

The Spires Health Centre

Quality Report

Victoria Street
Wednesbury WS10 7EH
Tel: 0121 531 4665
Website: www.thespireshealthcentre.nhs.uk

Date of inspection visit: 29 June 2017
Date of publication: 21/07/2017

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

Ratings

Overall rating for this service	Good	
Are services safe?	Requires improvement	
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

Detailed findings from this inspection

Our inspection team	12
Background to The Spires Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Spires Health Centre on 29 June 2017. Overall the practice is rated as Good.

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

- Although the practice had a system in place for receiving alerts from the Medical and Healthcare products Regulatory Agency (MHRA), we found some recent alerts had not been actioned. Since the inspection, we received evidence which showed that the practice had reviewed all alerts received since January 2017 and acted on each one appropriately.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Staff had regular meetings to discuss significant events and lessons learnt.
- The practice had systems to minimise risks to patient safety, but some were not effective. For example, health and safety risk assessments and fire risk

assessments were not available on the day of inspection. Following the inspection, the practice provided evidence to confirm that these had been completed.

- We found blank prescription forms and pads were securely stored and there were systems to monitor their use within the practice. However, we found that there was no process to monitor the use of blank prescription pads during home visits. Since the inspection, we received a copy of an updated prescription security protocol.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment and we were told all staff were receiving the appropriate training and updates for their role.
- Clinical audits demonstrated quality improvement and the practice carried out regular audits to monitor patient outcomes.

Summary of findings

- Results from the most recent national GP patient survey published July 2016 showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment and there was continuity of care.
- There was a clear leadership structure and staff felt supported by management. However, during the inspection we found that some governance arrangements were not established or effectively operated. The practice proactively sought feedback from staff and patients, which it acted on.

However, there was an area of practice where the provider needs to make improvements.

The provider must:

- Ensure care and treatment is provided in a safe way to patients.

The provider should:

- Implement processes to ensure monitoring of prescription stationery
- Establish processes to increase the identification of carers in order to provide further support where needed.
- Log verbal complaints and consider as part of trend analysis.
- Review induction programme for new staff to ensure infection prevention is included.
- Ensure regular engagement with the practice patient participation group (PPG) to seek feedback from PPG members and patients

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 had a system in place to receive alerts from the Medical and Healthcare products Regulatory Agency (MHRA) alerts, but this was not effective as we found some alerts had not been actioned. Since the inspection we have received evidence to show that the practice had reviewed all alerts received since January 2017 and acted on each one appropriately.
- The practice had systems to minimise risks to patient safety but some were not effective. For example, on the day of inspection we found health and safety and fire risk assessments had not been completed. Since the inspection, we received evidence to confirm that these risk assessments have since been completed.
- Blank prescription forms and pads were securely stored and there were some systems to monitor their use within the practice. However, we found that there was no system to record blank prescription pads used by GPs during home visits. Since the inspection, the practice provided a copy of their updated prescription security protocol.
- From the sample of documented examples of recorded significant events we reviewed, we found there was an effective system for reporting and recording significant events and the practice reported all events to the local clinical commissioning group by a web based incident reporting and risk management software.
- Staff had regular meetings to discuss significant events and lessons learnt. When things went wrong patients were informed as soon as practicable, received reasonable support, information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. There was an open culture in which all concerns raised by staff were used for learning and improvement.
- The practice had arrangements to respond to emergencies and major incidents; however we found that medicines to deal with some types of emergencies were not available at the time of inspection. The practice acted on this immediately and we saw evidence to confirm staff had access to adequate medicines.

Requires improvement



Summary of findings

Are services effective?

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the national average. The latest published results (2015/16) showed the practice had achieved 93% of the points available. The practice used this information to monitor performance against national screening programmes and outcomes for patients.
- Clinical audits demonstrated quality improvement and the practice carried out regular audits to monitor patient outcomes.
- The practice had participated in the Clinical Commissioning Group (CCG) primary care commissioning framework, to improve the overall quality of clinical care. The latest results for 2016/17 showed the practice had achieved 98%.
- There was evidence of appraisals and personal development plans for all staff. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good



- Data from the most recent national GP patient survey published July 2016 showed patients rated the practice higher than others for several aspects of care in comparison to local averages.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment and feedback from patients supported these results.
- Information for patients about the services available was easy to understand and accessible.
- The practice had a carers register and data provided by the practice showed 0.7% of the practice's population had been identified as carers. There was a carers information in the waiting room on local support available.

Are services responsive to people's needs?

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

Summary of findings

- Results from the most recent national GP patient survey showed 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.
- Patients could access appointments and services in a way and at a time that suited them, this included by telephone, online and face to face, with urgent appointments available the same day.
- Information about how to complain was available and evidence reviewed showed the practice responded quickly to issues raised. Improvements were made to the quality of care as a result of complaints and concerns and complaints were shared with staff at staff meetings which were held every three months.

Are services well-led?

- The practice had a 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 leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity and held regular governance meetings. However the overarching governance framework which supported the delivery of the strategy and quality care was not always effective in supporting the monitoring of risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The GPs encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group (PPG).
- The GPs were skilled in specialist areas and used their expertise to offer additional services to patients. For example, minor surgery and family planning service.

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 patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice had participated in the avoiding unplanned admissions scheme which identified elderly vulnerable patients at risk of hospital admission. The practice had seen a reduction in hospital admissions from 10% to 4.7% during the past 12 months and had set up a dedicated phone line for these patients.
- Older patients were offered vaccinations for flu, pneumonia and shingles. Data provided by the practice showed 75% of patients had received a flu vaccination in comparison to the CCG average of 69%.
- Documentation provided by the practice showed patients on the palliative care register were discussed at six weekly meetings and their care needs were co-ordinated with community teams. On the day of inspection, we received feedback from the palliative care nurse who told us the practice were very supportive.

People with long term conditions

Good



- The practice nurse had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. The latest QOF results (2015/16) showed performance for diabetes related indicators was 88% which was comparable to the CCG average of 88% and the national average of 90%.
- Patients with long-term conditions received annual reviews of their health and medication. 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. We saw evidence that meetings were held every six weeks.

Summary of findings

- The practice supported regular Diabetes in Community Extension (DiCE) clinics with a specialist diabetic nurse every three months.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

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 accident and emergency (A&E) attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a full range of family planning services including Intrauterine Contraceptive Device (IUCD) fittings contraceptive implants.
- The practice worked with midwives and health visitors to support this population group. For example, the midwife held ante-natal clinics once a week and meetings with the health visitors were held every six weeks.
- Childhood immunisation rates for under two year olds ranged from 94% to 100% compared to the national average of 90%. Immunisation rates for five year olds ranged from 94% to 100% which were higher than the national average of 88% to 94%.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice's uptake for the cervical screening programme was 73% which was lower than the national average of 81%.

Working age people (including those recently retired and students)

Good



- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours were available early morning and late evening.
- 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.
- The practice offers NHS health checks for patients aged 40-70 years. Data provided by the practice showed 126 patients had received a health check in the past 12 months.

Summary of findings

- Patients who required support with diet and fitness had access to a health trainer who held support sessions at the practice twice a week.
- The practice used a stop smoking service, which held clinics at the practice on a weekly basis. Data provided by the practice showed 202 patients had received support to stop smoking and 63 patients had successfully quit smoking within three months.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

People whose circumstances may make them vulnerable

- The practice held a register of vulnerable patients. This included patients with drug and alcohol dependency, patients living with a learning disability, frail patients and those with caring responsibilities and regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments and annual health checks for people with a learning disability. Unverified data provided by the practice showed 26 patients on the learning disability register and 83% had care plans in place.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. This included referral to the local drug and alcohol support service which held a clinic once a week at the practice.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted GPs if a patient was also a carer. There were 33 patients on the practices register for carers; this was 0.7% of the practice list.

Good



People experiencing poor mental health (including people with dementia)

- The latest QOF data (2015/16) showed 78% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.

Good



Summary of findings

- Patients requiring support with mental health needs were referred to the local counselling team who held sessions at the practice on a weekly basis.
- Unverified data provided by the practice showed 30 patients on the mental health register and the latest QOF data (2015/16) showed 63% of patients had had their care plans reviewed in the last 12 months, which was lower than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing above local and national averages in some areas and in line with local and national averages in other areas. A total of 364 survey forms were distributed and 107 were returned. This represented 2% of the practice's patient list.

- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.
- 74% of patients described their experience of making an appointment as good compared to the CCG average of 62% and the national average of 73%.
- 79% 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 64% and 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 33 patient comment cards which were all positive about the standard of care received. Patients told us that the staff listened and excellent care was always provided.

We spoke with seven patients during the inspection, including five patients from the patient participation group. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The May 2017 friends and family test (FFT) results showed the practice had received 88 patient returns and 73 of these (83%) were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

The provider must:

- Ensure care and treatment is provided in a safe way to patients.

Action the service **SHOULD** take to improve

The provider should:

- Implement processes to ensure monitoring of prescription stationery

- Establish processes to increase the identification of carers in order to provide further support where needed.
- Log verbal complaints and consider as part of trend analysis.
- Review induction programme for new staff to ensure infection prevention is included.
- Ensure regular engagement with the practice patient participation group (PPG) to seek feedback from PPG members and patients.

The Spires Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Spires Health Centre

The Spires Health Centre is located in Wednesbury, an area of the West Midlands. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract is a nationally agreed contract to ensure practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The practice provides primary medical services to approximately 4,900 patients in the local community. Based on data available from Public Health England, the levels of deprivation in the area served by Spires Health Centre are ranked at two out of ten; with ten being the least deprived.

The premises where the practice is located is a temporary option and the practice is waiting for new premises to be built. The building is also used by other providers to offer services to the local community. This includes an anti-coagulant service, ultrasound and phlebotomy service.

The practice staffing comprises of two GP partners (1 male, 1 female) and one long term locum GP (male). The nursing team consists of one practice nurse. The non-clinical team consists of a practice manager, administrative and reception staff.

The practice had seen an increase of patients registering at the practice; with approximately 2,000 patients registering in the past three years.

The practice is open between 8am and 8pm on Mondays, and 8am to 6.30pm Tuesday to Friday. Extended opening hours are provided by the practice on Monday evenings from 6.30pm to 8pm and Tuesday and Thursday mornings from 7.15am to 8am and Wednesday morning from 7.30am to 8am.

The practice is part of NHS Sandwell & West Birmingham CCG which has 91 member practices. The CCG serve communities across the borough, covering a population of approximately 559,400 people. (A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services).

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.

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, for example the local clinical commissioning group (CCG) to share what they knew. We carried out an announced visit on 29 June 2017. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager, reception and administration staff and spoke with patients who used the service.
- Spoke with community staff including a palliative care nurse, district nurse and a carer of patients with learning disabilities.
- Observed how patients were being cared for in the reception area
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

- 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). The practice reported all events to the local clinical commissioning group by a web based incident reporting and risk management software.
- From the sample of 31 documented incidents we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support and a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of all events and these were discussed with staff at practice meetings. All events were recorded to ensure appropriate action was taken and learning was shared with staff to minimise further risks.

There was a designated GP lead responsible for reviewing safety alerts, such as medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). However, actions required to ensure compliance with guidance was not effective. For example, we saw that appropriate actions following receipt of an alert had not been carried out relating to medicines that posed a risk to women of childbearing age. On the day of inspection, the practice took immediate action and ran a search on the clinical system to identify patients at risk, but none were found. We found further evidence of another MHRA alert relating to the use of medicines which increases the risk of side effects if prescribed in combination with other medicines which had not been actioned. Since the inspection, the practice provided evidence to confirm that all alerts from January 2017 onwards have been reviewed and acted on appropriately.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All 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 clean and tidy. There were cleaning schedules and monitoring systems in place and staff had access to appropriate hand washing facilities and personal cleaning equipment.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit had been completed in February 2017. No actions had been identified.
- The practice had immunisation records for staff and there was an effective system in place to ensure all staff were up to date with their immunisations.

Are services safe?

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. A range of searches were completed and we found processes to be adequate.
- The practice carried out regular medicines audits with the support of the local clinical commissioning group pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use within the practice; however we found that there was no system to record blank prescription pads taken by GPs for home visits. Since the inspection, we have received a prescription security protocol which clearly outlined the process for ensuring prescriptions are managed and monitored appropriately.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.

We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety in most areas.

- There was a health and safety policy available, but we found on the day of inspection that some risk assessments had not been carried out. For example, no security risk assessments were in place, but we did see an employee assessment of the workplace for a staff member that was pregnant and an equality assessment for patients with disabilities. Since the inspection, we have received further risk assessments.

- The practice did not have an up to date fire risk assessment however we have since received evidence that this had now been completed. Weekly fire alarm checks were completed and annual fire drills were carried out and we saw evidence to confirm that firefighting equipment was checked regularly.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice used a long term locum one day a week and locum cover was also organised as and when required. There was a locum pack in place to guide locums on the services, contact phone numbers and all relevant information that they may require and we saw evidence of the relevant checks completed before locums commenced at the practice.
- There were arrangements for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. However on speaking with staff they highlighted an issue regarding a shortage of reception and administration staff and advised that when the practice nurse was unavailable, the practice relied on the support of the district nursing team for help with complex patients and other patients who required nursing services were directed to the local walk in centre.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents. However, we saw that in the absence of some emergency medicines the practice had not carried out a risk assessment.

- 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, however we did find that Atropine (a medicine for the treatment of Bradycardia during insertion of an intrauterine contraceptive device) was

Are services safe?

not available at the time of inspection. The practice acted on this immediately and we saw evidence to confirm that the practice had reviewed risks and had access to adequate medicines.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.
- 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 (2015/16) were 93% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%. Exception reporting was 3% which was lower than the CCG average of 8% and the national average of 10%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 88% which was comparable to the CCG average of 88% and the national average of 90%.
- Performance for mental health related indicators was 67% which was lower than the CCG average of 92% and the national average of 93%.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was 99% which was comparable to the CCG average of 96% and the national average of 96%.

There was evidence of quality improvement including clinical audit:

We saw evidence that four clinical audits had been undertaken in the past 2 years. We reviewed two of the audits to see what improvements had been implemented. For example:

- One audit had been carried out to review all patients taking the medicine Tramadol (controlled medicine used to treat pain) who suffered with epilepsy to ensure that these patients were being monitored effectively. The first audit in June 2015 showed 126 patients were taking Tramadol and a review of patients was completed. A second audit in April 2016 showed the practice had reduced the number of patients on Tramadol by 50%. The practice told us they plan to follow local pain guidelines before prescribing.
- The provider had set up a schedule of clinical audits to be carried out throughout the year, this included a review the quality of care provided in relation to evidence based guidance. For example, recent action taken as a result included a reduction in the prescribing of high protein supplements for malnutrition.
- The practice had participated in the Clinical Commissioning Group (CCG) primary care commissioning framework to improve the overall quality of clinical care. Unverified data provided by the practice showed the latest QOF results for 2016/17 showed the practice had achieved 98%.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality, but did not include infection control procedures.
- The practice could demonstrate how they ensured role-specific training and updating for clinical staff. For example, for those reviewing patients with long-term conditions.
- 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 and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- 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, clinical supervision and facilitation and support for revalidating GPs and nurses. 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.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a six weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

Documentation provided by the practice showed patients on the palliative care register had care plans in place and they were regularly reviewed. We saw evidence which showed that patients were discussed at six weekly meetings and their care needs were co-ordinated with community teams. On the day of inspection, the palliative care nurse told us the practice were very supportive and offered support to both patients and their families.

There were 26 patients on the learning disability register and 22 of these had a care plan in place and were offered regular health checks. These patients were discussed as part of multi-disciplinary team meetings to support the needs of patients and their families.

The practice had a register of patients from vulnerable groups, this included patients with a drug or alcohol dependency. These patients were regularly reviewed and unverified data provided by the practice showed all identified patients were referred for further support provided by the local addiction service who held a clinic on a weekly basis at the practice.

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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice used a stop smoking service at the practice which offered weekly support sessions. Unverified data provided by the practice showed 202 patients had been seen in the past 12 months and 63 patients had stopped smoking within a three month period.

The practice's uptake for the cervical screening programme was 73%, which was lower than the CCG average of 79% and the national average of 81%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the

Are services effective?

(for example, treatment is effective)

practice followed up women who were referred as a result of abnormal results. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

The uptake of national screening programmes for bowel and breast cancer screening were comparable to the CCG average, but lower than the national average. For example:

- 67% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 66% and the national average of 72%.

- 45% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 45% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than the CCG and national averages. For example, rates for vaccines given to under two year olds were 94% to 100% in comparison to the national average of 90% and five year olds ranged from 94% to 100% in comparison to the national average of 88% to 94%.

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40-74 for patients. Unverified data provided by the practice showed 126 patients had received a health check in the past 12 months. 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

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

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

All of the 33 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.

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

Most recent results from the national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the local and national averages for its satisfaction scores on consultations with GPs For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% 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 CCG average of 80% and the national average of 85%.

Satisfaction scores for consultations with nurses were above local and national averages:

- 95% of patients said the nurse was good at listening to them compared to the CCG average of 87% and the national average of 91%.
- 93% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.

Results for helpfulness of receptionists showed:

- 89% of patients said they found the receptionists at the practice helpful compared with the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Most recent 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 above local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.

Are services caring?

- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- The E-referral service was used with patients as appropriate. (E-referral is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 33 patients as carers (0.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them and a bereavement card was sent by the staff. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on Monday evenings, and Tuesday, Wednesday and Thursday mornings for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice used a text messaging service to remind patients of their appointments.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- The practice offered a range of family planning services including intrauterine contraceptive device (IUCD) fittings.
- Patients were able to receive a range of minor surgery services, including joint injections.
- Patients were able to receive travel vaccines available on the NHS and those only available privately were referred to other clinics for vaccines.
- There were accessible facilities, which included baby changing facilities, breast feeding room, a hearing loop to support patients with hearing difficulties and interpretation services were available.
- The practice had designated disabled parking bays, ramp access, automated doors into the building and disabled toilet facilities.
- The practice supported regular Diabetes in Community Extension (DiCE) clinics with a specialist diabetic nurse every three months and had also held a diabetic education programme for patients from ethnic minorities.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

- We saw examples of joint working with midwives and the midwife ran an antenatal clinic once a week.
- Patients requiring support with mental health needs were referred to the local counselling team.
- Patients were able to access a range of community services from the premises including ultrasound, phlebotomy and an anti-coagulant service (a clinic to monitor how well a blood thinning medicine used to prevent heart attacks, strokes and blood clots in veins and arteries is working).

Access to the service

The practice was open between the hours of 8am to 6.30pm Monday to Friday. Morning appointments were available from 8.30am to 11.30am on Mondays, Tuesdays and Thursdays, 8.30am to 12.30pm on Wednesdays and 8.30am to 12pm on Fridays. Afternoon appointments were available from 3pm to 5.10pm on Mondays, 3.30pm to 5.30pm on Tuesdays and Wednesdays, 3pm to 5pm on Thursdays and 2pm to 4pm on Fridays.

Extended hours appointments were offered on Monday evenings from 6.30pm to 8pm, Tuesday and Thursday mornings from 7.15am to 8am and Wednesday mornings from 7.30am to 8am. In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments and telephone consultations were also available on the day for patients that needed them. Primecare was the out-of-hours (OOH) service provider when the practice was closed.

Most recent results from the national GP patient survey published July 2016 showed that patient's satisfaction with how they could access care and treatment were higher than local averages and comparable to national averages.

- 84% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.
- 87% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 75% and the national average of 85%.

Are services responsive to people's needs?

(for example, to feedback?)

- 95% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 92%.
- 74% of patients described their experience of making an appointment as good compared with the CCG average of 62% and the national average of 73%.
- 55% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and they were able to see a GP on the same day when a consultation was needed urgently.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. 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, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available in the waiting room.

We looked at two complaints received in the last 12 months and found these had been dealt with in a timely way. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. Verbal complaints were not recorded. All written complaints were discussed at staff meetings every three months.

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 area and on the staff noticeboard and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a number of policies and procedures to govern activity. However, some governance arrangements were not effective enough to mitigate risk. For example:

- Some health and safety risk assessments and fire risk assessments were not available on the day of inspection. Since the inspection, the practice provided evidence to confirm that these had been completed.
- There were arrangements for managing the receipt and distribution of alerts received from Medicines and Healthcare Products Regulatory Agency (MHRA). However, oversight of actions required to ensure compliance with guidelines was not effective. For example, we found that some alerts had not been acted on. Since the inspection, the practice provided evidence to confirm that alerts received from January 2017 have been reviewed and acted on.

We found areas where the governance framework was effective. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as sexual health.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held every three months which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

Staff we spoke with during the inspection were committed to providing a high quality service and we saw examples of good care. However, we found that oversight of some systems and processes was not effective. This therefore affected the ability to effectively manage some risks safely. 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 to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and health visitors to monitor vulnerable patients.
- Staff told us the practice held team meetings every three months and we saw minutes of meetings to confirm that regular meetings were in place.
- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, by the partners and practice manager in the practice. All staff were involved in discussions about how to develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients and staff.

- The practice had a patient participation group (PPG). A PPG is a way in which the practice and patients can work together to help improve the quality of the service. We spoke with five members of the group who told us the group did not meet often on average two to three times a year. The practice had not had a meeting with the group in the last six months.
- The May 2017 friends and family test (FFT) results showed the practice had received 88 patient returns and 73 of these (83%) were extremely likely or likely to recommend the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Providers must assess the risks to people's health and safety during any care or treatment.</p> <p>Medicines must be supplied in sufficient quantities, managed safely and administered appropriately to make sure people are safe.</p> <p>How this regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not have effective systems in place to monitor and mitigate risks to patient and staff safety.• The provider did not comply with relevant alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA).• The provider did not have sufficient quantities of emergency medicines to ensure the safety of service users and to meet their needs. <p>Regulation 12 (2)</p>