

# Hockley Medical Practice

## Quality Report

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Date of inspection visit: 13 March 2018

Date of publication: 01/05/2018

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

#### This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Hockley Medical Practice on 13 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had some systems to manage risk, but we found these needed strengthening in relation to the security of blank prescriptions.
- Staff understood their responsibilities to raise concerns, incidents and near misses. When incidents did happen, the practice learned from them and improved their processes.
- We found some clinical audits had been completed; however, audits did not demonstrate quality improvements.
- The practice ensured that care and treatment was delivered according to evidence based guidelines. They worked with a range of health and care professionals in the delivery of patient care.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Results from the GP national patient survey showed high levels of satisfaction in relation to consultations with GPs and nurses.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvements are:

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

The areas where the provider **should** make improvements are:

- Continue to review how the practice could proactively identify carers in order to offer them support where appropriate.
- Review correspondence to ensure all changes are acted on promptly.
- Review the current programme of clinical audits to demonstrate what quality improvements have been made.
- Continue to encourage patients to attend immunisation and national screening programmes.

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

# Summary of findings

## The six population groups and what we found

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

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

# Summary of findings

## Areas for improvement

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

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

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

- Continue to review how the practice could proactively identify carers in order to offer them support where appropriate.
- Review correspondence to ensure all changes are acted on promptly.
- Review the current programme of clinical audits to demonstrate what quality improvements have been made.
- Consider ways to further encourage patients to attend immunisation and national screening programmes.

# Hockley Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a shadowing GP specialist adviser.

## Background to Hockley Medical Practice

Hockley Medical Practice is located in Hockley, an area close to the city centre of Birmingham, West Midlands. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes. The practice is also an accredited yellow fever centre and offers vaccinations not available through the NHS.

The practice provides primary medical services to approximately 7,600 patients in the local community. The clinical team consists of one Principal GP (male), one GP partner (female), one salaried GP, one practice nurse and one health care assistant. The practice is an approved training practice and provides training to GP Registrars as part of their on going training and education. The non-clinical team consists of administrative and reception staff, a business manager and a practice manager.

Based on data available from Public Health England, Hockley Medical Practice is located in an area with high levels of deprivation compared to the national average. For example, the practice is ranked one out of 10, with 10 being

the least deprived. Compared to the national average, the practice has a significantly lower proportion of patients aged 65 years and over and 59.9% of the practice population were from a Black and Minority Ethnic (BME) group.

The practice is open between 8am to 6.30pm Monday to Friday and Saturday from 8.30am to 12.30pm. The practice is part of the “Extended Care Service” for practices working in partnership to provide additional GP appointments between 6.30pm to 8pm Monday to Friday and 9am to 12pm Saturday & Sunday.

GP appointments are available from:

Monday 8.30am to 11am and 2.50pm to 6pm

Tuesday 8.30am to 11.10am and 1pm to 6pm

Wednesday 8.30am to 11.10am and 3.30pm to 5.20pm

Thursday 7.30am to 11.20am and 3.30pm 5.30pm

Friday 8.30am to 10.40am and 3.30pm to 5.30pm

Saturday 9am to 11.30am

There is a daily ‘on call’ GP to deal with repeat prescriptions and urgent queries. Telephone consultations are available three days a week if patients request them; home visits are also available for patients who are unable to attend the surgery.

When the practice is closed, primary medical services are provided by Primecare, an out of hours service provider and the NHS 111 service and information about this is available on the practice website. The Principal GP reviews all calls made to Primecare up to 11pm every night. Data provided by the practice showed on average the GP reviews seven calls a week.

The practice is part of NHS Sandwell & West Birmingham CCG which has 91 member practices. The CCG serve

## Detailed findings

communities across the borough, covering a population of approximately 559,400 people. (A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services).

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a range of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance. Contact details were easily accessible and displayed in all consultation rooms and in reception.
- The practice had a system in place to ensure staff were aware of vulnerable patients. Safeguarding was a standing agenda item at the monthly practice and multi-disciplinary team meetings.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Of the staff files we received we found staff had received up-to-date safeguarding training appropriate to their role. GPs and the practice nurse had completed level three child safeguarding training. The staff we spoke too knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).

- There was an effective system to manage infection prevention and control. At the most recent infection control audit the practice had achieved 99%. The practice nurse was the designated clinical lead for infection control.
- On reviewing personnel folders we found non-clinical staff had not received infection control training, however the staff we spoke with were aware of the procedures to follow. Since the inspection we have received evidence from the practice that all staff have completed the relevant training.
- There were systems for safely managing healthcare waste.
- The practice ensured that some facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### Risks to patients

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to sickness, holidays and busy periods.
- There was an induction system for staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- On reviewing staff records we found no immunisation status for non-clinical staff and no risk assessment had been completed to mitigate if any risk was involved.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

# Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results, however on reviewing discharge summaries we found two examples of medicine changes that had not been acted on promptly and we found one example of a pathology result received five days before the inspection that had not been actioned.
- Referral letters included all of the necessary information and the practice had a system in place to weekly peer review all referrals to ensure they were appropriate and to discuss alternative options.

## Safe and appropriate use of medicines

The practice had some systems for appropriate and safe handling of medicines, but these needed to be reviewed to mitigate risk and ensure appropriate management.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. However, prescription stationery was not stored securely and monitored. We found on the day of inspection, the practice had no system to record the monitoring of blank prescription pads and prescriptions were left in unlocked rooms, which were accessible to the public.
- Staff prescribed and administered to patients and gave advice on medicines, however we found examples of the review of patients on high risk medicines was not in line with legal requirements and current national guidance. For example: Data provided by the practice showed eight patients on a high risk medicine and three had not received a recent review.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- On reviewing patients who were on blood pressure lowering medicines we found 14% of patients had not received the appropriate tests and monitoring.

## Track record on safety

- There were comprehensive risk assessments in relation to safety issues.
- We saw risk assessments had been undertaken in relation to the premises including legionella. We saw evidence of checks on fire, health and safety and equipment used in the practice, however this did not contain training on health and safety or fire safety. Since the inspection we have received evidence from the practice that all staff have completed the relevant training.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw minutes of meetings where learning had been shared with staff at the monthly practice meetings.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated people whose circumstances make them vulnerable population groups as requires improvement. We rated the other population groups and the effective key question as good for providing effective services.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice, however we found clinicians had not always assessed the needs and delivered care and treatment in line with current legislation, standards and guidance.

- Patients' immediate and on going needs were not always fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

The population group is rated as good for effective care.

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. A total of 2.5% of the practice list were aged 75 years and over in comparison to the local average of 6% and the national average of 8%.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Multi-disciplinary team meetings were held monthly and well attended by community teams, including palliative care nurses and the community matron.

#### People with long-term conditions:

The population group is rated as good for effective care.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Diabetes related indicators showed the practice had achieved 77% overall in comparison to the CCG average of 90% and the national average of 91%. Exception reporting rate was 5.1% in comparison to the CCG and national average of 11%. We saw evidence of reviews being carried out and patients with complex diabetic needs were being referred to the Diabetic in Community Care Extension (DiCE) clinics, hosted at the practice every two months by a diabetic consultant and specialist diabetes nurse.
- Data provided by the practice showed 362 patients on the diabetic register and 76% of diabetic patients had received a flu vaccination.

#### Families, children and young people:

The population group is rated as good for effective care.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Publicised data showed the uptake rates for the vaccines given ranged between 83% to 86% which were below the national target of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. The practice had engaged with the Extended Vaccination Programme since October 2017 to improve childhood immunisation uptake. This included up to three contact attempts to encourage patients to attend, with follow up phone calls and home visits by the practice nurse to discuss the benefits of children being vaccinated.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance. One of the GPs had designed and implemented an enhanced baby check template to ensure all babies received an in depth review.

# Are services effective?

## (for example, treatment is effective)

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

The population group is rated as good for effective care.

- The practice's uptake for cervical screening was 69%, which was lower than with the 80% coverage target for the national screening programme. Data provided by the practice showed for 2017/18 the practice had currently achieved 70%. Evidence provided by the practice showed they had a recall system in place and procedures to follow up on patients who had failed to attend their appointments.
- The practices' uptake for breast screening was comparable to the CCG average, but below the national average. For example: 61% of patients aged between 50 and 70 years of age, were screened for breast cancer in last 36 months in comparison to the CCG average of 65% and the national average of 70%. Evidence provided by the practice showed they had an effective system in place to follow up on patients who had failed to attend screening appointments.
- The practices' uptake for bowel cancer screening was comparable to the CCG average, but below the national average. For example: 42% of patients aged between 60 to 69 years, were screened for bowel cancer in last 30 months in comparison to the CCG average of 43% and the national average of 55%. A cancer information notice board was situated outside the clinical rooms which focused on screening of bowel, breast and cervical cancers.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. Data provided by the practice showed 2,255 patients were eligible for a review and over the past five years 692 health checks had been completed.

People whose circumstances make them vulnerable:

The population group is rated as requires improvement for effective care.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a

learning disability. Data provided by the practice showed 39 patients on the register, on reviewing the records we found 28 patients had received a medication review in the past 12 months, however there was no evidence that annual health checks had been completed for any of the patients on the register and no evidence of engagement to encourage patients to attend reviews.

- The practice held regular meetings with other health care professionals in the case management of vulnerable patients.

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

The population group is rated as good for effective care.

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the CCG average of 85% and national average of 84%.
- 86% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the CCG average of 91% and national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 90% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the CCG average of 92% and national average of 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

### Monitoring care and treatment

The practice had a programme to review the effectiveness and appropriateness of the care they provided, however only one of four audits we reviewed demonstrated quality improvement. The one audit we reviewed was a review of the diabetic patients registered at the practice. For example the practice carried out an audit to review the HbA1C levels of patients with diabetes. (HbA1C is a measure used to determine how well a person's diabetes is being controlled). The first audit in 2016 showed 63 patients had an HbA1C over 75. The principal GP reviewed each patient

# Are services effective?

## (for example, treatment is effective)

and where appropriate converted 20 patients to insulin. A further review in November 2017 showed the 20 patients on insulin had seen a lower HbA1C below 65. The practice continued to review all the patients to ensure they were being managed appropriately.

Where appropriate, clinicians took part in local and national improvement initiatives. For example: The practice took part in the Primary Care Commissioning Framework (PCCF) to help to develop general practice, encourage partnership working and deliver improvements in clinical outcomes for patients. Results provided by the CCG showed the practice had achieved all the indicators in the PCCF.

The most recent published QOF results were 91.9% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 96%. The overall exception reporting rate was 6.4% compared with the CCG average of 9% and the national average of 10% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff, but due to staff shortages protected time for learning was not provided for all clinical staff. Up to date records of skills, qualifications and completed training for clinical staff were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

- There was a locum pack in place for clinical staff working on a temporary basis.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

## Are services effective?

(for example, treatment is effective)

- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 51 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 372 surveys were sent out and 79 were returned. This represented about 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG average of 93%; national average of 95%.
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average of 80%; national average of 86%.
- 90% of patients who responded said the nurse was good at listening to them; (CCG) average of 87%; national average of 91%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average of 95%; national average of 97%.

- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average of 85%; national average of 91%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information about how to access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers. There was carers information on display in the waiting room to advise on support groups available and further details were available in the practice leaflet. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 56 patients as carers (0.7% of the practice list). The practice told us the low number of carers was due to the demographic of the practice population.

- Staff told us that if families had experienced bereavement, their usual GP contacted them and a sympathy card was sent with advice on how to find support services. This call was followed by a patient consultation at a flexible time and location to meet the family's needs and alerts were added to patient's records so longer appointments could be offered if required.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

## Are services caring?

- 84% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 82% and the national average of 86%.
- 84% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average of 76%; national average of 82%.
- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average of 86%; national average of 90%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average of 82%; national average of 85%.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The practice nurse had implemented a travel risk assessment process to ensure patients who required travel vaccinations received the appropriate immunisations.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- There was a daily 'on call' GP was responsible for actioning test results and hospital letters and dealing with repeat prescriptions and urgent queries of the day.
- The Principal GP carried out a review of calls made to the out of hours service every evening until 11pm, to ensure patients received the appropriate care and support. Data provided by the practice showed on average the GP reviewed seven calls per week.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

The population group is rated good for responsive care.

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered an electronic prescription service which enabled prescriptions to be sent electronically from the GP practice to a patients chosen pharmacy for patient convenience.

### People with long-term conditions:

The population group is rated good for responsive care.

- Patients with a long-term condition were offered an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice worked with specialist consultants and nurses from the local hospital to support the more complex patients with diabetes through the use of community clinics, which were held at the practice every two months.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life were coordinated with other services. Regular meetings with community teams took place to manage the needs of patients with complex medical issues.

### Families, children and young people:

The population group is rated good for responsive care.

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of five years of age were offered a same day appointment when necessary.
- Regular meetings were held with the health visitor to discuss patients at risk and we saw minutes from those meetings.
- The practice offered various clinics for this population group including antenatal, postnatal and baby clinics.
- Baby changing facilities were available in the premises.

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

The population group is rated good for responsive care.

# Are services responsive to people's needs?

## (for example, to feedback?)

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone GP consultations were available three days a week which supported patients who were unable to attend the practice during normal working hours.
- The health care assistant held an in-house stop smoking service. Data provided by the practice showed 82% of patients registered as smokers had been offered support and advice.

People whose circumstances make them vulnerable:

The population group is rated good for responsive care.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice did not have a hearing loop in place to support patients with hearing difficulties. Alerts were added to patients records to advise staff if patients required support. Sign language support was offered through the interpreting service for patients.

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

The population group is rated good for responsive care.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice supported a substance misuse clinic which was held regularly to support patients with alcohol and drug dependencies.
- Staff told us that they would offer extended appointments to patients with poor mental health if needed.

### Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

- Patients reported that the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. A total of 372 surveys were sent out and 79 were returned. This represented about 1% of the practice population.

- 76 % of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 80% of patients who responded said they could get through easily to the practice by phone; CCG average of 60%; national average of 71%.
- 81% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG average of 76%; national average of 84%.
- 73% of patients who responded said their last appointment was convenient; CCG average of 72%; national average of 81%.
- 73% of patients who responded described their experience of making an appointment as good; CCG average of 63%; national average of 73%.
- 51% of patients who responded said they don't normally have to wait too long to be seen; CCG of 46%; national average of 58%.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. A total of eight complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice and all of the population groups as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- The principal GP had commenced a programme of mentorship of their new team so they had the experience to take on increasing leadership responsibilities.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice's mission statement was, "By putting patients at the centre of our activity we always aim to provide safe, high quality services, delivered through excellent patient experience".
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values of the service.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- Practice leaders had established policies, procedures and activities to ensure safety, but these were not monitored to ensure they were operating as intended. For example, the security of prescription stationery, risk assessments in the absence of staff immunisation status and staff training.

# Are services well-led?

Good 

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

## Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Some clinical audits had a positive impact on quality of care and outcomes for patients. There was some evidence of action to change practice to improve quality, however three out of the four audits we reviewed did not show quality improvements.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients' staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group who met on a regular basis. The group consisted of nine patients. On speaking with a member of the group, they told us the practice kept the group up to date with developments and asked for feedback on a regular basis. The practice acted on comments received. For example: patient feedback highlighted the difficulties patients were having parking in the practice car park due to limited space. The practice organised for staff to use the local supermarket car park so patients had more space when visiting.
- The service was transparent, collaborative and open with stakeholders about performance. The practice had on display the results of the GP patient survey published in July 2017 in the waiting room.

## Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example: Following feedback from patients on miscommunication with reception, some of the reception staff had completed a recognised qualification in customer services.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

## 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none"><li>• On reviewing staff records we found no immunisation status for non-clinical staff and no risk assessment had been completed to mitigate if any risk was involved.</li><li>• We found examples of patients had not received the appropriate reviews.</li><li>• The provider had not done all that was reasonably practicable to mitigate risks in the security of prescription stationery.</li><li>• The provider did not have training plans in place for the safe operation of premises and equipment.</li></ul> <p>This was in breach of regulation 12 (2) (b) (c) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>