

# Dr Eamon McQuillan

## Quality Report

30 Bloomsbury Street  
Nechells  
Birmingham  
West Midlands  
B7 5BT

Tel: 0121 359 1539

Website: [www.bloomsburysurgerynechells.nhs.uk](http://www.bloomsburysurgerynechells.nhs.uk)

Date of inspection visit: 11 August 2016

Date of publication: 15/09/2016

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9

### Detailed findings from this inspection

Our inspection team	10
Background to Dr Eamon McQuillan	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive follow-up inspection at Dr Eamon McQuillan's practice (also known as Bloomsbury Medical Centre) on 11 August 2016. Overall the practice is rated as good.

This inspection was in response to our previous comprehensive inspection at the practice on 17 September 2015 where breaches of the Health and Social Care Act 2008 were identified. Previously the practice rated as inadequate overall, placed into special measures and we issued requirement notices to inform the practice where improvements were needed. The practice subsequently submitted an action plan to CQC detailing the measures they would take in response to our findings.

The identified breaches found at the previous comprehensive inspection on 17 September 2015 related to the regulations safe care and treatment and good governance.

At our inspection on 11 August 2016 we found that the practice had made significant improvements. The requirement notices we issued following our previous inspection had both been met. The practice is now rated as good overall

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

- Staff we spoke with understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence to demonstrate that learning was shared amongst staff.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice now had a wide variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, legionella and infection control. Other risks to patients such as fire safety or health and safety had also been assessed and were well managed.
- The arrangements for managing emergency drugs and vaccinations in the practice kept patients safe. New robust monitoring processes and alerts were now in place for when medications kept in the GP bag were due to expire.
- New policies and procedures were in place to govern activity. We saw these were practice specific, up-to-date and embedded.

# Summary of findings

- All staff had received training appropriate to their roles and was up-to-date which included annual basic life support training and fire training.
- Both a defibrillator and oxygen were now available at the practice.
- Clinical audits had been carried out to demonstrate quality improvement with action taken to improve patient outcomes.
- There was evidence that care plans and assessments were now being routinely reviewed and updated on the clinical system.
- Information about services and how to complain was available with a complaints poster displayed in the

waiting area and complaints information also found in the practice leaflet and website. We saw that verbal complaints were also being logged to pick up all potential trends and themes.

- Patients were highly positive about their interactions with staff and said they were treated with compassion and dignity.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.

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

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

Good



- There was an effective system in place for reporting and recording significant events.
- Outcomes and learning to improve safety in the practice had been shared with staff and were discussed at practice meetings. Information was disseminated to all staff.
- When there were unintended or unexpected safety incidents, people received reasonable support, information, and a verbal apology where appropriate. They were also told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined, embedded systems and practice-specific processes in place to keep people safe and safeguarded from abuse. There was a lead member of staff for safeguarding children and vulnerable adults.
- Risks to patients were assessed, embedded and well managed.

### Are services effective?

Good



- Data for 2014/2015 and unpublished data from the practice showed that significant improvements had been made in areas where the p
- There was evidence that audits were driving improvement in performance to improve patient outcomes such as in reducing antibiotic or hypnotics prescribing rates.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Since the last inspection, patient records now contained sufficient documentation and the electronic patient system was being effectively utilised.
- Care plans for mental health were now in place and there was evidence that care plans were being routinely reviewed and updated.

### Are services caring?

Good



- Data from the national GP patient survey published 7 July 2016 showed patients rated the practice higher than others for all aspects of care.
- Feedback from patients we spoke with about their care and treatment was consistently and strongly positive.

# Summary of findings

- We found that information for patients about the services available was easy to understand and accessible.
- We found that since the last inspection, more support and information was being provided for carers.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had engaged with the Clinical Commissioning Group (CCG) to provide identify and provide support to patients who were at risk of developing diabetes.
- Data from the national GP patient survey showed patients' satisfaction with how they could access care and treatment was consistently above local and national averages.
- Patients were able to access appointments and services in a way and at a time that suited them. Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available in the patient waiting areas. No formal written complaints had been received by the practice since the last inspection.

## Are services well-led?

Good



- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice was aware of practice performance levels and changes had been made where required.
- There was a documented leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular practice meetings.
- The practice had carried out proactive succession planning.
- There was proactive engagement with staff and staff we spoke with were highly motivated. A patient participation group had been established and was active.
- All staff had received an appraisal and had clear objectives.

# 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



- A facility for online repeat prescriptions and appointments bookings was available.
- There were longer appointments available for older patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Patients were able to book telephone consultations with the GP.
- Consultation rooms were all located on the ground floor.
- There were disabled facilities available and the practice had a ramp at the entrance to the building to enable easy access for patients with mobility difficulties.
- A hearing loop was available at the practice.

### People with long term conditions

Good



- Longer appointments and home visits were available when needed.
- Patients had a structured annual review to check that their health and care needs were being met.
- Performance for diabetes related indicators for the practice was 84% which was slightly higher than the CCG average of 83% and the same as national average of 84%.
- The practice had set up a pre-diabetic register and identified patients at higher risk of developing diabetes in order to support and advise patients on changes to prevent diabetes developing.
- 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.
- Patients at risk of hospital admission were identified as a priority and had appropriate reviews in place.

### Families, children and young people

Good



- Same day appointments were available for children and those with serious medical conditions.
- Immunisation rates for childhood vaccinations were slightly above CCG averages.
- The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 78% and similar to the national average of 82%.

# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies and baby changing facilities were available.
- We saw examples of joint working with district nurses and health visitors.

## Working age people (including those recently retired and students)

Good



- Although the practice did not offer extended opening patients could book appointments or order repeat prescriptions online.
- Patients were able to book telephone consultations with the GP.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group with appropriate follow-ups on the outcomes of health assessments taking place.
- Text message reminders of appointment times were in place to try and the reduce non-attendance rates.
- A health trainer attended the practice on a fortnightly basis to provide more focused lifestyle advice and to provide help and support on health promotion issues.

## People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances and alerts were in place on the clinical patient record system.
- Since the last inspection, care plans had been introduced for patients with a learning disability or poor mental health in order to further support their care.
- There were longer appointments available for patients with complex needs such as those with dementia or a learning disability.
- Translation services were available.
- There was a lead staff member for safeguarding and we saw evidence to show that staff had received the relevant training.
- The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare.
- Staff members we spoke with, including the GP, were able to demonstrate that they understood their responsibilities with regards to safeguarding.

# Summary of findings

## People experiencing poor mental health (including people with dementia)

Good



- The practice maintained a mental health register on the clinical system.
- The percentage of patients experiencing poor mental who had an agreed care plan documented in the record (2014/2015) was 8% for the practice compared to CCG and national averages of 89%. However, recent data available from the practice for 2015/2016 showed that care plans were now in place for all patients on the mental health register. However, this was not published and verified data. We reviewed some of these care plans and found them to be sufficient in supporting patient care.
- The percentage of patients experiencing poor mental whose alcohol consumption has been recorded in the preceding 12 months was 85% for the practice compared to CCG and national averages of 90%. This was a significant improvement from the 2013/2014 data where the practice average was 30%.
- There were longer appointments available for patients with complex needs such as those with dementia, a learning disability and patients experiencing poor mental health.
- The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The GP we spoke with had good knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw evidence that all staff had completed mental capacity training.
- Staff 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 January 2016. The results showed the practice was performing very highly across all areas compared with local and national averages. 345 survey forms were distributed and 76 were returned. This represented a 22% survey response rate and 4% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 88% 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 the national average of 85%.
- 98% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.

- 83% 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 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 12 comment cards, all of which were highly positive about the standard of care received. Overall, patients highlighted that they felt listened to, that the practice offered an excellent, accessible service and staff were helpful and attentive.

We spoke with four patients during the inspection (one of whom was also a member of the patient participation group). All the patients we spoke with told us said they were very happy with the care they received and that staff were approachable, committed and caring.

# Dr Eamon McQuillan

## 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, a second CQC inspector and an Expert by Experience (a person who has experience of using this particular type of service, or caring for somebody who has).

## Background to Dr Eamon McQuillan

- Dr Eamon McQuillan's practice also known as Bloomsbury Medical Centre is located in Nechells, Birmingham and has approximately 1730 registered patients.
- The practice is led by one full-time male GP. There is also a female practice nurse, a practice manager, an assistant practice manager and reception staff.
- The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.
- The practice is open between 9.00am and 6.30pm Monday to Friday except for Thursday afternoons when the practice closes at 1.30pm. Appointments take place from 9.45am to 11.30am every morning and 4pm to 5.30pm daily (except on Thursdays). Extended hours surgeries are not offered at the practice. In addition to pre-bookable appointments that can be booked in advance to any required date, urgent appointments are also available for people that need them.
- The practice has opted out of providing out-of-hours services to their own patients and this service is

provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical service. Patients are directed to this service on the practice answer phone message.

- Additionally, any gaps between the times that the out-of-hours cover ends and before the practice opens; the practice has an arrangement in place with the out-of-hours service to contact the GP directly if a patient needs to see the GP.
- The practice is located in an area with high levels of social and economic deprivation.

This comprehensive follow-up inspection was in response to our previous comprehensive inspection at the practice on 17 September 2015, after which the practice was placed in special measures following an overall rating of inadequate. Two breaches of the Health and Social Care Act 2008 were identified. The breaches related to the regulations safe care and treatment and good governance. Two requirement notices were issued and the practice subsequently submitted an action plan to CQC on the measures they would take in response to our findings.

## Why we carried out this inspection

On the 17 September 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. We published a report setting out our judgments which identified some concerns including breaches of regulation and asked the provider to send a report of the actions they would take to comply with the regulation they were not meeting.

This comprehensive follow-up inspection on 11 August 2016 was planned to check whether the provider was now meeting the legal requirements and regulations associated

# Detailed findings

with the Health and Social Care Act 2008, to look at the overall quality of the service, review the areas which had previously led to a an overall rating inadequate and to provide an updated rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 August 2016.

During our visit we:

- Spoke with a range of staff (including the GP, practice manager, practice nurse and receptionist).
- Spoke with patients who used the service.
- Spoke with members of the patient participation group (PPG).
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

At our previous comprehensive inspection undertaken on 17 September 2015 we found that the processes in place were not being implemented well enough to mitigate identified risks and ensure patients were kept safe. For example, this included: processes for significant events, infection control, processes for monitoring some of the medicine expiry dates, risk assessments to monitor safety of the premises such as control of substances hazardous to health or legionella.

At this inspection, we found the provider had fully followed the action plan they had written to adequately meet all the identified shortfalls.

The system for reporting and recording significant events had been reviewed and updated since the last inspection.

- Staff told us they would inform the practice manager and the GP of any incidents. They described how they would document this and gave an example of lessons learnt following an incident in the practice.
- We saw that the practice had logged six significant events in the past 12 months. We saw evidence to demonstrate that significant events were discussed, an action plan agreed and that learning points had been effectively shared.
- The practice told us that that when things went wrong with care and treatment, patients were informed of the incident, received support and a verbal apology (although this was not documented). They were also told about any actions to improve processes to prevent the same thing happening again.

We discussed the process for the management of safety alerts with the GP. They had access to alerts and confirmed that these were routinely discussed at staff meetings and showed us evidence to demonstrate this. The GP we spoke with was able to discuss changes that had been implemented at the practice following a recent alert.

### 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 that reflected relevant legislation and local requirements. We saw that these

were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and the staff we spoke with were aware of this. The GP was the lead member of staff for safeguarding. Staff we spoke with demonstrated they understood their responsibilities and had received training relevant to their role. Contact details for safeguarding were seen to be easily accessible for staff in the practice. The GP told us that there was a system on the computer for highlighting vulnerable patients. We saw evidence to demonstrate that the GP and the practice nurse were trained to safeguarding level 3.

- We observed that there was a notice displayed in the waiting room advising patients that a chaperone was available, if required. All staff who acted as chaperones had undertaken training for the role and had received a disclosure and barring check (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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. The Clinical Commissioning Group (CCG) had completed an infection control audit in May 2016 (resulting in an overall compliance score of 96% for the practice) and we saw evidence that action had been taken address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We saw evidence to demonstrate that the practice had carried out medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription stationery was securely stored and there were systems in place to monitor the use.
- We saw evidence to show that Patient Group Directions (PGDs) had been adopted by the practice to allow

## Are services safe?

nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may be individually identified before presentation for treatment.

- We reviewed five personnel files (which included the practice nurse, practice manager, assistant practice manager and two reception staff). We found that all appropriate recruitment checks had been undertaken. For example, proof of identification, references, qualifications and registration with the appropriate professional body. We saw evidence that all staff at the practice had undergone appropriate checks through the Disclosure and Barring Service (DBS).

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 which had been updated since the last inspection so that it was practice – specific and relevant. Additionally, since the last inspection, the practice had installed a new fire alarm system and had in place an up to date fire risk assessment. We saw that the practice had carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also now had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Good arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. A new practice manager and

practice nurse had been employed at the practice since the last inspection as well as an additional member of reception staff who had been employed as an apprentice. Staff informed us that they were flexible and covered for each other working additional hours if required. For example, when the practice nurse was on leave, the GP covered the routine nursing appointments. The practice told us that if the GP was on annual leave, a locum GP was used.

### Arrangements to deal with emergencies and major incidents

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

- There was a panic button alert system in the reception area, practice nurse room and consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff we spoke with knew of their location. Previously some of the medications kept in the GP bag were out of date and there was no monitoring process in place for these. At this inspection we saw that a robust system was in place to monitor expiry dates. All the medicines we checked were in date and stored securely.
- The practice business continuity plan had been updated since the last inspection and detailed the arrangements for major incidents such as power failure or building damage. The plan now contained sufficient detail such as the emergency contact numbers for staff or contact numbers for providers of electricity and gas.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous comprehensive inspection undertaken on 17 September 2015 we found that the information sharing processes and systems in place for recording, monitoring and reviewing information about patients on the clinical system was not effective. Additionally, the practice had carried out limited audits to improve areas of clinical targets where the practice was an outlier.

At this inspection, we found the provider had fully followed the action plan they had written to properly meet all the identified shortfalls.

### 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.
- The GP told us that new and amended guidelines were disseminated and discussed at clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, and audits. For example, at the last inspection it had been identified that the prescribing rate for some antibiotics was higher for the practice than local and national averages. We saw evidence to demonstrate that action had been taken so that antibiotic prescribing rates were now below local and national averages.
- The GP also provided an example of a recent change implemented as a direct result of updated NICE guidance.

### 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 (2014/2015) for the practice were 88% of the total number of QOF points available. This was slightly below the CCG & national QOF averages of 94%.

The practice had an 8.5% exception reporting which was similar to the CCG and national exception reporting rates 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 for QOF (or other national) clinical targets in mental health indicators (having an agreed care plan documented) and in having regular multidisciplinary case review meetings for patients on the palliative care register. QOF data from 2014/2015 showed;

- Performance for diabetes related indicators for the practice was 84% which was slightly higher than the CCG average of 83% and the same as national average of 84%. Exception reporting for the practice was at 12% compared with 11% for the CCG and 12% nationally.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (practice average of 8% compared to a CCG and national averages of 89%). More recent data available from the practice for 2015/2016 showed that care plans were now in place for all patients on the mental health register. However, this was not published and verified data. We reviewed some of these care plans and found them to be sufficient in supporting patient care.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 85% for the practice compared to CCG and national averages of 90%. This was a significant improvement from the 2013/2014 data where the practice average was 30%.
- The antibiotic prescribing rate for the practice was now lower at 0.24 compared to 0.28 for the CCG and 0.27 nationally.
- The hypnotics prescribing rate for the practice was now significantly lower at 0.01 compared to 0.28 for the CCG and 0.26 nationally.
- We found that there was only one patient on the palliative care register and that several attempts had been made by the practice to arrange multidisciplinary team (MDT) case review meetings. The practice were now considering alternatives to face-to-face meetings.



# Are services effective?

## (for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits and national benchmarking.
- There had been three clinical audits completed in the last two years, two of which were completed audits where the improvements made were implemented and monitored (in the case of antibiotic and hypnotic prescribing).
- Findings were used by the practice to improve services. For example, recent action taken as a result included discouraging the use of hypnotics for new patients and reviewing those currently on hypnotics which had led to a significant overall decrease of hypnotic prescribing. Antibiotic prescribing had also decreased.

### Effective staffing

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

- The practice had an induction checklist and a mandatory training programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice demonstrated, via their training records, how they ensured role-specific training and updates for relevant staff were managed. For example, for those reviewing patients with long-term conditions, staff administering vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes.
- 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.
- We found that all staff who were due an appraisal had received one.
- Staff received training that included: safeguarding, fire procedures, basic life support infection control and information governance awareness. 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 medical summaries and investigation and test results. Information such as NHS patient information leaflets were available in the reception and waiting areas.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice told us they had also made referrals directly and through the NHS e-Referral Service system. The NHS e-Referral Service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Staff worked together and with other health and social care services where possible to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, the practice informed us that monthly meetings involving health visitors and quarterly meetings involving district nurses were taking place.

At the last inspection we had found that in some cases patient medicine review dates were overdue in a sample of patient records looked. Additionally evidence of appropriate follow-up and review was not found in patients whose blood pressure had been recorded as being outside of the recommended ranges. We also previously found that there was no evidence of appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors had been identified. We were previously told that as the GP kept both paper records and made some use of the computer system, this may have resulted in some patients being overlooked. At this inspection we found that there had been some significant changes so that full use of the clinical system was being made and paper notes were no longer being used. We were able to see good evidence of effective record keeping and appropriate follow-up and review as required.

### Consent to care and treatment

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

# Are services effective?

## (for example, treatment is effective)

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- We saw that the GP and all practice staff had completed online mental capacity training.
- 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 GP was now able to show us how consent was recorded using the electronic patient system.

### Supporting patients to live healthier lives

The practice identified a full range of patients who may be in need of extra support. For example:

- The practice maintained a register of patients with a learning disability, dementia, patients receiving end of life care, carers, those at risk of developing a long-term condition (such as pre-diabetics) and patients at high risk of hospital admissions. Patients who had been admitted to hospital were monitored on their status and seen by the GP post-discharge with a plan put in place to try and prevent reoccurrence.
- The practice nurse provided support to those identified as requiring advice on their diet, smoking cessation and alcohol awareness. Patients were also signposted to more specialist services where appropriate.
- Quarterly meeting were also held with district nurses.
- The practice worked closely with health visitors, meeting them on a monthly basis.
- Fortnightly clinics held by a midwife at the practice provided support and advice on a consistent basis.
- A health trainer attended the practice on a fortnightly basis to provide more focused lifestyle advice and to provide help and support on health promotion issues.

The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 78% and similar to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and to work proactively to understand any reasons behind those not attending.

The practice was below average for national screening programmes for bowel cancer screening (practice average 44% compared to CCG average of 51% and national average of 58%) and breast cancer screening (practice average 56% compared to CCG average of 69% and national average of 72%).

Childhood immunisation rates for the vaccinations given were slightly higher for the practice compared with the CCG averages. For example, childhood immunisation rates for under two year olds ranged from 77% to 100% and five year olds from 90% to 95% for the practice compared favourably with the CCG rates of 80% to 95% and 86% to 96% respectively.

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. We saw evidence to demonstrate that appropriate follow-ups for the outcomes of health assessments, tests and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 12 patient Care Quality Commission comment cards we received were highly 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 one member of the patient participation group (PPG). They also told us they were very happy with the care being provided by the practice and said their dignity and privacy was respected. Comment cards consistently highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% 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%.
- 92% 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 96% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt highly 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.

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 consistently above the local and national averages. For example:

- 91% 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%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A hearing loop was also available.

### Patient and carer support to cope emotionally with care and treatment

We saw that the waiting area had been significantly improved and reorganised to ensure the information provided was relevant and up-to-date. We saw that there were leaflets in the patient waiting areas that provided

## Are services caring?

patients with information on how to access a number of support groups and organisations. For example, we saw leaflets on safeguarding, mental health as well as contact numbers for carers or domestic violence support services. Information about support groups was also available on the new practice website which we saw was well-maintained and up-to-date.

The practice's computer system alerted GPs if a patient was also a carer and a newly developed carers policy had been established at the practice. The practice had identified 23 patients as carers (1% of the practice list). The practice was actively trying to increase the number of carers identified

and were working with the CCG to both increase the numbers identified and to ensure they were receiving effective support. We saw that information was available for carers to take which contained written information to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. Information about more specialist support available was also provided and the practice was able to signpost patients to local bereavement services available.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We saw evidence to demonstrate that since the last inspection, the practice had comprehensively reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had analysed the patient population profile and identified that for its patient population, diabetes was particularly prevalent and that numbers of patients diagnosed with diabetes was rising. As a result the practice had set up a pre-diabetic register and identified patients at higher risk of developing diabetes in order to support and advise patients on changes to prevent diabetes developing.

In addition recent action taken as a result included discouraging the use of hypnotics (medicines used to help with sleep) for new patients and reviewing those currently on hypnotics which had led to a significant overall decrease of hypnotic prescribing. Antibiotic prescribing had also decreased. Mental health care plans were also now in place.

The practice had carried out a review with the support of the CCG to identify patients who were at high risk of emergency admissions. Those identified had been assessed to determine any additional patient needs with extra support being offered where appropriate. As a result, the practice had the lowest emergency admissions compared with local averages and was also lower compared with national averages. The practice emergency admissions rate (2014/2015) was now significantly lower at 12.5 compared to 16.4 for the CCG and 14.6 nationally.

- Patients could book appointments as far in advance as required and longer appointments were available where appropriate
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day urgent access appointments were available for children and those with serious medical conditions.
- A facility for online repeat prescriptions and appointments bookings was available.
- Patients were able to book telephone consultations with the GP.

- Text message reminders of appointment times were in place to try and reduce non-attendance rates.
- Translation services were available.
- There were disabled facilities available and the practice had a ramp at the entrance to the building to enable easy access for patients with mobility difficulties.
- Baby changing facilities were available.
- A hearing loop was available at the practice.
- Consultation rooms were all located on the ground floor.
- A private consultation reception window was available to ensure confidentiality and privacy when required
- Fortnightly clinics held by a midwife at the practice provided support and advice on a consistent basis.
- A health trainer attended the practice on a fortnightly basis to provide more focused lifestyle advice and to provide help and support on health promotion issues.

### Access to the service

The practice was open between 9.00am and 6.30pm Monday to Friday except for Thursday afternoons when the practice closed at 1.30pm. Appointments were from 9.45am to 11.30am every morning and 4pm to 5.30pm daily (except on Thursdays). Extended hours surgeries were not offered at the practice. In addition to pre-bookable appointments that could be booked in advance to any required date, urgent appointments were also available for people that need them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 95% 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 we spoke with on the day of the inspection told us that they were able to get appointments when they needed them.

A new practice website had been set up. We viewed the website and found that it was well-maintained, up-to-date and provided relevant information. The website itself was user friendly and could be translated to other languages.

We found that the practice had a system in place to assess:

# Are services responsive to people's needs?

(for example, to feedback?)

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

This was done through gathering of information beforehand to allow for an informed decision to be made on prioritisation according to clinical need. 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 in place for handling complaints and concerns.

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

- The practice manager was the designated responsible members of staff who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system with a complaints leaflet and poster displayed in reception.

We saw that complaints were now a standing item for discussion at practice meetings. Although the practice had not received any written complaints in the last 12 months they had a robust system so that both verbal and written complaints could be logged. We saw that a template for recording complaints had been developed in which the practice were able to document a brief overview of the complaint together with a comment on action taken and learning points established. The practice also showed us an acknowledgement letter that they had developed although the practice had not had any cause to use it yet.

# Are services well-led?

Good 

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

## Our findings

At our previous comprehensive inspection undertaken on 17 September 2015 we found that there were limited formal governance arrangements. The systems in place for assessing and monitoring service provision were not always robust to ensure all risks were appropriately managed. A patient participation group (PPG) was not in place at the previous inspection.

At this inspection, we found the provider had fully followed the action plan they had written to properly meet all the identified shortfalls.

### Vision and strategy

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

- Since the last inspection, the provider had employed a new practice manager and a practice nurse to improve the practice. Newly developed policies and processes had become established at the practice.
- The practice had a 'vision and values' statement in place which highlighted the practice responsibility towards patients and what was expected from patients in return.
- Staff we spoke with knew and understood this statement and we found staff were committed and motivated.
- We saw that practice had a robust strategy that considered future planning and sustainability and had collaborated with other local practices to do this effectively.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Since the last inspection, practice specific policies had been developed, implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was now being maintained and the practice

met most QOF targets well. Where it was an outlier for some QOF and other local and national clinical targets, the practice had taken appropriate steps raise standards in all of the identified areas of improvement.

- Clinical and internal audits had been carried out to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection we met with the lead GP. We found that they led very motivated staff with the GP having the experience, capacity and capability to run the practice and ensure high quality care. Practice staff told us that a more positive culture within the practice had been maintained since the last inspection and they were more optimistic about the future.

We spoke with the GP who was aware of the requirements of the duty of candour and the provider had systems in place to ensure compliance with its requirements. (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 provider encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- We saw evidence to demonstrate that practice gave affected people reasonable support and truthful information. The practice told us they offered a verbal apology where appropriate.
- The practice had systems in place to keep written records of verbal interactions as well as written correspondence.

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

- Staff members informed us that the practice held fortnightly team meetings and we viewed documentation to support this.
- Staff told us that there was an open culture within the practice and they were able to share ideas and any issues at team meetings and felt confident in doing so. Patient complaints and significant events were regularly discussed.

# Are services well-led?

Good 

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

- Staff said they felt respected and valued and the GP and management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff and engaged patients in the delivery of the service.

- Since the last inspection, the practice had established a patient participation group (PPG) with 13 members. One meeting had taken place at the time of the inspection to

which three of the members had attended. The GP and the assistant practice manager were also present. We spoke with one of the PPG members on the day of the inspection. They were very positive about the practice and felt that they were listened to and that their views were valued.

- The practice manager and staff members informed us that they were able to provide feedback at staff meetings, annual appraisals and on a one-to-one basis. Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.