

# Victoria Road Medical Centre

## Quality Report

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Date of inspection visit: 16 June 2016  
Date of publication: 07/09/2016

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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



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 Victoria Road Medical Centre on 16 June 2016. Overall the practice is rated as requires improvement

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- An administration staff member processed letter received from other organisations such as hospitals and forwarded those requiring action to the GP. However, there was no clinical oversight in place from a clinician to ensure no actions were being missed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- National patient survey data showed that patients rated the practice lower than local and national averages for consultations with GPs and nurses and for access to appointments. However, we saw evidence that the practice had made an improvement in this was also being reflected in the data.
- The majority of patients said they were treated with compassion, dignity and respect. However, some patients also stated that some staff members could be rude at times.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Some patients said they found it difficult to get an appointment. The practice was trying to recruit a GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice sought feedback patients, which it acted on. However, there remained areas of concern which needed to be addressed based on patient feedback from national surveys.

The areas where the provider must make improvement are:

- Ensure letters from external organisations such as hospitals are triaged and actioned with clear clinical oversight.

- Ensure that the system for recalling and reviewing patients experiencing poor mental health is robust.

The areas where the provider should make improvement are:

Continue to ensure areas of concern identified in the national surveys, comments cards and feedback from patients are addressed, including access to appointments and consultations with GPs and nurses.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. There was a system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice from those incidents that were being documented. When things went wrong patients received reasonable support, information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as requires improvement for providing effective services. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average for most indicators. Staff mostly assessed needs and delivered care in line with current evidence based guidance but the arrangements to recall and review patients experiencing poor mental health needed to be strengthened. An administrative staff member processed letter received from other organisations such as hospitals and forwarded those requiring action to the GP. However, there was no clinical oversight in place from a clinician to ensure that triage and actions were appropriate and safe. There were a number of clinical audits carried out with some showing improvement in outcomes for patients. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services. Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. However, the practice had made some improvements and was looking to make further improvement. Most patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained

Good



# Summary of findings

patient and information confidentiality. The practice offered private rooms for prayer and informed patients of this in the reception. The practice had an isolation room for patients with contagious/communicable diseases so that they did not affect other patients in the waiting room.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had signed up to the CCGs Primary Care Commissioning Framework (PCCF) to improve overall quality of clinical care and reduce inequality for the whole practice population. Some comment cards we received and some patients we spoke with said they found it difficult to make an appointment. The practice was aware of this and had plans in place to secure improvements to access. The practice offered minor surgery and had an agreement with a visiting consultant from the local hospital to provide the service. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Requires improvement**



## Are services well-led?

The practice is rated as good for being well-led. The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had recruited a performance manager in December 2015 who was involved in arrangements to monitor and improve quality and identify risk. The practice had systems in place for notifiable safety incidents. This information was shared with staff to ensure appropriate action was taken. The practice sought feedback from staff and patients, which it acted on. However, the national patient survey identified areas for improvement which still needed to be addressed.

**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 requires improvement for the care of older people. The practice is rated as requires improvement for providing effective and responsive services. The evidence that led to this rating applies to all population groups including this one.

The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice regularly worked with other health professionals to review and to ensure those with the most complex care needs were being met. For example, patients with end of life care needs or those that had unplanned admission to hospital. The practice was located in purpose built premises with all consultation rooms on the ground floor.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as requires improvement for providing effective and responsive services. The evidence that led to this rating applies to all population groups including this one.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Performance for diabetes related indicators was 87%, this was similar to the CCG average of 86% and the national average of 89%. The practice recognised that they had a patient population with a high prevalence of diabetes. To meet their needs all the practice nurses had completed training in diabetes. Longer appointments and home visits were available when needed. 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.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice is rated as requires improvement for providing effective and responsive services. The evidence that led to this rating applies to all population groups including this one.

**Requires improvement**



# Summary of findings

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Childhood immunisation rates were comparable to CCG and national averages. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw positive examples of joint working with midwives and health visitors.

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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice is rated as requires improvement for providing effective and responsive services. The evidence that led to this rating applies to all population groups including this one. There were, however, examples of good practice.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Data for April 2014 to March 2015 showed the practice's uptake for the cervical screening programme was 74%, which was below the CCG average of 79% and the national average of 82%. However, nursing staff we spoke with told us that the uptake rate for the last 12 months was at 81%. Text messaging had been introduced to remind patients of appointments and improve attendance. Patients were able to respond back to the text message to cancel their appointment so that another patient was able to take their slot.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement good for the care of people whose circumstances may make them vulnerable. The practice is rated as requires improvement for providing effective and responsive services. The evidence that led to this rating applies to all population groups including this one. There were, however, examples of good practice.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments for patients with a learning disability. The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to

**Requires improvement**



# Summary of findings

recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is rated as requires improvement for providing effective and responsive services. The evidence that led to this rating applies to all population groups including this one. There were, however, examples of good practice.

The practice had reviewed the care of 83% of patients diagnosed with dementia in a face to face meeting in the last 12 months. This was comparable to the local CCG average of 84% and national average of 84%. However, the practice performance for mental health related indicators was lower (61%) compared to the local CCG average of 89% and national average 96%. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice carried out advance care planning for patients with dementia. The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

**Requires improvement**





# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. Of the 408 survey forms distributed 70 were returned. This represented 1.5% of the practice's patient list.

- 48% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 68% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 56% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 42% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 23 comment cards which were all positive about the standard of care received. Patients said they were treated with dignity and respect and staff were excellent. However, nine comment cards also stated that access was at times an issue.

We spoke with five patients during the inspection. We also spoke with the Patient Participation Group (PPG) after the inspection. All patients said they were satisfied with the care they received and thought most staff were approachable, committed and caring. However most patients we spoke with said that they found it difficult to make appointments due to limited availability. The PPG told us that the practice had been taken over by the current provider in October 2010 and through the PPG feedback, many changes had been implemented resulting in improvements to the practice. The PPG told us that the practice had improved significantly but changes were still ongoing as further improvements were necessary.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure letters from external organisations such as hospitals are triaged and actioned with clear clinical oversight.
- Ensure that the system for recalling and reviewing patients experiencing poor mental health is robust.

### Action the service **SHOULD** take to improve

- Continue to ensure areas of concern identified in the national surveys, comments cards and feedback from patients are addressed, including access to appointments and consultations with GPs and nurses.

# Victoria Road Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Victoria Road Medical Centre

Victoria Road Medical Centre provides medical services to approximately 4600 patients in the Aston area of Birmingham. It is an urban area with high levels of deprivation compared to other practices nationally.

The practice is a partnership between a GP (male) and a nurse. The GP partner did not hold any clinical sessions and was mainly involved in the clinical management of the practice. The nurse partner held some clinical sessions and also supervised two other nurses and the Healthcare Assistant (HCA). There were two salaried GPs (male) and a regular locum GP (male). One of the GP had recently left and the practice acknowledged that they were currently one GP short.

The non-clinical team consists of administrative and reception staff and a practice manager. The practice also had medical students from the local university though there were none currently attached.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. 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.

The practice is open between 8am and 6.30pm Mondays to Fridays and extended hours appointments are offered from 6.30pm to 7pm Mondays to Fridays. The practice has opted out of providing out-of-hours services to their own patients. This service is provided by an external out of hours service provider.

We reviewed the most recent data available to us from Public Health England. Data showed that the practice has a higher than the national average number of patients aged 0 to 45. The practice also has a lower than average practice population aged 45 years and over in comparison to other practices.

## Why we carried out this inspection

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

## How we carried out this inspection

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

During our visit we spoke with a range of staff including the provider, the lead GP (salaried) in the practice and we spoke with the nurse partner. We spoke with the practice

# Detailed findings

manager, the performance manager and administration staff. We also spoke with patients who used the service and reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a template available. We saw that the practice had recorded four incidents in 2015. We spoke with the practice manager who told us that they shared incidents with the Clinical Commissioning Group (CCG) if it involved other organisations using an electronic reporting system. Minutes of meetings looked at showed that learning was discussed with the practice team.

We reviewed the system for actioning patient safety alerts. We saw examples of alerts that had been acted on and clinical staff had signed to confirm they had read and actioned them. We saw that an audit was conducted as a result of a medicine alert. We saw that action had been taken and the results showed that the practice had ensured all patients affected were reviewed with changes made to the dose of their medicine where relevant.

### 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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.

The practice had a register for both children and vulnerable adults and the lead GP reviewed them monthly. We saw an audit had had been carried out in May 2016 to follow up on any issues. For example, the practice had referred a child on the safeguarding register to another professional but did not receive confirmation that the appointment had been attended. The practice liaised with the organisation and asked for a confirmation letter. We saw other examples where the practice had taken action leading to appropriate outcomes for patients.

Staff members we spoke with demonstrated they understood their responsibilities and all had received

training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were also trained to child safeguarding level 3.

Notices in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones completed online training for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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. The provider also owned two other practices and the nurses within the three practices had their own forum to exchange ideas and keep up to date. There was an infection control protocol in place and staff had received up to date training. An infection control audit was undertaken in June 2016 by an external contractor. As the audit had been conducted recently the practice planned to go through some of the findings. However, we saw that some of the findings had already been actioned.

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. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescribing data we looked at showed that the practice was below the CCG target for antibiotic prescribing.

Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants (HCAs) were trained to administer vaccines and medicines against a patient specific direction from a prescriber.

## Are services safe?

We were told by staff that the repeat prescription process needed improving when the current provider had taken over. Patients we spoke with also stated that the repeat prescribing had not been robust as at times there were delays, medicines being missed out or being over ordered. We saw that the practice had conducted audits on their repeat prescribing. Records showed that reprints of prescriptions had decreased from 41 in August 2015 to 23 in April 2016. We spoke with the chair of the PPG who told us that they had fed back the need to improve the repeat prescribing system when the provider had taken over in October 2010 and had seen improvements.

### Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 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. We saw evidence that the practice had carried out a Legionella risk assessment for the first time in May 2016 but was still awaiting a formal report. However, the practice was made aware that as an action of the risk assessment required them to monitor temperatures of

water outlets. We were shown evidence that the practice had ordered thermometers to enable it to follow up the actions. Legionella is a term for a particular bacterium which can contaminate water systems in building.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The provider also owned another practice nearby and staff were able to cross cover if there was a need. Minutes of meeting looked at showed that clinical meetings were held with staff from both sites.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included the use of another nearby surgery owned by the provider. Staff told us that both practices used the same computer system which would enable them to access patient records in the event they needed to relocate premises.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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 people's needs. The practice monitored that these guidelines were followed through clinical discussions and audit.

### 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 showed the practice had achieved 93% of the total number of points available. The exception reporting was 5% which was 4% below local CCG and national averages. 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. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the local and national average. The practice achievement for diabetes related indicators was 87%, the CCG average was 86% and the national average was 89%.
- Performance for mental health related indicators was lower compared to the local and national average. The practice achievement for mental health related indicators was 61%, the CCG average was 89% and the national average was 96%.

The practice stated that they found it difficult to engage with patients with mental health needs as they did not respond to practice request for follow up checks. The practice also stated that some checks were possibly undertaken but not formally recorded on the system. The practice recognised the need to improve the recall system for patients with mental health needs.

There was evidence of quality improvement including clinical audit. For example the practice had conducted a two cycle audit in June 2013 on diabetes referring to NICE

guidance. It identified that 86% of patients were on appropriate medicines. This was below the best practice standard of 90%. However, a follow up audit in 2014 showed that improvement had been made and 94% of patients were on appropriate medicine for the condition. There were examples of a number of completed audits within the last 12 months with evidence showing improvements where appropriate. They included a heart failure audit, a pre-diabetes audit, a diabetes audit and three medicine audits.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice had a patient population with a high prevalence of diabetes and ensured that the three practice nurses had been trained in diabetes. Nurses also attended nurse's forums organised by the CCG.

Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.

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. Nursing staff told us that the provider mainly took on a management role at the practice but was always available to help and offer advice. All the nurses were appraised by the lead nurse and all GPs had been appraised and revalidated.

Staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning.

### 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



# Are services effective?

## (for example, treatment is effective)

accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. We noted that letters received from other organisations such as hospitals were processed based on those requiring actions and those that did not. Letters that required an action were forwarded to the GPs. However, we noted that the triage decisions were being made by an administrative staff member who had been trained by the GP provider. There was no clinical oversight in place from a clinician as there was no auditing of their work.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We saw referral audits were carried out to ensure referral was chased up.

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

The provider owned two other practices and the three practices worked together to better meet the needs of patients by sharing resources and ideas. For example, a female GP had recently left the practice and as the provider owned a nearby surgery they were able to bring a female GP if needed.

Specific clinics were held to support patients with diabetes (insulin initiation) and respiratory conditions (spirometry testing). A specialist diabetes nurse and consultant held clinics at the practice regularly for more complex patients. This was a CCG initiative.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw evidence that consent was sought where appropriate and recorded using a form and the patient record.

Minor surgery was carried out at the practice and written consent was sought. This was carried out by a visiting consultant from the local hospital to carry out minor surgery who had also undertaken a minor surgery audit. The audit was not available to us at the time of inspection.

The practice identified patients who may be in need of extra support. For example patients on end of life care were given choice of where they wished to die and the choice was recorded in their notes. Other forms such as Do Not Attempt Resuscitation (DNAR) where appropriate were scanned on to patient notes.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. For example, the practice used a website (route2wellbeing) that was also being promoted by the CCG. This website allowed staff to refer patients to appropriate services such as carers support, sexual health and pregnancy, counselling as well as many other care and social services.

Published data we looked at showed the practice's uptake for the cervical screening programme was 74% from April 2014 to March 2015. This was below the CCG average of 79% and the national average of 82%. However, nursing staff we spoke with told us that the uptake rate for the last 12 months was at 81% but this was not published and verified data. The practice had a failsafe system in place to ensure results were received for every sample that was sent to the hospital for analysis. Non-attenders were flagged on the practice computer system and discussed in clinical meetings.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 56% (infant Meningitis C) to 100% and five year olds from 93% to 95%. The CCG average under two year olds was from 41% (Meningitis C) to 94%. The five year olds the rates were from 87% to 94%. The practice nurse contacted patients to explain the importance of immunisation and if they still refused to attend the practice informed health visitors for further action.

# Are services effective?

(for example, treatment is effective)

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

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice considered needs of patients and offered private rooms for prayer and informed patients of its availability in the reception area. The practice had an isolation room for patients with contagious/communicable diseases so that they did not affect other patients in the waiting room. We were told that the practice also had a portable screen to protect patient privacy and dignity.

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were well trained, professional, helpful, caring and treated them with dignity and respect.

We spoke with six patients including the chair of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey from January 2016 showed patients felt they were treated with compassion, dignity and respect. However, the practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 64% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 62% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 67% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 68% of patients said they found the receptionists at the practice helpful compared to the CCG average of 62% and the national average of 87%.

The above result shows that the practice satisfaction scores were lower compared to local and national averages. However, we also looked at the patient survey results published in July 2016 and saw that patient satisfaction had generally improved from those published in January 2016 apart from the question related to reception staff. For example;

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 70% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 56% of patients said they found the receptionists at the practice helpful compared to the CCG average of 60% and the national average of 73%.

Comment cards we received and all the patients we spoke with were very positive about most of the staff and care they had received at the practice. Some of the patients commented on the attitude of some staff members and we saw action had been taken to address this.

We spoke with the practice manager who told us that the current reception staff had all received customer service training. They had also received guidelines on the phrases to use in reception so that their assertiveness to 'unrealistic' patient demands was not misinterpreted.

## Are services caring?

We spoke with the PPG who explained that the provider had taken over the practice about five years previously and the practice had made significant improvements since. The chair of the PPG told us that they had taken on many of the concerns of the PPG in regards to the attitude of some staff.

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

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

Results from the national GP patient survey from January 2016 showed patients response to questions about their involvement in planning and making decisions about their care and treatment was lower compared to the local CCG and national averages. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 63% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

We again looked at the July 2016 patient survey results and found there had been further improvements. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.

- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 69% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Comments card we received were positive about the staff and services patients had received. Most patients we spoke with were positive about staff. Where negative comments were received we saw evidence that action had been taken to address these concerns.

The practice provided facilities to help patients to 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. Many of the staff also spoke some of the languages spoken by patients in the local community.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 70 patients as carers (1.5% of the practice list). The practice stated that they were increasing the number of carers registered at the practice by asking new patients registering at the practice to provide carers details. Written information was available 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 or visited them where appropriate. The practice was considering developing a sympathy card giving those that had been bereaved advice on how to access other support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was taking part in the primary care commissioning framework (PCCF) and as part of this was expected to offer various services such as end of life care, improve patient safety through better safeguarding processes and to improve on management of long term conditions.

The practice offered extended opening from 6.30pm to 7pm Monday to Friday. Same day appointments were available for children and those patients with medical problems that required same day consultation. Home visits and telephone consultations were available for those that were registered as housebound and the vulnerable such as those on end of life care. There were disabled facilities and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointment times were from 9am to 6.30pm. However, the type of appointments varied. For example, pre-bookable appointments were available from 9am to 9.30am and from 2pm to 3pm. Online appointments were available from 12.30pm to 1pm and 5.30pm to 6pm. Extended opening was available from 6.30pm to 7pm and the practice was considering Saturday opening and negotiations were currently ongoing.

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

- 66% of patients were satisfied with the practice's opening hours compared to the local average of 71% and the national average of 76%.
- 47% of patients said they could get through easily to the practice by phone compared to the local CCG average of 60% and the national average of 73%.

We spoke with six patients and some told us that they often struggled to get an appointment. We received 23 comments cards and nine of the comment cards also stated that patients found it difficult to get through on the phone and /or to get an appointment.

We spoke with the provider and management staff and they confirmed that they were aware of the low satisfaction scores. We spoke with the chair of the PPG who also confirmed that the current provider had made significant improvements to the service and was looking to make further improvements. For example, patient satisfaction in regards to reception staff and some clinical staff was poor. However, the provider had considered the feedback from the PPG and some of the staff had left the practice. Training was provided to staff on customer service and guidelines were in place for reception staff when interacting with patients.

We looked at the survey results published in July 2016 and saw that these improvements were not being reflected. Results were worse from July 2016 compared to January 2016 for the below questions. We also saw that satisfaction rate with reception staff had gone down further from the previous patient survey.

- 65% of patients were satisfied with the practice's opening hours compared to the local average of 71% and the national average of 76%.
- 37% of patients said they could get through easily to the practice by phone compared to the local CCG average of 60% and the national average of 73%.

The practice had conducted a patient survey in December 2015 where 100 patients had responded. The survey explored areas in regards to satisfaction with reception staff and clinical staff. It also explored areas around access to appointments. We saw that the practice had developed an action plan from the findings which was discussed with the PPG. Results showed that patients waiting to see a GP the same day or next day were spread between fair/good and very good and the practice had prioritised this for further improvement. The action plan also acknowledged that there had been a significant improvement from previous surveys. However, this did not align with our findings. Discussions with patients, the comments cards we had received and the data from the patient survey showed continued dissatisfaction with access to appointments.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice was also undertaking the NHS friends and family test. We looked at the results for April 2016 which showed that 24 patients had responded. Of the 24 patients 14 patients (58%) stated that they were extremely likely or likely to recommend the practice to friends or family. Four patients were neither likely nor unlikely and four stated that they were unlikely.

To further improve access the practice also aimed to reduce the number of missed appointments, which was also confirmed by the chair of the PPG. The practice had carried out a DNA audit from December 2015 to May 2016 for two of the nurses which showed a total of 374 missed appointments. The practice had introduced text message reminder. Patients could also cancel appointments through the messaging system if it was no longer required. Monthly monitoring was in place which showed the DNA for the month of January for both nurses and GPs was 116. Patients were encouraged to cancel or reschedule their appointment where appropriate in the practice newsletter. The newsletter also acknowledged that there had been a slight reduction from previous months.

The practice had piloted a telephone triage system at the nearby sister which was due to be implemented from 22 July 2016 at this site and was due to be delivered by the provider GP.

The practice was aware that a GP had recently left the practice which also had an impact on access to appointments. However, the practice was trying to recruit another GP and was advertising the vacancy. The practice had sent in a copy of the vacancy details that were due to be advertised.

## **Listening and learning from concerns and complaints**

The practice had an effective system in place for handling complaints and concerns. The practice manager was the designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system. We looked at some of the complaints which were mainly related to lack of access to GPs. In response to this the practice now prioritised children, the elderly and the vulnerable. They also had plans to use telephone triage and recruit a GP and an advanced nurse practitioner in order to improve access.

The practice had received four complaints one of which was still pending. We saw that the practice had responded appropriately and in a timely way to complaints. The practice had carried out an analysis of complaints received during 2015 to 2016. We saw that learning was identified and discussed.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to provide evidence based, up to date medical care without prejudice and with compassion and empathy. We saw that the practice mission statement was displayed in the reception area. Staff members we spoke with also were aware of mission statement and staff knew and understood the values.

The practice also aimed to meet and improve its access to appointments. The practice planned to recruit a GP as a long term locum doctor had recently left.

### Governance arrangements

The practice had an overarching governance framework. 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. For example, the practice had an organisational chart outlining staffing structure and line management responsibilities. Practice specific policies were implemented and were available to all staff.

Results from the national GP patient survey showed that practice was below average for its satisfaction scores on consultations with GPs and nurses. Comment cards we received and all the patients we spoke with were positive about most of the staff and care they had received at the practice. However, some patients also commented on the attitude of some staff members; we saw action had been taken to address this.

Patients we spoke with told us that they often struggled to get an appointment. We received 23 comments cards and nine of the comment cards also stated that patients found it difficult to get through on the phone and /or to get an appointment. This was also reflected in the national patient survey.

The practice had consulted its own patient survey which acknowledged had been a significant improvement from previous surveys. We spoke with the PPG who also confirmed that there had been improvements to the practice since the current provider had taken over. However, the practice was still performing below local and national

averages in regards to access to appointments and satisfaction rates for consultations with GPs and nurses. Patients we spoke with and comments cards we received also aligned with this.

To make improvements the practice had recruited a performance manager in December 2015. They had started to facilitate a number of clinical and non-clinical audits in order to get a comprehensive understanding of the performance of the practice and identify areas for improvement. The practice had also piloted a telephone triage system at the nearby sister which was due to be implemented from 22 July 2016 at this site and was due to be delivered by the GP provider.

### Leadership and culture

The provider told us that they had trained as a biochemist before training as a nurse and then as a GP. Consequently they demonstrated a useful understanding of the different aspects of care delivered at the practice. The provider did not hold any consultations but were involved in the clinical management of the practice and helped out where needed. For example, the practice nurse we spoke with told us that the provider was available for advice and help.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We saw examples where patients were sent apologies when they had complained about the attitude of a GP.

There was a clear leadership structure in place and staff felt supported by management. Staff told us the practice held bi-monthly team meetings and the practice manager also held regular catch-up sessions. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

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

The practice had gathered feedback from patients through the PPG and through surveys. The PPG met quarterly and a member we spoke with told us that the feedback from the group was taken seriously. They told us that they had raised issues with the provider when they had first taken over the practice and some of these had been responded

# Are services well-led?

Good 

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

to. For example, they told us that staff attitude had improved because staff had either left and new staff were given appropriate training (although this was not reflected in the national survey).

To improve access the practice had implemented a text message system to remind patients of their appointments. Patients were able to also cancel their appointment through the text messaging system which could then be given to another patient.

The practice encouraged feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service. The practice had conducted a patient survey in December 2015. Of the 150 patients asked to fill out a survey, 100 patients had responded. The practice had developed an action plan identifying areas where improvements were required. Overall the survey also identified that the practice had improved from previous surveys but there remained areas of concern which needed to be addressed based on patient feedback from national surveys.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p><b>How the regulation was not being met:</b></p> <p>The care and treatment of service users must meet their needs. National patient survey data showed that patients rated the practice lower than local and national averages for consultations with GPs and nurses and for access to appointments. The provider did not do all that was reasonably practicable to ensure this was being addressed.</p> <p>This was in breach of regulation 9 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>Systems or processes must be established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The provider did not ensure appropriate clinical oversight of the triage and actioning of letters received from other organisations such as hospitals. The process for recalling and reviewing patients experiencing poor mental health needs to be robust.</p> <p>This was in breach of regulation 12(1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>