

Hamd 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?

Good 

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 Hamd Medical Practice on 22 April 2016. The practice had previously been inspected in May 2015 and was rated as requires improvement overall. This included an inadequate rating for safe and requires improvement for effective and responsive. We returned to re-inspect to consider whether sufficient improvement had been made. We found the practice had made significant improvements and now has an overall rating of good.

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.
- 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.
- The practice was able to demonstrate improvements made to patient outcomes in most areas.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients usually found it easy to make an appointment when they needed one with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review business continuity plan to ensure it contains details for contacting staff in the event of a major incident.

Summary of findings

- Review processes to try and encourage greater uptake of childhood immunisations among under five year olds.
- Review and improve the support available for patients who have difficulty hearing.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed patient outcomes were lower than CCG and national averages but more recent data from the practice was showing improvements in many areas with the exception of childhood immunisations for under 5 year olds.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits supported quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development of staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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 easy to understand and accessible, although there were limitations as to what information could be displayed due to restrictions placed by the owners of the premises.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice engaged with the local Clinical Commissioning Group and practices within their locality to secure improvements in services provided for their population.
- Patients said they were usually able get appointments when they wanted one with urgent appointments available the same day.
- 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.

Good



Are services well-led?

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

- Although not formally documented, the practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about 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.
- 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.
- The practice sought to deliver service improvement following their previous inspection and supported staff in their development to carry out their roles and responsibilities.

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

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over 75 years had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked as part of a multidisciplinary team to support and plan the care of those with complex and end of life care needs.
- The practice had carried out health checks for patients over the age of 75 years (70% of patients had received one).
- The practice was accessible to those with mobility difficulties.

Good



People with long term conditions

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

- Nursing staff supported chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's QOF performance for diabetes related indicators for 2014/15 was 69% which was lower than both the CCG average and national average of 89% but was showing improvement for 2015/16 (data has not yet been published). For example, 79% of newly diagnosed patients with diabetes were referred to a structured education programme (compared to 61% in 2014/15).
- Longer appointments and home visits were available when needed.
- Patients with long term conditions had a named GP and received regular reviews to check their health and medicines needs were being met. The practice worked with relevant health and care professionals to deliver a multidisciplinary package of care for those with the most complex needs.

Good



Families, children and young people

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

Good



Summary of findings

- 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 or failed to attend immunisations.
- Uptake of child immunisations was comparable to CCG and national averages for children under two years old but lower for children under five years old. The practice had a flexible approach to immunisation to try and encourage uptake.
- The practice's uptake for the cervical screening programme was 74%, which was lower than the CCG average of 79% and the national average of 82%.
- Appointments were available outside of school hours with both GPs and nurses and the premises were suitable for children and babies.
- Baby clinics were carried out weekly.

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).

- 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 for appointments and prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group. The practice had carried out 173 health checks on patients aged 40 to 74 years during 2015/16.
- The practice made use of text messaging to remind patients of appointments and for ease of cancelling appointment.
- For the convenience of patients who found it difficult to attend the practice during usual opening times due to work or other commitments the practice offered appointments on a Saturday morning or by telephone.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and carers.
- The practice offered longer appointments for patients who needed them.

Good



Summary of findings

- Patients with a learning disability had been invited for a review and 82% eligible patients had received one in the last year. Patients with a learning disability also received a passport which identified to other services important information about them including their likes and dislikes.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. This included safeguarding meetings with the health visitor.
- 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.
- The practice had registered patients with no fixed abode.

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).

- National reported data from 2014/15 showed that 82% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average 82% and national average 84%.
- National reported data from 2014/15 showed performance against mental health related indicators was 71% which was below the CCG average 92% and national average of 93%. The practice was able to demonstrate some improvement against mental health indicators during 2015/16 (data not yet published). For example, 88% of eligible patients on the mental health register had an agreed care plan compared to 71% in 2014/15.

Good



Summary of findings

What people who use the service say

Results from the national GP patient survey published in January 2016. The results showed the practice was performing in line with CCG and national averages in most areas and higher for the quality of consultations with GPs. 402 survey forms were distributed and 62 (15.4%) were returned. This represented 1.2% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the CCG average of 62% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and national average of 85%.

- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and 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 CCG average of 74% and national average of 78%.

As part of our inspection we spoke with six patients and also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards. Feedback received from patients was mostly positive. Patients were happy with the care they received. They found staff polite and helpful and felt they were listened too. The main area patients felt was in need of improvement related to getting an appointment.

Hamd Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Hamd Medical Practice

Hamd Medical Practice is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Hamd Medical Practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in a purpose built health centre which it shares with another practice and services provided by Birmingham Community Health. Based on data available from Public Health England, deprivation in the area served is higher than the national average and within the highest 10%. The practice was first established in 2012 with no patients and now currently has a registered list size of approximately 5300 patients. The practice has an ethnically diverse population with patients of Pakistani origin the largest group at 63% of the population served. The practice population is also younger than that of the national average.

The practice is open 8am to 6.30pm Monday to Friday. Appointments are available between 9am and 12.20pm and between 3.30pm to 6.20pm daily. Extended opening hours are available Saturday mornings 9am to 1pm. When the practice is closed patients receive primary medical services through an out of hours provider (BADGER).

The practice has 2 partners (male and female) and three long term GPs (2 male and 1 female). Other practice staff consist of two nurses (including a nurse practitioner), two healthcare assistants, a practice manager and a team of administrative staff.

The practice was previously inspected by CQC in May 2015 and received an overall rating for requires improvement. The practice was in breach of Regulation 16 Receiving and acting on complaints and Regulation 17 Good Governance.

Why we carried out this inspection

This inspection was undertaken to follow up progress made by the practice since their previous inspection in May 2015.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 April 2016.

During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, practice nurses and health care assistant, the practice manager and administrative staff).
- Observed how people were being cared.
- Reviewed how treatment was provided.
- Spoke with health and care professionals who worked closely with the practice.
- Spoke with patients (including a member of the practice's Patient Participation Group).
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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

At our previous inspection in May 2015 we had found that incidents and significant events were not always well recorded to support learning. At this inspection we found the practice had made improvements in this area. There was an effective system in place for reporting and recording significant events.

- Staff we spoke with were aware of reporting arrangements for incidents. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice carried out an analysis of the significant events and was able to evidence action taken. However, we found reports were not always sufficiently detailed.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw that 25 incidents had been reported in the last 12 months. We saw that these were discussed at practice meetings to ensure that lessons were shared and action was taken to improve safety in the practice. Significant events were also shared and discussed more widely with other practices within the CCG. For example, staff reviewed policies and procedures following the care and treatment of patient with MRSA to ensure appropriate action was being taken in relation to infection control. Appropriate action was also taken in response to a recent medicines fridge failure.

Records were kept of safety alerts received and of actions taken. These were discussed at the clinical meetings and kept on the practice's shared drive for staff to access. We saw evidence of audits undertaken in response to medicines safety alerts received.

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, which included:

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

Policies were accessible to staff. Information as to who to contact for further guidance if staff had concerns about a patient's welfare were displayed in the clinical rooms. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. Staff were able to give an example of concerns that they had raised and of referrals to appropriate agencies responsible for investigating safeguarding concerns. Alerts of patient records ensured staff were aware and could be extra vigilant if someone was at risk of harm. There was a lead GP for safeguarding. All GPs were trained to child protection level 3.

- Notices displayed in the clinical rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received 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 visibly clean and tidy. Staff had access to appropriate hand washing facilities and personal protective equipment. Cleaning schedules were in place to show the cleaning had been completed. There was a designated clinical lead for infection control who had received specific training in this area. Monthly audits were carried out to check infection control standards were being met. We saw that the CCG had undertaken an infection control audit in September 2015 and the practice scored 93%. Staff were able to demonstrate action that had been taken in response to the audit such as the introduction of equipment cleaning schedules. Infection control training was included in the practice's mandatory training for all staff.
- 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). At our previous inspection in May 2015 we had identified concerns in the timely management of medicines reviews. No concerns were identified at this inspection. Processes were in place for handling repeat prescriptions which included the review of high risk medicines and those on four or more medicines. The practice carried out regular medicines audits, with the

Are services safe?

support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The CCG advised us that the practice had met their 2014/15 prescribing objectives. The practice had also recently employed a practice pharmacist to support them with medicines management. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. 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 personnel files (including locum staff) and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. This had been an area of concern raised at our previous inspection in May 2015.

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 and maintenance of the premises was undertaken by the property services who were responsible for the building.
- The practice had up to date fire risk assessments. Records showed regular fire drills were carried out.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Both these checks had been carried out within the last 12 months.
- A variety of other risk assessments were also 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) which had been carried out by the property services responsible for the building.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Rotas were in place for clinical and non-clinical staff to ensure there were enough staff on duty. Planned leave was discussed in advance to ensure appropriate cover was available. Practice staff told us that they would also support each other during unexpected leave for example illness. The practice made use of long term locums one of the locums was to be made permanent. The practice had also recently employed a nurse practitioner who was able to see patients with minor ailments.

Arrangements to deal with emergencies and major incidents

- Staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were 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.
- At our previous inspection in May 2015 the practice did not have robust systems for checking that the emergency equipment and medicines were in working order and in date. At this inspection we found systems were now in place.
- 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 services but did not include staff contacts. Copies were kept offsite should the building become inaccessible.

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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We saw evidence from clinical meetings in which updates and best practice guidance was discussed for example, in the use of antidepressants.
- Templates were used in the management of health conditions to support consistency in care.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were for 2014/15. This showed the practice had achieved 81% of the total number of points available, which was below the CCG average of 94% and national average of 95%. Exception reporting by the practice was 7% which was lower than the CCG and national average of 9%. (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). The practice was an outlier with indicators relating to diabetes and mental health conditions.

Data from 2014/15 showed:

- Performance for diabetes related indicators was 68% which was below the CCG and national average 89%.
- Performance for mental health related indicators was 74% which was below the CCG average of 92% and national average of 93%.

We asked the practice about this data. They were able to provide more current information for 2015/16 which showed the practice had made improvements against QOF indicators. For example, during 2015/16 the practice had

achieved 97% of the total QOF points overall. We reviewed a sample of ten patients with long term conditions and found that they had been appropriately managed. Practice data from 2015/16 showed improvements in the care of patients with diabetes and mental health conditions for example, 79% of newly diagnosed patients with diabetes were referred to a structured education programme (compared to 61% in 2014/15) and 88% of eligible patients on the mental health register had an agreed care plan compared to 71% in 2014/15.

There was evidence of quality improvement including clinical audit.

- The practice showed us examples from four medicine audits they had completed within the last two years. One was a completed audit where the improvements made were implemented and monitored. For the other three medicines audits immediate action was taken to ensure prescribing was in line with best practice and a re-audit date had been identified to check that changes were sustained.

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. During the induction period staff had access to support and had regular supervisions and reviews with senior staff. The practice manager was relatively new to the practice was receiving peer support to assist them in their role. They also had opportunities to network through attendance at practice manager forums.
- A locum pack was available to support locum GPs working at the practice on a temporary basis.
- The practice could demonstrate through training records that relevant staff received role-specific training. For example, staff reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals. Staff told us that the practice was supportive of training and gave examples of how they had progressed in their roles.

Are services effective?

(for example, treatment is effective)

- Staff had access to training including: safeguarding, fire safety awareness, basic life support and information governance. Staff made use of e-learning training modules and in-house training and were given protected learning time.

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. Practice staff told us that they were up to date in processing patient information received such as hospital letters and test results to ensure it was available to clinical staff.

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 ongoing care and treatment. Meetings took place with other health care professionals on a quarterly basis to discuss and review the care needs of patients who were most vulnerable and with complex health needs.

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. Staff (including administrative staff) had completed the online mental capacity act training.
- Mental Capacity Act guidance displayed was displayed in clinical rooms to support staff to comply with legislation when providing care and treatment.

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 lifestyle advice for example, weight management, smoking and alcohol cessation and counselling services.
- Health information was displayed in the waiting area and through the television, this included information about breast screening, testicular cancer and chlamydia testing. Practice staff told us they the practice was limited to what they could display by the management of the premises.

The practice's uptake for the cervical screening programme during 2014/15 (the latest published data) was 74%, which was comparable to the CCG average of 79% and the national average of 82%. The practice told us that the uptake had further improved during 2015/16 and was now 80%.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages for under two year olds but lower than CCG averages for the under five year olds during 2014/2015. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 97% (compared to the CCG range from 80% to 95%) and five year olds from 65% to 83% (compared to the CCG range from 86% to 96%). More recent data available from the practice for 2015/16 also showed that this was an area for improvement. The practice told us that they would undertake childhood vaccinations when convenient for the patient to encourage uptake. Additional nursing staff had also been employed within the last 6 months.

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 and for the over 75 year olds. 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.
- Staff were mindful to maintain patient confidentiality and had signed confidentiality agreements. Calls were taken away from the front desk to minimise the risk of conversations being overheard. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Feedback received from patients through the 39 completed Care Quality Commission comment cards and conversations with six patients on the day of the inspection was mostly positive about the service experienced. Patients described all staff groups as helpful and caring.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and helpfulness of reception staff. Scores for consultations with nurses were below average. For example:

- 96% 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%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 94% 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%.
- 83% 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%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Over the last six months there had been changes to the nursing team with the addition of a nurse practitioner. Other patient satisfaction scores relating to nursing staff were more in line with the CCG and national averages such as the number of patients who said they had confidence and trust in the nurse they saw was 95% (compared to the CCG and national average of 97%).

Care planning and involvement in decisions about care and treatment

Feedback received from patients from comment cards and those we spoke with told us that they felt involved in decision making about the care and treatment they received. They also told us they felt supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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 mostly above the local and national averages. For example:

- 96% 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%.
- 92% 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%.
- 81% 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:

- Translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and a television in the patient waiting area provided information about services and support available. The practice was limited in the

Are services caring?

information it could display as they did not own the premises. However, information about various health conditions and further support was also available on the practice website.

The practice had a carers register and any newly registered patients were asked about their carer status. The practice had identified 74 carers (approximately 1.4% of the practice

population). There was a dedicated carers champion and resource pack was available to staff so that they could signpost patients to various avenues of support available to them.

The GPs told us that they were available to support families that had suffered bereavement. Contact details for Cruse Bereavement Care which provides support and counselling for those who have suffered bereavement was displayed in clinical rooms.

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 Clinical Commissioning Group (CCG) and other practices locally to secure improvements to services where these were identified. The practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation and were working with other practices in the locality to achieve this. Following the practice's previous CQC inspection in May 2016 the practice had received support through the CCG to make the necessary improvements to the service.

- The practice offered appointments on a Saturday morning 9am to 1pm for the convenience of patient who worked or had other commitments that made it difficult them to attend during normal opening hours.
- There were longer appointments available for patients who needed them and the practice actively offered these during morning clinics.
- Home visits were available for patients whose clinical needs resulted in difficulty attending the practice.
- An alert system was used to identify patients who may need extra support through long term illness or end of life care needs. Priority was given to these patients and young children to ensure they were seen.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities to support patients who had mobility difficulties to use the service. The practice was located on the first floor in a purpose built health centre with lift access.
- The health centre in which the practice was located had shared facilities for children including baby changing and for breast feeding.
- Translation services were accessed regularly and a notice displayed at reception informed patients of this service. Many of the staff spoke languages spoken in the local community. However there was no hearing loop available.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were available between 9am and

12.20pm and between 3.30pm to 6.20pm daily. Extended opening hours were offered Saturday mornings 9am to 1pm. When the practice is closed patients received primary medical services through an out of hours provider (BADGER). In addition to pre-bookable appointments that could be booked up to two weeks in advance, same day appointments were available. If these were taken patients with urgent needs would receive telephone triage and could walk in.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable and in some areas higher than national averages.

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 73% of patients said they could get through easily to the practice by phone, the same as the national average of 73%.

People told us on the day of the inspection that they were usually able to get appointments when they needed them, although getting through on the telephone could sometimes be difficult. The next available routine appointment for a GP was within five working days and with a nurse within two working days. Practice staff told us how they now requested patients to call in for prescriptions in the afternoon to free the phone lines in the morning for patients wishing to make an appointment.

The practice had a system in place to assess the urgency of medical attention needed and for home visits. The practice operated a duty doctor system which enabled patients' needs to be discussed and to manage requests.

Listening and learning from concerns and complaints

At our inspection in May 2015 we identified concerns with the way in which complaints were handled at the practice. At this inspection we found improvements had been made and an effective system in place for handling complaints and concerns was in place.

- The practice's 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.

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

- We saw that information was available to help patients understand the complaints system. A complaints leaflet was available from reception which contained information about support available for making complaints and who patients could escalate their concerns to if they were unhappy with the practice's response. New patients were given this as part of registration pack.

The practice had received 17 patient complaints in the last 12 months. We saw that complaints received were handled appropriately and in a timely way. There was evidence of openness in the response sent to the patient. Lessons were learnt from individual concerns and complaints and action taken to improve the quality of care were discussed with staff at practice meetings.

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

At the start of the inspection the partners gave a presentation telling us about the improvements they had made and how they aimed to promote good outcomes for patients. Although there was no formal written strategy staff spoke about the challenges they had faced including recruitment of a practice manager, new IT systems and steadily increasing list size since opening in 2012. They also spoke about future options for the long term sustainability of the practice.

The practice had a patient charter that set out what patients could expect from the practice and of the patients' responsibilities.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure, staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to staff.
- There was an understanding of performance of the practice the practice was demonstrating improvements in patient related outcomes.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had responded well to concerns raised in their previous inspection report to improve services. This had led to increases in the workforce to help deliver service improvement.

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. We saw evidence that the practice was providing safe and compassionate care.

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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment they were investigated and acted on appropriately.

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

- Staff told us the practice held regular team meetings. This included monthly practice and weekly clinical meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so. Staff told us the partners were approachable and listened to members of staff.
- There was a whistleblowing policy in place and staff were aware of it but told us that they had not had cause to use it.
- Staff said they felt valued and supported by senior staff and partners.

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) and through surveys, comments and complaints received. The PPG met regularly and was attended by the GP and assistant practice manager who were in a position to affect change. We spoke with the chair of the PPG group who told us how as a result of patient feedback additional staff had been employed to try and improve access. We also saw action taken in response to a patient survey which had resulted in changes such as increased appointment times and texting to advise patients of appointments and make it easier to cancel appointments.
- The practice gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they felt involved in how the practice was run and that they

Are services well-led?

Good 

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

were listened to. We were given examples where this had been the case and changes made as a result of staff feedback for example, changes to the way clinics were listed.

Continuous improvement

The practice had responded positively to feedback from our previous inspection in order to deliver service improvements. Staff were supported and had access to training needed to carry out their roles and responsibilities. We saw improvements were being made through performance data relating to patient outcomes.