

Dr Raja Segar Ramachandram (Moor Green Lane Medical Centre)

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Raja Segar Ramachandram, known as Moor Green Lane Medical Centre, on 6 December 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events. Incidents and significant events were discussed in weekly meetings as well as monthly meetings where all staff came together to consolidate learning.
- There were measures in place to safeguard children and vulnerable adults from abuse. We confirmed that these were in line with current legislation and local requirements. Staff we spoke with knew how to escalate concerns.
- The practice had a system for managing patient safety alerts issued by external agencies including the Medicines and Healthcare products Regulatory Agency

(MHRA). We checked a sample of recent alerts and found that action had been taken as a result, but one member of clinical staff we spoke with was not aware of a recent alert that had been actioned.

- Non-clinical staff checked uncollected prescriptions and returned these to the GPs to ensure any patients who needed their medicine urgently were followed up with. Staff had access to up to date evidence based guidance. New guidance was discussed at clinical meetings, to ensure the care and treatment provided met patients' needs.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were higher than CCG and national averages.
- The practice had a program of clinical audit. This was used in conjunction with benchmarking to monitor and improve the quality of patient care.
- Staff demonstrated that they had the skills, knowledge and experience to deliver effective care and treatment.
- Results from the National GP Patient Survey published in July 2016 showed that the practice's performance in patients' satisfaction with the practice staff and the care they received was above average.

Summary of findings

- We observed staff to be kind and helpful to patients and to treat them with dignity and respect.
- Information was available to help patients understand the complaints system. There was an up to date complaints and comments leaflet displayed in the patient waiting area and this had a feedback form attached. Details of how to complain were also included in the practice leaflet and on the website.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff found the GPs and practice manager approachable and said there was a small friendly culture in the practice.
- The practice was aware of the requirements of the duty of candour and systems were in place to ensure compliance with this.

- The practice was committed to continuous learning and improvement and actively sought feedback from staff and patients.

We saw one area of outstanding practice:

- The practice published an annual quality account on its website to inform patients and the public about its performance over the previous year and strategy for the coming year. This was also used to communicate initiatives with patients, such as reducing medicines wastage.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Incidents and significant events were discussed in weekly meetings as well as monthly meetings where all staff came together to consolidate learning.
- There were measures in place to safeguard children and vulnerable adults from abuse. We confirmed that these were in line with current legislation and local requirements. Staff we spoke with knew how to escalate concerns.
- The practice had a system for managing patient safety alerts issued by external agencies including the Medicines and Healthcare products Regulatory Agency (MHRA). We checked a sample of recent alerts and found that action had been taken as a result.
- Where a patient was affected by an incident the practice manager contacted them and invited them to a face to face meeting with herself and the lead GP to discuss the events. The meeting was then followed up with a letter of apology as appropriate.
- Non-clinical staff checked uncollected prescriptions and returned these to the GPs to ensure any patients who needed their medicine urgently were followed up with. The practice had adequate arrangements in place to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff had access to up to date evidence based guidance. New guidance was discussed at clinical meetings, to ensure the care and treatment provided met patients' needs.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were higher than CCG and national averages.
- The practice had a program of clinical audit. This was used in conjunction with benchmarking to monitor and improve the quality of patient care.
- Staff demonstrated that they had the skills, knowledge and experience to deliver effective care and treatment.
- The practice team liaised with other local health and social care professionals to ensure care met patients' needs. The practice held multidisciplinary team meetings every two weeks.

Summary of findings

- Staff sought patients' consent to care and treatment as required by legislation and guidance.

Are services caring?

The practice is rated as good for providing caring services.

- Results from the National GP Patient Survey published in July 2016 showed that the practice's performance in patients' satisfaction with the practice staff and the care they received was above average.
- We observed that staff members were helpful to patients and treated them with dignity and respect.
- We received 45 comment cards, all of which were positive about the standard of care received. Patients commented that all staff were polite and courteous, and GPs were friendly and helpful.
- The practice provided facilities to help patients be involved in decisions about their care.
- The practice used new patient health checks to identify additional needs. Numerous information leaflets and posters were displayed in the patient waiting area to signpost relevant support groups and organisations.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Telephone consultations, extended appointments, home visits and same day appointments for patients who needed them.
- Housebound patients were offered health review visits at least twice a year, as well as a patient medical information pack and quarterly practice newsletters. GPs and the practice nurse worked with other local healthcare professionals to coordinate care to housebound patients.
- The practice had adopted the St Basil NHS Young People's Charter. The practice aimed to encourage engagement with younger people regarding issues such as smoking cessation, healthy lifestyles, mental health and emotional support, sexual health and other specialist services. The Patient Participation Group (PPG) had recruited a young person provide input on making the practice as friendly as possible to young people.

Good



Summary of findings

- Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was similar to or above both local and national averages.
- Information was available to help patients understand the complaints system. There was an up to date complaints and comments leaflet displayed in the patient waiting area and this had a feedback form attached. Details of how to complain were also included in the practice leaflet and on the website.

Are services well-led?

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

- The practice had a business development plan setting out its strategies for the coming year. There was an emphasis on providing a high standard of personal care and continuity, and staff we spoke with during the inspection worked in a way that supported the vision and values of the practice.
- The practice held weekly clinical and non-clinical team meetings, and monthly whole practice meetings.
- Staff found the GPs and practice manager approachable and said there was a small friendly culture in the practice.
- The practice was aware of the requirements of the duty of candour and systems were in place to ensure compliance with this.
- As a training practice there was a clear commitment to continuous learning and improvement. The practice had analysed its strengths and challenges to pro-actively foster development.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Older patients were able to access home visits and urgent appointments.
- The practice offered an annual health check to patients aged over 75.
- The practice offered at least two annual health reviews to housebound patients. These were undertaken by GPs and nurses in conjunction with the local multidisciplinary team of healthcare professionals to provide an overview of lifestyle and medical needs. The practice provided housebound patients with a patient medical information pack in an A5 plastic wallet with magnets attached so that it could be accessibly stored in living areas for consultation. The pack included a summary of the patient's last health review visit, a patient questionnaire about the visit, a quick-review summary for healthcare professionals visiting the patient to consult, and a copy of the practice information booklet. Housebound patients also received a quarterly practice newsletter.

People with long term conditions

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

Good



- The practice kept registers of patients with long-term conditions. These were used to target patients with specific needs; for example to recall patients with long term conditions who were due for medicine reviews.
- 87% of patients had a blood glucose measurement within the target range in the previous 12 months, compared with the CCG average of 78% and the national average which was also 78%. Exception reporting was 6%, significantly lower than the CCG average of 12% and the national average which was 12%. 80% of patients with diabetes had a blood pressure reading within the acceptable range, similar to the CCG average of 77% and the national average of 78%. Exception reporting was 6%, whereas the CCG and national averages were both 9%. The practice's performance for patients with a variety of other long term conditions was also similar to or above average. For example 78% of the practice's patients with asthma had

Summary of findings

received a review in the previous 12 months, compared with the CCG and national averages of 76%. The practice had exception reported 1% of patients for this indicator, whereas the CCG average was 4% and the national average was 8%.

- The practice had piloted the respiratory quality improvement programme which was later rolled out across the CCG. Spirometry was conducted by an Association for Respiratory Technology and Physiology (ARTP) accredited nurse to ensure high standards were maintained, and the practice had low rates of hospital admission for respiratory illnesses.
- The practice offered a number of clinics and appointments to support healthier living, for example blood pressure monitoring, smoking cessation, diet and weight advice, spirometry, advanced diabetic care and ultrasound.
- Clinical staff engaged with healthcare professionals at two weekly meetings to provide a multidisciplinary package of care.

Families, children and young people

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

- Childhood immunisation rates for the vaccinations given were higher than average. For example, for the vaccinations given to under two year olds the practice had surpassed the nationally required vaccination rate of 90%, scoring 100% in all indicators. The practice achieved an overall score of 10 out of 10, compared with the national average score of 9.1.
- There were same day appointments available to children and young people. Appointments were also available until 7.30pm on Wednesdays and until 6.30pm on Monday, Tuesday, Thursday and Friday which helped to accommodate school aged children.
- The practice's uptake for the cervical screening programme was 81%, which was similar to the CCG average of 80% and the national average of 81%.
- There was a children's corner in the waiting area.
- The practice was collaborating with other local practices to develop a young person's health mobile phone application.
- Multidisciplinary team meetings were held frequently. For example, the local health visitor and school nurse met with the practice every six weeks to discuss patient needs and review the practice's safeguarding register. The midwife attended the practice every week and discussed patients with staff as required.

Good



Summary of findings

- Clinical staff demonstrated their understanding of Gillick competence and Fraser guidelines, and why these needed to be considered when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception, sexual health advice and treatment.
- The practice had adopted the St Basil NHS Young People's Charter. The practice aimed to encourage engagement with younger people regarding issues such as smoking cessation, healthy lifestyles, mental health and emotional support, sexual health and other specialist services. The Patient Participation Group (PPG) had recruited a young person provide input on making the practice as friendly as possible to young people.

Working age people (including those recently retired and students)

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

- Online services were available to patients, for example appointment booking, repeat prescription ordering, medical records access and updating personal details.
- The practice provided appointments until 6.30pm from Monday to Friday to accommodate working people. Extended hours appointments were also available until 8pm every Wednesday evening.
- The GPs provided telephone consultations for those patients who did not require a face-to-face consultation.
- A full range of health promotion and screening was available, including Well Man and Well Woman checks and NHS health checks for those aged 40 to 74. The practice had screened 51% of patients aged 40 to 74 for cardiovascular disease through NHS health checks between November 2015 and November 2016. As a result the practice was able to identify a number of patients at risk of long term conditions such as diabetes, and diagnosed a number of patients with high blood pressure. As a result the practice was able to provide appropriate care and support to these patients. At the end of November 2016 none of the 130 patients identified as being at risk of diabetes had gone on to be diagnosed with the condition.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- Reception staff were familiar with how to organise translators for patients that needed them. The practice information booklet could be provided in a number of languages to accommodate patients who did not speak English as a first language. There was also a section on the practice website for non-English speakers which allowed access to fact sheets in a number of different languages. These explained how to access care in the UK and advised that interpreters were available.
- The practice held registers of patients living in vulnerable circumstances including those with a learning disability and patients at high risk of hospital admission. The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice offered additional services to carers such as a free annual flu vaccination and health check.
- There were no homeless or traveller patients at the time of the inspection, but the practice explained they would register such patients
- There were arrangements to safeguard vulnerable patients from abuse and staff were up to date with level three training. Some members of staff had also completed training in dealing with female genital mutilation (FGM).

People experiencing poor mental health (including people with dementia)

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

- The practice liaised with multi-disciplinary teams during two weekly meetings held at the practice. The multi-disciplinary team discussed care plans for patients experiencing poor mental health. We saw that and care plans were also in place for those with dementia.
- There was access to counselling, wellbeing and cognitive behavioural therapy sessions on the practice premises.
- Performance for mental health related indicators was higher than local and national averages. For example, 96% of patients experiencing poor mental health had a comprehensive agreed care plan documented in their records, which was above the CCG average of 93% and the national average of 89%. 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 86% and the national average of 84%.

Good



Summary of findings

- There was a mental health register which allowed the practice to target and engage with patients. For instance, patients on the mental health register were entitled to an NHS health check.

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 higher than local and national averages. 301 survey forms were distributed and 101 were returned. This represented a 34% completion rate and 3% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone, compared to the Clinical Commissioning Group (CCG) average of 70% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.

- 90% 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 76% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards, all of which were positive about the standard of care received. Patients commented that reception staff were friendly and helpful and GPs were good at listening and treated them with respect.

We spoke with five patients during the inspection who were also members of the Patient Participation Group. All five patients were happy with the standard of care they received and felt that the practice was good at accommodating the needs of patients in the local community.

Outstanding practice

- The practice published an annual quality account on its website to inform patients and the public about

its performance over the previous year and strategy for the coming year. This was also used to communicate initiatives with patients, such as reducing medicines wastage.

Dr Raja Segar Ramachandram (Moor Green Lane Medical Centre)

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser.

Background to Dr Raja Segar Ramachandram (Moor Green Lane Medical Centre)

Moor Green Lane Medical Centre is an individual general practice providing services to the Moseley, Kings Heath, Selly Park, Bournbrook, Selly Oak, Bournville, Stirchley and Kings Norton areas of Birmingham. It operates under a Personal Medical Services (PMS) contract with NHS England. A PMS contract is a contract between NHS England and general practices which agrees their delivery of primary care services to local communities. The practice premises were purpose built in 1993 and accommodate patients with disabilities. Moor Green Lane Medical Centre is a training practice which offers placements to qualified doctors completing the final stages of their GP training.

Moor Green Lane Medical Centre has a patient list of 3,611 patients, the majority of which are aged under 40 with a high proportion of young families. Levels of social deprivation are higher than average and the patient group is ethnically diverse. The practice has expanded its

contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. For example, the practice offers minor surgery, rotavirus and shingles immunisation, facilitating timely diagnosis and support for people with dementia and improved services for patients at risk of or following unplanned admissions.

The clinical team includes an individual male GP, one female salaried GP, one male and one female trainee GPs, two practice nurses and one healthcare assistant. The practice also uses three locum GPs (one male and two female) on a regular basis. The team is supported by a practice manager and a reception and administrative team of four full time staff.

Moor Green Lane Medical Centre opens from 8am to 6.45pm from Monday to Friday. Appointments are available between 9.15am and 11.30am and from 4.30pm to 6.30pm daily. The practice additionally offers appointments during extended hours until 8pm every Wednesday. There are arrangements in place to direct patients to out-of-hours services provided through NHS 111 when the practice is closed.

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

Detailed findings

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

How we carried out this inspection

Before our inspection we reviewed information we held about the practice as well as information shared with us by other organisations. We carried out an announced inspection visit on 6 December 2016.

During the inspection we:

- Spoke with staff including GPs, the nurse team, the practice manager and other non-clinical staff.
- Spoke with externally employed staff attached to the practice, including the district nurse, community matron and social case manager.
- Observed how patients were being cared for and spoken to.
- Spoke with five members of the Patient Participation Group (PPG).
- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- We spoke with clinical and non-clinical staff during the inspection. All staff members knew the procedure for raising concerns and reporting incidents. There was a significant event policy and an accident and incident recording form on the practice computer system.
- The practice held weekly non-clinical and clinical staff meetings, as well as monthly whole practice meetings which were minuted. Incidents and significant events were discussed in weekly meetings as well as monthly meetings where all staff came together to consolidate learning.
- The practice had recorded five significant events over the previous year. We reviewed the practice's significant event log which recorded details of these including the date of the incident, brief details of the events, the date of the meeting where the incident was discussed between staff, the action taken and any learning.
- The practice had also piloted using the Datix incident reporting system, which was subsequently adopted across the CCG. This system was linked with the National Reporting and Learning System (NRLS) to contribute to wider improvements in primary care.
- Where a patient was affected by an incident the practice manager contacted them and invited them to a face to face meeting with herself and the lead GP to discuss the events. The meeting was then followed up with a letter of apology as appropriate. The practice manager was aware of the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The practice received patient safety alerts issued by external agencies including the Medicines and Healthcare products Regulatory Agency (MHRA). These were received by the practice manager and the lead GP. The lead GP maintained a patient safety alert folder, created alerts on patient records on the practice computer system and placed copies of alerts into

clinical staff in-trays where they were required to take action. Alerts were discussed at weekly clinical meetings. We checked a sample of recent alerts and found that action had been taken as a result.

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:

- There were measures in place to safeguard children and vulnerable adults from abuse. We confirmed that these were in line with current legislation and local requirements. Staff we spoke with knew how to escalate concerns. There was a GP lead for safeguarding and policies were available to all staff on the practice computer system. The practice held a multidisciplinary team meeting every two weeks which local Health Visitors attended and this was used as a forum for safeguarding discussions. The lead GP provided reports for other agencies when needed. We spoke with staff members who were all able to demonstrate their awareness their responsibility for safeguarding. All staff were trained to level three in children's and adults safeguarding.
- Patients were able to have a chaperone when they attended for physical examinations and procedures. There was a chaperone poster displayed in the patient waiting area as well as a procedure explaining what to expect. All members of staff were able to act as chaperones and had received both eLearning and in-house training for the role, as well as 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 premises were observed to be visibly clean and tidy during the inspection. The practice nurse was the lead member of staff for infection control and all staff had completed appropriate training for their role. For example non-clinical staff had trained in handwashing techniques and accepting clinical specimens that patients handed in for testing. We saw records of annual infection control auditing and action had been taken to address any areas identified for improvement. Staff had access to spill kits for dealing with spillages of body fluid

Are services safe?

and non-clinical staff had received training in how to use these. Those members of staff we spoke during the inspection understood their infection control responsibilities.

- There were procedures to ensure prescription security was managed. The practice tracked the serial numbers of prescription stationery stored it safely before and during use. Clinicians were responsible for ensuring repeat prescription requests were dealt with and ensuring medicine reviews were conducted at the required intervals. GPs dealt with all requests for changes to patients prescriptions recommended by secondary care services. Non-clinical staff checked uncollected prescriptions and returned these to the GPs to ensure any patients who needed their medicine urgently were followed up with.
- Staff told us that they kept non-patient areas and clinical rooms locked when they were not in use. Staff removed computer access cards when they left their computers unattended. Paper patient records were securely stored in a locked area that was not accessible to the public.
- The practice had procedures for monitoring patients who were prescribed high risk medicines (medicines that have a high risk of causing patient harm if they are not prescribed safely). Some of these patients received treatment from specialists in their particular illness under shared care agreements. Secondary care monitoring blood test results were provided electronically by the hospital and GPs downloaded these to check that patients could still be safely prescribed these medicines prior to issuing repeat prescriptions.
- The practice maintained a checklist to record fridge temperatures for medicines that required cold storage. We checked a sample of the medicines stored in fridges had these were within date and had been rotated appropriately to ensure older stock was used first. All the medicine was within date. Two members of staff were responsible for ordering medicines every two to three weeks as needed. Staff we spoke with knew what action to take if cold storage medicines deviated from the recommended temperature range.
- The practice used PGDs (Patient Group Directions) to allow the practice nurse to administer medicines in line with legislation. The practice maintained an up to date

PGD folder and these had been signed appropriately. The healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice did not hold any stocks of controlled drugs on the premises (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed documentation contained in staff files for three members of non-clinical staff, a nurse and a GP. We found that the necessary recruitment checks had been carried out. These included references, employment history, proof of identity, qualifications, registration with the appropriate professional body for clinical staff, and DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Risks to patient and staff safety were overseen and managed using a number of policies and processes. A health and safety premises risk assessment had been carried out in November 2016. The practice had a fire risk assessment last completed in July 2016. Staff had been provided with fire safety training and we saw evidence that fire drills were conducted in August and December 2016. Fire alarms were tested weekly to ensure they were in working order.
- Electrical equipment had been checked to ensure it was safe to use. Large items of portable appliance testing had been carried out, and we checked a sample of equipment which confirmed this. Clinical equipment had been calibrated in January 2016 to ensure it was working properly. There was a record of legionella testing. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. The practice used a variety of other risk assessments and regular professional visits in place to monitor safety of the premises, such as control of substances hazardous to health and infection control.
- Staff at the practice were trained to cover one another's work during periods of absence, and this was overseen by the practice manager

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was a panic button at the practice reception desk and in all clinical rooms which could be used to alert staff in the event of an emergency and all staff were aware of this.
- Staff received annual basic life support training.
- We saw that a supply of oxygen with both adult and children's masks was available on the premises, as well as a defibrillator with adult and children's pads. All the equipment we checked was properly stored and in date, and this was checked regularly by staff. A first aid kit and accident book were also available.
- The practice kept a supply of emergency medicines in a secure, staff accessible area of the practice. Two members of staff were responsible for conducting frequent checks of emergency medicines and we saw evidence of this.
- This contained suitable information such as contingency planning and useful contact details. Electronic copies were kept off site by the lead GP and the practice manager for use in such an event.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff could access to up to date guidelines via the NICE and CCG websites. New guidance was discussed at clinical meetings, to ensure the care and treatment provided met patients' needs. We checked a sample of recent updates and saw that action had been taken, for example by conducting clinical audits.

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 (for 2015/2016) were 100% of the total number of points available, compared with the Clinical Commissioning Group (CCG) average of 97% and the national average of 95%. The practice's exception reporting was 4%, lower than the CCG and national averages of 6%. 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 2015/2016 showed:

- Performance for diabetes related indicators was in line with or above local and national averages. For example, 87% of patients had a blood glucose measurement within the target range in the previous 12 months, compared with the CCG average of 78% and the national average which was also 78%. Exception reporting was 6%, significantly lower than the CCG average of 12% and the national average which was 12%. 80% of patients with diabetes had a blood pressure reading within the acceptable range, similar to the CCG average of 77% and the national average of 78%. Exception reporting was 6%, whereas the CCG and national averages were both 9%.

- Performance for mental health related indicators was higher than local and national averages. For example, 96% of patients experiencing poor mental health had a comprehensive agreed care plan documented in their records, which was above the CCG average of 93% and the national average of 89%. Exception reporting was 11%, higher than the CCG average of 8% but lower than the national average of 13%. 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 86% and the national average of 84%. Exception reporting was 10% for this indicator, which was higher than the CCG average of 4% and the national average which was 7%. This represented just one patient of the ten on the practice's dementia register. The practice explained this was due to their small patient list and proportionally low number of older patients.
- The practice's performance for patients with a variety of other long term conditions was also similar to or above average. For example 78% of the practice's patients with asthma had received a review in the previous 12 months, compared with the CCG and national averages of 76%. The practice had exception reported 1% of patients for this indicator, whereas the CCG average was 4% and the national average was 8%.

There was evidence of quality improvement including clinical audit.

- We saw evidence of two high quality full cycle clinical audits undertaken over the previous year and there were a further five audits in progress.
- The practice identified areas for audit in response to NICE updates and prescribing guidelines.
- The practice participated in quality improvement activities including local and national benchmarking.
- Findings were used by the practice to improve services, for example an audit was carried out to improve antibiotic prescribing. This audit looked at a sample of patients prescribed antibiotics to assess the appropriateness of both the prescription and the duration of treatment. GPs were reminded of prescribing guidance as relevant and the audit was repeated the following year which showed an improvement in adherence to guidelines.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff employed by the practice had the skills, knowledge and experience they needed to deliver effective care and treatment.

- There was a four week induction programme for new staff with competencies which were reviewed and signed off as they were achieved. This covered a number of topics including confidentiality, information governance, safeguarding, basic life support and fire safety.
- Clinical staff that administered vaccines and took samples for the cervical screening programme had completed training which included a competency assessment. Those who administered vaccines used online updates to stay up to date with changes to immunisation programmes.
- The practice used annual appraisals, an online training programme and individual spreadsheets to ensure staff training was up to date. Appraisals, meetings and discussions, and learning from significant events were used to identify training needs. All staff had received an appraisal within the last 12 months.
- The practice facilitated and supported the revalidation process for GPs and the practice nurse.

Coordinating patient care and information sharing

Staff could access the information they required to plan and deliver care in a timely and accessible way through the practice's patient record system.

- This included test results, care plans, medical records and risk assessments.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had improved the quality of its referral letters to other services through auditing.

The practice team liaised with other local health and social care professionals to ensure care met patients' needs, for example when patients were referred between services or were discharged from hospital. The practice held multidisciplinary team meetings frequently. For example, the local health visitor and school nurse met with the practice every six weeks to discuss patient needs and review the practice's safeguarding register. The midwife attended the practice every week and discussed patients with staff as required.

Consent to care and treatment

Staff sought patients' consent to care and treatment as required by legislation and guidance.

- The GPs and practice nurse demonstrated their awareness of consent and best interest decision-making requirements. This was in accordance with the Mental Capacity Act 2005 and other current legislation and guidance.
- Clinical staff demonstrated their understanding of Gillick competence and Fraser guidelines, and their importance in providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception, sexual health advice and treatment. Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- There was a form which clinicians used for recording written consent for treatments such as minor surgery.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinician conducted an assessment of capacity and made a record of the outcome.

Supporting patients to live healthier lives

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

- There were registers of various groups of patients who had enhanced needs. These lists allowed the practice to easily identify and contact patients to offer additional support. Registers maintained by the practice included carers, patients with a learning disability, patients with mental health issues, patients with long-term conditions and those nearing the end of life. Patients on these registers were offered medicine reviews and health checks at the appropriate intervals to monitor their health.
- The practice offered a number of clinics and appointments to support healthier living, for example travel vaccinations, blood pressure monitoring, smoking cessation, diet and weight advice, spirometry, advanced diabetic care and ultrasound.
- The practice offered twice annual health reviews to housebound patients. These were undertaken by GPs and nurses in conjunction with the local multidisciplinary team of healthcare professionals to

Are services effective?

(for example, treatment is effective)

provide an overview of lifestyle and medical needs. The practice provided housebound patients with a patient medical information pack in an A5 plastic wallet with magnets attached so that it could be accessibly stored in living areas for consultation. The pack included a summary of the patient's last health review visit, a patient questionnaire about the visit, a quick-review summary for healthcare professionals visiting the patient to consult, and a copy of the practice information booklet. Housebound patients also received a quarterly practice newsletter.

- The practice also encouraged health promotion by providing information and referrals to support services as and when this would benefit patients.

The practice carried out cervical cancer screening for women within the target age range. QOF data for 2015/2016 showed that the practice's performance was in line with averages:

- The practice's uptake for the cervical screening programme was 81%, which was similar to the CCG average of 80% and the national average of 81%. Exception reporting for this indicator was 8%, lower than the CCG average of 13% and in line with the national average of 7%. The practice used new patient health checks to speak to patients and encourage the uptake of cervical screening, as well discussing this with them opportunistically when they attended for other appointments. There was always a female sample taker available to patients and a system was used to verify that results had been received for all samples.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England in relation to 2014/2015 showed that:

- 75% of women aged 50 to 70 had been screened for breast cancer within the target period, higher than the CCG average of 66% and the national average of 73%.
- 50% of patients aged 60 to 69 had been screened for bowel cancer within the target period, compared with the CCG average of 44% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were higher than average. For example, for the vaccinations given to under two year olds the practice had surpassed the nationally required vaccination rate of 90%, scoring 100% in all indicators. The practice achieved an overall score of 10 out of 10, compared with the national average score of 9.1.

Patients had access to appropriate health assessments and checks. These included Well Woman and Well Man clinics, new patient health checks and NHS health checks for patients aged 40–74 and those aged over 75. The practice informed us that 90% of patients on the register had received a new patient health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that staff members were helpful to patients and treated them with dignity and respect.

- Consulting rooms had curtains to maintain dignity and privacy when patients were having examinations and treatments.
- The doors to consultation and treatment rooms were closed when GPs and nurses were seeing patients, and conversations taking place inside could not be overheard.
- Reception staff offered a private room to patients who appeared to be distressed or wished to discuss something sensitive.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards, all of which were positive about the standard of care received. Patients commented that all staff were polite and courteous, and GPs were friendly and helpful.

We spoke with five patients during the inspection who were also members of the Patient Participation Group. All five patients were happy with the standard of care they received and felt that the practice staff were kind and caring.

Results from the National GP Patient Survey showed patients were satisfied that they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP gave them enough time compared to the Clinical Commissioning Group (CCG) average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and the national average, which were both 92%.
- 92% 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%.
- 94% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.

- 94% of patients said the nurse was good at listening to them compared to the CCG average of 89% and the national average of 91%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared to the CCG average of 89% and the national average of 92%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

The five PPG members that we met during the inspection said they were involved in decisions about their care and treatment. Patient comment cards also confirmed this.

Patients answering the National GP Patient Survey said they felt involved in planning and making decisions about their care and treatment. The practice performance was higher than average for consultations with GPs and nurses. 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%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 90%.
- 88% 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%.
- 87% 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:

- There was a notice in the patient waiting area informing patients that interpreters were available. Reception staff were familiar with how to organise translators for patients that needed them. The practice information booklet could be provided in a number of languages to accommodate patients who did not speak English as a

Are services caring?

first language. There was also a section on the practice website for non-English speakers which allowed access to fact sheets in a number of different languages. These explained how to access care in the UK and advised that interpreters were available.

- A large number of information leaflets were available providing patients with information about health and support services. The practice staff told us these could be provided in different formats for patients who required this, for example large print and other languages.
- There a hearing loop to assist patients with a hearing difficulty.

Patient and carer support to cope emotionally with care and treatment

The practice used new patient health checks to identify additional needs. Numerous information leaflets and posters were displayed in the patient waiting area to

signpost relevant support groups and organisations. Similar information could be accessed on the practice website. There was a comprehensive information booklet for patients and this was available in a variety of languages.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients as carers (1.2% of the practice list). The practice offered carers the flu vaccine and directed them to available avenues of support. There was a poster in the patient waiting area directing carers to register. The PPG was keen to organise a carers' event and was considering options in liaison with the practice.

If a patient had suffered bereavement the practice sent them a letter offering support and enclosing a copy of the practice's bereavement leaflet. This provided advice about grief and also included practical information such useful contact and practical details such as how to register a death. Staff told us that they made phone calls to follow up with patients who had not been in contact.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice provided appointments until 6.30pm from Monday to Friday to accommodate working people and school aged children. Extended hours appointments were also available until 8pm every Wednesday evening.
- The GPs provided telephone consultations for those patients who did not require a face-to-face consultation. The practice also offered text message appointment reminders for convenience.
- There were same day appointments available to children and for those patients with medical problems that required same day consultation.
- Patients with a learning disability and patients with complex needs were able to access extended appointments.
- The practice's healthcare assistant ran walk in phlebotomy (blood test) clinics of 30 minutes on four days per week.
- The practice offered ambulatory blood pressure monitoring. This allowed patients to measure their blood pressure via a small portable machine as they carried out their usual daily activities, to gain a more detailed insight into their health. The practice had screened 160 patients over a period of three years.
- Online services were available to patients, for example appointment booking, repeat prescription ordering, medical records access and updating personal details.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- There was access to counselling, wellbeing and cognitive behavioural therapy sessions on the practice premises.
- Housebound patients were offered health review visits twice a year, a patient medical information pack and quarterly practice newsletters. GPs and the practice nurse worked with other local healthcare professionals to coordinate care to housebound patients.

- The practice used indication labelling to inform patients of which condition their prescription medicine was used to treat. The practice had indication labelled 98% of acute and repeat prescriptions and further encouraged patients to bring all of their prescription medicines with them when they attended for a review. This helped to improve patients awareness of the relationship between their health and their medicine.
- Disabled facilities and a hearing loop were available.
- The practice had adopted the St Basil NHS Young People's Charter. The practice aimed to encourage engagement with younger people regarding issues such as smoking cessation, healthy lifestyles, mental health and emotional support, sexual health and other specialist services. The Patient Participation Group (PPG) had recruited a young person provide input on making the practice as friendly as possible to young people.
- The practice was considering offering access to free Wi-Fi for patients, and was also collaborating with other local practices to develop a young person's health mobile phone application.
- The practice had a quarterly patient newsletter which provided comprehensive information including GP Patient Survey results, staff changes and GP availability, information about healthy living and health awareness.
- The practice information booklet was comprehensive and included full details of the service available, the practice charter, useful telephone numbers and emergency contact details.

Access to the service

The practice opened from 8am to 6.45pm from Monday to Friday. Appointments were available between 9.15am and 11.30am and from 4.30pm to 6.30pm daily. The practice additionally offered appointments during extended hours until 8pm every Wednesday evening. There were arrangements to direct patients to out-of-hours services provided through NHS 111 when the practice was closed. In addition to pre-bookable appointments that could be booked in advance, urgent appointments, home visits and telephone appointments were also available for people that needed them. The practice aimed to see patients for routine appointments within 48 hours.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was similar to or above local and national averages.

- 83% 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 70% and the national average of 73%.
- 93% of patients said the last appointment they got was convenient, compared to the CCG average of 90% and the national average of 92%.
- 79% of patients described their experience of making an appointment as good, compared to the CCG average of 70% and the national average of 73%.
- 61% of patients felt they did not have to wait too long to be seen, compared with the CCG average of 53% and the national average of 58%.

The practice had a system in place to assess:

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

Telephone calls requesting home visits were received by reception staff who recorded details including the nature of the concern and the patients contact details and address in the home visit book. GPs reviewed the requests and triaged these as appropriate. 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. Staff members we spoke with were aware of their responsibilities when managing home visit requests.

Listening and learning from concerns and complaints

The practice used an effective system to handle complaints and concerns.

- We reviewed the complaints policy and procedures in place and found these to be in accordance with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated lead for dealing with complaints. There was a patient comments book available for staff to record details of verbal complaints, which were then documented and followed up by the practice manager.
- There was information about the complaints system on display in the waiting area, on the practice website and in the practice information booklet. This explained how to make a complaint and what patients should expect from the practice.

We looked at details of three complaints received in the previous year, including verbal complaints. The practice had taken appropriate action to respond to and resolve complaints, and this was managed within appropriate timescales. There were records of actions taken and lessons learned to improve practice. For example, following a complaint against a non-clinical staff member's handling of an emergency call the practice reviewed procedures and discussed these with all non-clinical staff. The complaint was discussed at a whole practice meeting and further training was provided to non-clinical staff on how to recognise medical emergencies to better equip them for handling similar situations in future. The practice also produced a patient information leaflet on how to recognise a medical emergency. This information was shared with the complainant and PPG members and was also featured in the practice newsletter and on the practice website.

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 business development plan setting out its strategies for the coming year, and worked to the motto quality, friendly, personal, care for all. The practice reviewed this document on a quarterly basis to ensure that protected learning time was focused to its objectives. The practice had also carried out a Strengths, Weaknesses Opportunities, Threats (SWOT) Analysis to identify its internal strengths and weaknesses, as well as its external opportunities and threats. This had allowed the practice to focus on areas for development such as succession planning. There was an emphasis on providing a high standard of personal care and continuity, and staff we spoke with during the inspection worked in a way that supported the vision and values of the practice.

Governance arrangements

The practice's governance framework reinforced the delivery of its future plans and inspired good quality care.

- Staff we spoke with as part of the inspection showed awareness of their roles and responsibilities and the leadership structure in place.
- The practice had its own tailored policies, and all staff knew how to access these conveniently. We reviewed instances of policies being effectively put into action, for example in dealing with significant events and complaints.
- The practice participated in benchmarking and monitored its performance using clinical audit. This allowed the practice to identify where improvement was needed and implement positive changes.
- The processes used were effective in mitigating risks and protecting staff and patients from harm.

Leadership and culture

The lead GP and practice manager demonstrated that they worked as a leadership team and had the skills needed run the practice to a high standard. Staff found the GPs and practice manager approachable and said there was a small friendly culture in the practice.

The practice had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong

with care and treatment. There were processes to ensure that when things went wrong with care and treatment affected patients received reasonable support and sufficient information to help them understand.

The leadership structure was clear and staff were supported by management.

- The practice held weekly clinical and non-clinical team meetings, and monthly whole practice meetings.
- There was an open door policy and a no-blame culture.
- There was a well-established staff team at the practice and those we spoke with told us everyone worked well together. Staff said they appreciated the professional atmosphere in the practice and felt they were respected in their individual roles.
- The practice gave an annual staff award for outstanding contributions and best educational achievement to recognise the performance of staff and encourage participation in learning.

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

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

- The practice was pro-active in working with the Patient Participation Group (PPG). The PPG told us that the lead GP was very pro-active in talking with the local community. The PPG was gathering ideas to engage with socially isolated older people, such as a horticulture club. The PPG was planning carol singing for the festive period which would be advertised in the patient waiting area. The group was also planning a coffee morning with support from the practice.
- The practice used the NHS Friends and Family Test to good effect and had been shortlisted for the Friends and Family Award the previous year for their high achievement. The practice told us they had liaised with the CCG to change their Friends and Family Test questions to better engage with patients. For example a space for free text had been added to encourage better quality feedback. The practice had also participated in a pilot project to obtain feedback about local hospitals

Are services well-led?

Good 

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

and had devised a seven question Friends and Family Test to target patients recently discharged from hospital. The non-clinical team telephoned these patients to ask them to participate in the survey.

- The lead GP and practice manager valued the input of the practice team and involved them in decisions about changes and improvements. Staff told us they were able to speak to the GPs and the practice manager, and that annual appraisals allowed an opportunity to give honest feedback.

Continuous improvement

As a training practice there was a clear commitment to continuous learning and improvement. For example, the practice offered placements to trainee GPs and medical students. The practice had analysed its strengths and challenges to pro-actively foster development.

The practice had been awarded the Royal College of General Practitioner (RCGP) Practice Accreditation Award. Practice Accreditation (PA) is a quality standard aimed and tailored specifically for General Practice. This framework enables practice teams to improve their organisational systems and processes to deliver safe and quality care to their patients.

The lead GP was an active member of the CCG and held a number of roles including clinical vice chair, clinical quality lead, central network lead and respiratory lead. The lead GP had been given the CCGs Outstanding Contribution award in 2014 as a result of his work. The practice engaged fully with the CCG and actively contributed to the CCG primary care strategy and operational plans. The practice had tested a number of new programmes for the CCG. For example, the practice had piloted using the Datix incident reporting system to contribute to wider improvements in primary care, and this was now being adopted by the CCG. The lead GP told us he felt an increased responsibility to keep people out of hospital and reduce pressure on the NHS system.

The practice published an annual quality account on its website to inform patients and the public about its performance over the previous year and strategy for the coming year. This was also used to communicate initiatives with patients, such as reducing medicines wastage.

The practice recognised that collaboration and team working was necessary and was working with other local GP surgeries to create a federation.