rehabilitation Programme. Written management plans were in place for patients with long-term conditions and those at risk of hospital admissions.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



- There were systems in place 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 A&E attendances. We saw positive examples of joint working with health visitors and safeguarding teams.
- The practice held a nurse-led child health and immunisation clinic and vaccination rates were relatively high for all standard childhood immunisations. Processes for encouraging parents of young children to attend the practice were in place. For example, the practice sent one year and four year birthday cards; non-attenders were followed up with a further invitation and a telephone call.
- Staff we spoke with were able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.
- The practice's uptake for the cervical screening programme for patients aged 25-64 in the preceding five years was 75%, which was above the CCG average of 69% and comparable to the national average of 82%. The practice provided unverified data from August 2016, which showed that 80% of eligible patients were screened.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Staff we spoke with provided positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good



- The needs of the working age population, those recently retired and students 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.

Summary of findings

- The practice responded to patient feedback by offering extended clinic hours on Tuesdays, Wednesdays and Thursdays from 7am to 8pm, and Wednesdays from 6.30pm to 7.30pm.
- The practice held a health awareness weekend and also actively participated in national campaigns such as no smoking days.
- The practice acted as a hub provider for sexual health services available to registered and non-registered patients.

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 (LD). The practice provided data which showed that 17% of patients with a LD have had a care plan, 51% medication and face to face review in the last 12 months.
- 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. For example the practice worked with the local addiction service to manage the general health care of patients receiving interventions for substance and alcohol dependency.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Carers of patients registered with the practice had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. The practice also provided carers with a detailed carers pack. Data provided by the practice showed that 35% of carers had received a flu vaccination.

People experiencing poor mental health (including people with dementia)

Good



- 78% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%. Unverified data provided by the practice showed that 81% had their care plans reviewed.

Summary of findings

- Performance for patients with a mental health related disorder who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was below the national average. The practice identified this and staff we spoke with told us that the practice were working closer with the community mental health team (CMHT) to increase patient engagement.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. A community psychiatric nurse attended the practice weekly and the practice invited the Alzheimer's society to their health awareness day.
- The practice carried out advance care planning for patients with dementia. The practice offered opportunistic dementia screening.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a comprehensive system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was comparable with local and national averages; with the exception questions relating to phone access where the practice was below local and national averages. Two-hundred and eighty-three survey forms were distributed and 119 were returned. This represented a 42% completion rate.

- 54% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were positive about the standard of care received. For example, patients felt well looked after and valued by GPs and non clinical staff. Patients felt that staff were caring, prompt, understanding and provided an excellent service. Patients felt that they were listened to, treatment was always explained and they felt that they were treated with dignity and respect.

We spoke with five patients during the inspection. Results from the June 2016 Friends and Family Test identified 90% of patients would recommend Dr Naik and Partners to friends and family. This is based on 265 responses.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that staff undertaking chaperoning duties receive a Disclosure and Barring Service check and sufficient training to carry out this role.
- Ensure that recruitment procedures are operated effectively. For example the practice should ensure
- Explore ways of improving the uptake of national screening programs such as breast and bowel cancer screening.
- Explore ways of improving the amount of care plan, medication and face to face review carried out on patients with a learning disability.
- Ensure information for carers are available within the practice.

Outstanding practice

We saw one area of outstanding practice where the practice used their knowledge of the local community and patient population as levers to deliver high quality, person centred care. The practice expanded the clinical team in order to respond to population needs. For example:

- The practice held a health awareness event in March 2016 where guest speakers from health organisations and charities such as, Diabetes UK, Alzheimer's society and Heart care were available. During the weekend patients were provided with the opportunity to speak to health care specialists to increase their knowledge in certain areas of health.

Dr J.R. Naik and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr J.R. Naik and Partners

The Oaks Medical Centre Streetly is located in Sutton Coldfield, West Midlands situated in a converted house, providing NHS services to the local community. The Oaks Medical Centre Streetly is part of a multipartnership practice run by five partners known as Dr J.R. Naik and Partners. The multipartnership with includes The Oaks Medical Centre merged with Dr Ratnam in April 2015 to form The Oaks Medical Centre Streetly. Systems and processes are shared across both sites.

Based on data available from Public Health England, the levels of deprivation (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by The Oaks Medical Centre Streetly are higher than the national average.

The patient list across both sites is approximately 13,500 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The surgery is spread across two floors of a multipurpose building with lift access to the second floor. Parking is available for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing is shared across both sites and comprises of five GP partners (three male and two female), five salaried GPs and three GP registrars (GPs in training). The nursing team includes four advanced nurse practitioners, four practice nurses and three health care assistants (HCA). Non-clinical staff consists of a practice manager, an Information Technology (IT) manager a reception manager, three team leaders, administration and reception staff.

The practice is open between 8am and 6pm Mondays, Wednesdays and Fridays; 8am and 1pm Tuesdays and Thursdays. The practice closes for lunch between 1pm and 2pm on Mondays, Wednesdays and Fridays.

GP consulting hours are from 9am to 11.50am and 3pm to 5.30pm on Mondays, Wednesdays and Fridays; 9am to 1pm Tuesdays and Thursdays. Extended consulting hours are offered fortnightly on Wednesdays and Thursdays 7am. The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by Badger.

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 August 2016. During our visit we:

- Spoke with a range of staff such as GPs, nurses, health care assistant, receptionists, administrators, managers and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting, recording and sharing significant events with the main branch. We reviewed safety records, incident reports, patient safety alerts and requested minutes of meetings where these were discussed. We saw evidence that lessons were shared across clinical and non-clinical staffing team and action taken to improve safety in the practice was documented.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice maintained a log of incidents and there was an open learning culture with systems for monitoring, investigating and sharing learning from significant events. For example, the practice held monthly practice meetings where they discussed incidents and actions.

The practice were able to demonstrate where learning loops had been closed; for example incident logs included a summary of the event, details of actions taken and learning objectives to improve safety in the practice. For example,

We were told that the practice pharmacist investigates medication related patient safety incidents. The practice pharmacist told us about an incident which involved two medicines from the same group which had been prescribed. We were told that discussions were held with clinicians regarding the use of prescribing prompts. The lead pharmacist organises educational events and repeat prescribing templates were introduced.

The practice had systems in place to ensure they complied with relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA). For example there were well established systems for receiving and distributing alerts which were accessible to all staff in paper form and electronically. We were provided with evidence of alerts received and actions taken, for example following an alert regarding the prescribing of a particular medicine used to treat overactive bladder, we saw that appropriate actions had been carried out to identify patients who were prescribed this medicine. Staff we spoke to demonstrated where appropriate actions had been taken to ensure treatment was in line with recommendations.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and we were told that they always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all clinical and non-clinical staff had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required however not all staff who acted as chaperones were trained for the role. For example, non-clinical staff we spoke to told us that they had not received chaperoning training however when asked were able to demonstrate awareness of appropriate procedures to follow when carrying out chaperoning duties. We were told that training had been arranged for October 2016. Clinical staff received a Disclosure and Barring Service (DBS) check with the exception of non-clinical staff. (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). When asked the practice were unable to

Are services safe?

provide evidence of a completed risk assessment to mitigate risks. We were told that the practice had planned to roll out chaperoning training for all non-clinical staff, once this had been completed the practice planned to carry out a DBS before staff commenced this role.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Staff we spoke to told us that the full nursing team and health care assistant also supported the management of infection control. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action had been taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Well established processes were in place for handling repeat prescriptions, which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, following an audit of patients in receipt of a particular medicine, which had been initiated in secondary care and repeated within the practice; tighter processes were implemented to improve prescribing practices.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found there were gaps in the recording of appropriate recruitment checks undertaken prior to employment. For example,

although the practice maintained records of references, qualifications and registration with the appropriate professional body, we saw that proof of identification were not recorded in two files. In one file we saw that the practice recorded that they had viewed staff identification when carrying out a Disclosure and Barring Service (DBS) application however copies had not been retained.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. We saw that all electrical equipment was checked by an electrical contractor to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff we spoke to told us that the practice were working towards having a multi skilled reception and administration team therefore were placing staff on extra training. We were also told that processes were in place which enabled staff to work from either the main location or branch site.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- All staff received annual basic life support training and a comprehensive stock of emergency medicines were 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 in place 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

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.

- The practice had systems in place to keep all clinical staff up to date with NICE guidelines, for example, staff we spoke to told us that updates were received from the CCG and pharmacy team; these were then distributed internally via email and relevant updates were discussed during protected learning time meetings. Staff we spoke to were able to demonstrate how they accessed and used NICE guidelines to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available; this was comparable to the national average of 95%. Exception reporting for clinical domains (combined overall total) was above CCG and national average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). For example 13% compared to CCG average of 8% and national average of 9%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was below the national average. For example 58% had a specific blood glucose reading within acceptable range in the

preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%. With an exception reporting rate of 22% compared to CCG and national average of 9%.

- The percentage of patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March 2015 who have a record of being referred to a structured education programme within 9 months after entry on to the diabetes register was 93%, compared to CCG average of 88% and national average of 91%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August 2014 to 31 March 2015, was 83%, compared to CCG average of 93% and national average of 94%.
- Overall performance for the seven mental health related indicators was above the national average. For example 93% compared to the CCG and national average of 93%.

During 2015 the practice merged with another practice where QOF performance were not equal; the practice were aware of this and taking appropriate actions to address the issues. Staff we spoke with regarding the management of QOF performance told us that they had designated non-clinical staff who managed the call and recall system and clinical staff took on lead roles for different clinical domains. For example, the practice had a diabetic lead who worked jointly with the district nurses, we were told that the district nurse saw patients at first diagnosis and referred patients to educational and self-management services. We were told that if patients' failed to attend their first appointments then the practice were making two further attempts to engage with the patient. Before exception reporting staff told us that they were calling patients' to discuss concerns and the benefits of accessing care.

The practice reviewed the high exception reporting rate for diabetes related indicators and the impact high DNA rates were having on appointment availability. Staff we spoke to told us that the practice were actively implementing new ways to address the issues. For example more flexibility for patients to be seen by the advanced nurse practitioner for their chronic disease management. We were told that GPs were reviewing patients with several chronic diseases in

Are services effective?

(for example, treatment is effective)

one appointment. Staff we spoke to told us that this had been introduced to improve the coordination of patient care with a view this would reduce the DNA and exception reporting rates.

The practice had a clear understanding of the needs of patients with mental health related conditions and proactively reviewed pathways to ensure patients received appropriate care. For example, the practice responded to concerns regarding patients who had failed to attend treatment reviews. Meeting minutes provided by the practice main site demonstrated that the practice were working jointly with the community mental health team (CMHT) to see whether the community teams' reviews could incorporate QOF requirements. There were processes in place, which allowed the CMHT to sign post and refer patients to the practice for their annual primary care mental health review.

There was evidence of quality improvement including clinical audit.

- There had been 11 clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- We saw documents demonstrating where the practice had maximised learning opportunities following patient safety incidents. For example, the practice carried out an analysis of patients in receipt of a particular medicine, which had been initiated in secondary care and repeated within the practice. We saw that this identified gaps in the management of this patient group. The practice carried out an audit to identify the extent of the problem, for example, 64% of patients had been monitored within the required recommendations and 36% had not been monitored adequately. Findings were used by the practice to improve prescribing practices. Tighter processes were implemented, for example, the practice removed the medicine from repeat prescribing. Patients were issued with a medication booklet allowing GPs to record blood test results and dates carried out. Patients were being advised to ensure booklets were completed when attending secondary care appointments.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff were encouraged to complete regular training updates.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attending protected learning time discussions and educational meeting. We saw that all nurses were encouraged and supported to attend external training events, for example, local nurse networking forums.
- The learning needs of staff were identified through a system of appraisals, 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 ongoing support, one-to-one meetings, coaching and mentoring, facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Are services effective?

(for example, treatment is effective)

During our conversations with staff, we saw that staff were committed to working together and collaboratively with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had a comprehensive system for managing unplanned admissions; we were told that a designated unplanned admission administrator who followed up patients to ensure appropriate actions had been taken. We were told that a dedicated telephone number were given to all patients on the at risk register and all emergency appointment requests were responded to within five hours.

Staff we spoke with told us that meetings took place with other health care professionals on a monthly basis where care plans were routinely reviewed and updated for patients with complex needs. The practice had a designated end of life care and palliative care lead; we saw evidence of meeting minutes where the practice had attended.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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, alcohol and drug replacement therapy. The practice offered a weekly health visitor clinic, counselling service; physiotherapy and chiropractors were available for diabetic patients and pensioners with medical problems.

- Patients were signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 75%, which was above the CCG average of 69% and comparable to the national average of 74%. The practice provided unratified data from August 2016, which showed that 80% of eligible patients were adequately tested. There was a policy to offer telephone 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Data from 2014/15 National Cancer Intelligence Network showed:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 75% compared to CCG average of 73% and national average of 72%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation was 42% compared to CCG average of 68% and national average of 73%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 57% compared to CCG average of 53% and national average of 58%
- Persons, 60-69, screened for bowel cancer within 6 months of invitation was 52%, compared to CCG average of 50% and national average of 58%.

Unratified data provided by the practice showed that childhood immunisation rates for the vaccinations given under two year olds were 96% between October 2015 to December 2015; data from January 2016 to June 2016

Are services effective?

(for example, treatment is effective)

showed that immunisation rates was 93%. Childhood immunisation rates for the vaccinations given to five year olds were 90% between October 2015 to December 2015 and 88% between January 2016 to June 2016.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients also commented on the friendly atmosphere and staff efficiency.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The two members felt that standards had improved over the years and staff were caring.

Comment cards 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 in some questions and above local and national average in other questions for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG and national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received were positive, for example patients felt GPs were caring, supportive and patients felt listened to. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to some questions about their involvement in planning and making decisions about their care and treatment. Results relating to questions around explaining tests and treatment were in line with local and national averages however, questions about patient's involvement in decisions were below local and national average. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice 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.

Are services caring?

We saw notices in the reception areas in a wide range of languages informing patients this service was available. The practice also had an electronic information screen, which displayed a wide variety of information.

- Information leaflets were available in easy read format.

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 with the exception of information for carers. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 220 patients as carers (2% of the practice list); the new patient registration

form identified whether patients were or had a carer. The practice offered health checks and flu vaccinations to carers. Data provided by the practice showed that 35% of carers received a flu vaccination. The practice had a carers policy however when asked staff we spoke with told us that there were no carers pack within the practice.

Staff told us that if families had suffered 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. Upon receipt of a death certificate, the practice provided relatives with a bereavement pack which included information on various support services such as palliative care bereavement advice and support for bereaved children.

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. For example:

- The practice offered pre-bookable routine appointments on Tuesdays, Wednesdays and Thursdays from 7am to 8am and Wednesday evenings from 6.30pm to 7.30pm for patients who found it difficult to attend during normal working hours. The practice nurse also offered appointments to accommodate working people and school-age children.
- 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.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice identified the high prevalence of diabetic patients compared to other practices within the area. As a result, we were told that the practice employed a diabetic specialist nurse to extend resources available to this population group and to work through backlog of screenings. The nurse also provided an injectable diabetes services either on site and within the community depending on patient's needs.
- The practice identified the high prevalence of diabetic patients compared to other practices within the area. As a result we were told that the practice employed a diabetic specialist nurse to extend resources available to this population group and to work through backlog of screenings. The nurse also provides an injectable diabetes services on site and within the community depending on patient's needs.
- Community midwives attended the practice every two weeks.

- The practice allocated one appointment every day for ambulance triage as part of the ACE project (a CCG led project aimed at reducing the number of patients being taken to an emergency department A&E unnecessarily following a 999 call). We were told that the duty GP offered clinical advice and support to the ambulance crew in order to consider alternatives to taking patients to A&E departments.

There were proactive approaches to understanding the needs of the practice population group in order to provide integrated pathways, which involved other service providers. For example, the practice held their first health awareness event in March 2016 where guest speakers from health organisations and charities such as, Diabetes UK, Alzheimer's society and Heart care were available. During the weekend, patients were provided with the opportunity to speak to health care specialists to increase their knowledge in certain areas of health. Although the practice had a low turnout, staff we spoke with told us that the practice had discussed this with the PPG group and agreed to increase publicity. This also included exploring alternative ways of reaching patients who did not regularly attend the practice. We were told that the practice also considered running future events in conjunction with flu clinics and coinciding future events with national campaign weeks. The practice produced a newsletter where they promoted future health awareness events.

The practice held health awareness months where they promoted various topics via the practice website; inviting guest speakers to their PPG meetings. For example meeting minutes we viewed demonstrated that the practice had invited a guest speaker to discuss support available for physically disabled adults. As a result the practice implemented a referral pathway where patients could access an independent support service by either self-referring or being referred by a GP.

Access to the service

The practice was open between 8am and 6pm Mondays, Wednesdays and Fridays; 8am and 1pm Tuesdays and Thursdays. The practice closes for lunch between 1pm and 2pm on Mondays, Wednesdays and Fridays.

GP consulting hours were from 8am to 6.30pm Mondays and Fridays, 7am to 6.30pm Tuesdays and Thursdays; 7am to 7.30pm on Wednesdays. Extended consulting hours were offered on Tuesdays, Wednesdays and Thursdays

Are services responsive to people's needs?

(for example, to feedback?)

7am to 8am and Wednesday evenings from 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Designated appointments were held for children, paramedics, patients with long term conditions and unplanned admission reviews. Staff we spoke with told us that these appointments are blocked out and coded red. This ensured access to a clinician for patients most at risk were carried out in a timely manner without delay.

The practice had opted out of providing cover to patients in their out of hours period. During this time services are provided by Badger.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages regarding opening hours, however was below local and national average regarding phone access.

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 54% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Staff we spoke with told us that the practice were aware of the issues patients faced when trying to get through to the practice. The practice provided data from their internal patient survey carried out in February 2016 which showed that out of 102 completed questionnaires 48% felt the ease of booking appointments by phone was either good or excellent and 52% felt that it was poor. We were told that the practice decided to change their phone providers and following presentations from various contactors the practice opted for a provider which allowed the practice to design how the phone system would work. Staff had also received customer service training.

We were told that the practice identified that the high level of patients who failed to attend appointments were having an impact on appointment availability. Staff we spoke with told us that the practice were working closely with the PPG to reduce the volume of missed appointments. We were told that the practice introduced an appointment text reminder service, reviewed the did not attend (DNA) policy and the practice were also monitoring on-line appointment booking facilities as it had been highlighted that patients

were regularly failing to attend these appointments. The practice also introduced a nurse led minor illness clinic in order to increase GP availability; letters were sent to patients promoting this option. We were told that the practice introduced an electronic call management system, which tracked phone calls and response times. The system enabled the practice to monitor the time it took patients to get through to the practice, time staff spent on each call and the volume of calls received. The system enables the practice to manage staffing levels depending on phone activity; for example increasing staffing levels during busy periods. Staff we spoke with told us that this increased patient's ability to cancel appointments; complaints regarding phone access and the volume of missed appointments reduced. Data provided by the practice showed that DNAs had reduced over a three month period, for example, from 573 to 450.

The practice had a system in place to assess:

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

For example, staff we spoke with advised us that patient requests for home visits were passed to the GPs for triage. We were told that the duty GP carried out home visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, we were told that alternative emergency care arrangements were made by the GP. The practice had a home visit policy in place, home visit process maps were located in reception offices and staff we spoke to were aware of their responsibilities when managing requests for home visits.

Staff we spoke with told us that the practice were actively working towards increasing appointment availability, for example, the practice previously introduced a daily nurse led minor ailments duty clinic. However following a review of the clinic the decision was made to stop this provision and emergency requests would be dealt with by the advanced nurse practitioner.

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs?

(for example, to feedback?)

- 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 for example; posters, complaints policy summary and leaflets were located in the reception area.

We looked at three complaints received in the last 12 months and found the practice carried out

thorough reviews and we saw that these complaints were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints; action was taken as a result to improve the quality of care. For example, the practice increase clinic times; installed a new phone system and reviewed the practice nurse duty clinics. We were told that the duty clinics were now being managed by the advanced nurse practitioner.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

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. Staff we spoke to were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice had an understanding of their clinical performance, the practice had designated staff that monitored this and provided the GP with data, which was discussed during practice meetings. During 2015 the practice merged with another practice where QOF performance were not equal. The practice were aware of this and were able to demonstrate where appropriate actions had been taken to improve QOF performance.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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 training for all staff on communicating with patients about notifiable safety incidents. The GPs encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

- Staff told us the practice held regular team and protected learning time 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 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

The practice encouraged and valued feedback from patients, the public and staff. It 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), 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 practice had started holding an early morning surgery and offering telephone consultations. We also saw that following the practices' health awareness event patients' interest in joining the PPG increased.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff generally through staff meetings, appraisals and daily team discussions, which were all minuted. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example we were told that the administration team were taking a more active role in read coding. As a result the practice provided QOF training and discussed coding in more detail. Staff told us they felt involved and engaged to improve how the practice was run.

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 the practice were involved in the ACE ambulance triage project, this was a CCG led project aimed at reducing the number of patients being taken to an emergency department unnecessarily following a 999 call.