

Sai Medical Practice

Quality Report

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Date of inspection visit: 21 March 2017
Date of publication: 26/06/2017

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13
Areas for improvement	13
Outstanding practice	13

Detailed findings from this inspection

Our inspection team	14
Background to Sai Medical Practice	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16
Action we have told the provider to take	31

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sai Medical Practice on 21 March 2017. 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 a system in place for reporting and recording significant events. Lessons were shared with clear evidence of actions taken to improve safety in the practice.
- The practice had clearly defined and embedded systems in some areas to minimise risks to patient safety. Although, during the inspection the practice was unable to demonstrate an effective system for disseminating actions taken following the receipt of safety alerts, we saw that safety alerts were managed centrally.
- We identified issues relating to the management of some patients on high risk medicines where prescriptions had been authorised without evidence of a completed review of patients' blood results.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The practice carried out annual health reviews; however, there were some areas where staff were not effectively utilising care plan templates or attending palliative care meetings. The practice did not have systems for routinely reviewing unplanned hospital admissions.
- Data showed patient outcomes were below local and national averages in a number of clinical areas. The practice was aware of this and was actively addressing identified issues.
- Clinical audits had been carried out, we saw evidence that audits were driving improvements to patient outcomes in the areas identified.

Summary of findings

- Results from the July 2016 national GP patient survey showed patients were involved in their care and decisions about their treatment. However, survey results showed that patients' satisfaction relating to GP consultations, accessing care and treatment was mostly below local and national averages. The practice used a variety of methods to monitor and measure patient satisfaction such as mystery patient shoppers and the practice took action such as implementing a new telephone system and reviewing their appointment system to improve access.
- Patients who completed a Care Quality Commission comment card said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had policies and procedures to govern their activities. However, there were areas where governance arrangements were not effectively operated to ensure the quality of care was assessed, monitored and risks mitigated.

We saw one area of outstanding practice:

- The practice understood their population profile and used this understanding to meet the needs of their

population. For example, clinicians attended the local Mosque and the local homeless centre to encourage the uptake of flu vaccines during the seasonal flu campaign.

The areas where the provider must make improvement are:

- Establish effective systems to ensure the practice follows good practice guidance and adopt control measures to ensure arrangements are in place to respond appropriately and in good time to prevent unplanned admissions.
- Ensure oversight and governance of performance are carried out effectively and take proactive steps to identifying and address areas of lower performance. For example, in relation to patient satisfaction and areas of high exception reporting.

The areas where the provider should make improvement are:

- Develop an internal system to ensure actions taken in relation to patient safety alerts and medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) are recorded and disseminated throughout the practice.
- Continue to consider ways of encouraging the uptake of national screening programmes such as cervical, bowel and breast cancer.
- Continue exploring and establishing effective methods to identify carers in order to provide further support where needed.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good



- The practice had systems, processes and practices in some areas to minimise risks to patient safety.
- During the inspection staff were unable to demonstrate an effective internal system for recording and monitoring actions taken following the receipt of safety alerts. However, we saw that oversight of alerts and required actions were carried out centrally.
- The practice clinical system alerted clinicians when patient blood monitoring tests were required for patients receiving high risk medicines.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- We found effective systems for reporting and recording significant events; lessons were shared to help improve safety in the practice. When things went wrong patients were informed.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinical leads attended and contributed to safeguarding meetings
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Requires improvement



- The practice carried out yearly health care reviews; however, there were areas where the practice was not utilising care plan templates or reviewing hospital unplanned and readmissions with multi-disciplinary teams. The practice did not attend palliative care meetings and there was no evidence of cross working with the palliative care team.
- Data from the Quality and Outcomes Framework showed patient outcomes were above average in a number of clinical areas compared to the national average. However, there was a high exception-reporting rate in some clinical areas. (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

Summary of findings

side effects). For example, overall exception reporting for patients with atrial fibrillation (an irregular and sometimes fast pulse) was 21%, compared to CCG average of 9% and national average of 10%.

- Staff were aware of current evidence based guidance and clinical audits carried out by the practice demonstrated quality improvement in the areas reviewed.
- Staff had the skills and knowledge to deliver care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

- Staff were motivated and inspired to offer kind and compassionate care.
- Patient feedback was mixed. Data from the July 2016 national GP patient survey showed patients rated the practice below average for consultations with GPs and helpfulness of reception staff. Practice initiated surveys showed that patients found staff helpful and polite.
- The practice used a variety of methods to assess patient satisfaction for example mystery patient shoppers to monitor and measure the practice performance. Their feedback was used to motivate staff to maintain high standards. Feedback from the two mystery shoppers in the last 12 months showed that patients were satisfied with staff interactions.
- Data from the national GP patient survey showed patients rated the practice below average for consultations with GPs and helpfulness of reception staff. However, practice initiated surveys carried out in the last 12 months showed that patients found staff helpful and polite.
- The practice used a variety of methods to assess patient satisfaction. For example, practice initiated surveys we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There was a lead staff member responsible for identifying carers and keeping the carers list up to date. However, there was low identification of carers. The practice had a comprehensive carers pack and offered bereavement support for families.

Requires improvement



Summary of findings

Are services responsive to people's needs?

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, clinicians attended the local Mosque and the local homeless centre to encourage the uptake of flu vaccines during the seasonal flu campaign.
- The practice worked with other health care providers to ensure a number of services were accessible from within the practice such as a diabetes nurse specialist and a mental health nurse.
- Appointments with a named GP were available as well as same day urgent appointments.
- Results from the national GP patient survey published July 2016 showed that patients' satisfaction with how they could access care and treatment was mostly below local and national averages.
- All but one of the 38 Care Quality Commission comment cards we received indicated that patients were happy with how they could access the service and patients commented that the phone service had improved.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Requires improvement



Are services 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. However, lack of effective systems meant oversight and governance was not effective and the provider could not be assured the vision was always delivered in practice.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular practice meetings.
- There were areas where some processes were not being followed effectively; and some had not been established. For example, processes to enable regular reviews of unplanned admissions with a wider multi-disciplinary team had not been established.
- There were areas where governance structures had not been effective at enabling the provider to identify poor performance and improve upon it.

Requires improvement



Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The GPs and management team encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents, complaints and sharing the information with staff and ensuring appropriate action was taken.
- The practice sought feedback from staff and patients via surveys and the patient participation group; we saw examples where feedback had been acted on but patient satisfaction results from the national patient survey were lower than local and national averages.
- The practice engaged with the patient participation group.
- Staff training was a priority and was built into staff rotas. GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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 effective, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered care to meet the needs of the older patients in its population. For example, they offered vaccinations and immunisations to protect against shingles, pneumonia and influenza.
- Personalised care was not formalised as the practice were not using care planning or holding palliative care meetings with the wider multi-disciplinary team. There was no system to review patients who had unplanned admissions to hospital.
- The practice offered home visits and urgent appointments for those with enhanced needs. GPs were also offering mobile spirometry testing during home visits.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life.
- Older patients were provided with health promotion advice and support to help them to maintain their health and independence for as long as possible. For example, the practice had a comprehensive elderly care information board situated in the reception area and patients were sign posted to services such as Age UK.
- Patients had access to Abdominal Aortic Aneurysm (AAA) screenings (a screening to detect swelling of the main blood vessel that runs from the heart, down through the abdomen to the rest of the body) within the practice.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for effective, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in long-term disease management . The practice offered a one-stop shop to enable patients with multiple long-term conditions to be reviewed in one appointment.

Requires improvement



Summary of findings

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, 80% of patients diagnosed with diabetes had a blood sugar reading which showed that the condition was being controlled appropriately, compared to CCG average of 79% and national average of 78%. However, exception reporting rates in relation to these patients were above CCG and national averages. For example, 21%, compared to CCG average of 10% and national average of 13%.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- The practice offered a range of services in-house to support the diagnosis and monitoring of patients with long-term conditions including spirometry, phlebotomy, followed recognised asthma pathways and an in-house clinical pharmacist provided medicine reviews and reconciliation.
- Patients had access to in-house electrocardiogram ECG (a test that can be used to check the heart's rhythm and electrical activity), anticoagulation clinic (monitoring and advisory service for patients receiving medicines to treat and prevent blood clots) was available in-house as well as home visits and a diabetic specialist nurse attended the practice.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. 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.

Families, children and young people

The practice is rated as requires improvement for effective, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice was able to demonstrate 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.
- Staff we spoke with were able to describe how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.
- Immunisation rates were relatively high for all standard childhood immunisations.

Requires improvement



Summary of findings

- The practice provided support for premature babies and their families following discharge from hospital. For example, Community midwives deliver antenatal checks and post-natal examinations from the practice and GPs carried out eight-week baby checks.
- Appointments were available outside of school hours, daily appointment slots were allocated to ensure timely response to un-well children. The premises were suitable for children and babies, rooms were available for breast-feeding and there were baby-changing facilities.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- A full range of contraceptive services were available along with referrals to family planning clinics. Staff we spoke with were able to demonstrate the use of Gillick competencies (a framework used to decide whether a child aged 16 years or younger is able to consent to his or her own medical treatment, without the need for parental permission or knowledge when prescribing to under age patients).
- Staff we spoke with explained that they worked to improve access for this population group. For example, the practice used text messaging services, twitter and Facebook.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for effective, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening on a Monday until 8.30pm and Wednesday mornings from 7.30am for patients who could not attend during normal opening hours.
- 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. For example, on-line pre-bookable appointments to allow booking after standard work hours, test results were available on-line as well as on-line prescription requests.
- Staff we spoke with explained that the practice were trialling quick response (QR) codes as a quick method to access medical information.

Requires improvement



Summary of findings

- The practice offered travel vaccinations available on the NHS and staff sign posted patients to other services for travel vaccinations only available privately such as yellow fever centre (vaccination for a tropical virus disease transmitted by mosquitoes, which affects the liver and kidneys).
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for effective, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice staff were not completing care plan templates, and were therefore unable to demonstrate how they worked with other health care professionals in the case management of vulnerable patients. Staff we spoke with explained that the practice was developing their care plan templates.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. Staff used a comprehensive communication folder, which aided effective communication during appointments.
- There were working arrangements in place for registered patients who resided in local supported housing and the practice worked in collaboration with the local addiction service to manage the general health care of patients receiving interventions for substance and alcohol dependency.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for effective, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 100% of patients diagnosed with dementia had their care reviewed in the preceding 12 months, compared to CCG and national average of 84%; with an exception reporting rate of 14%, compared to CCG and national average of 7%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, a Mental Health Nurse attended the practice, GPs carried out home visits for patients living with agoraphobia. .
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. Unverified data provided by the practice showed that 48% of patients diagnosed with a mental health related disorder and 80% of patients diagnosed with dementia received a medicines review in the past 12 months.
- 98% of patients diagnosed with a mental health related disorder had a comprehensive, agreed care plan documented in the records, in the preceding 12 months (01/04/2015 to 31/03/2016), compared to CCG average of 92% and national average of 89%. However, the practice exception reporting rate was 26%, compared to CCG average of 5% and national average of 13%.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia and explained that training received further extended their knowledge. The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing below local and national averages in several areas. A total of 358 survey forms were distributed and 58 were returned. This represented 16% completion rate.

- 74% of patients described the overall experience of this GP practice as good compared with the CCG average of 86% and the national average of 85%.
- 52% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.

- 48% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards, which were all positive about the standard of care received. Patients felt the practice provided an excellent service; staff were professional, caring and responded to patients needs with compassion and respect.

Areas for improvement

Action the service **MUST** take to improve

- Establish effective systems to ensure the practice follows good practice guidance and adopt control measures to ensure arrangements are in place to respond appropriately and in good time to prevent unplanned admissions.
- Ensure oversight and governance of performance are carried out effectively and take proactive steps to identifying and address areas of lower performance. For example, in relation to patient satisfaction and areas of high exception reporting.

Action the service **SHOULD** take to improve

- Develop an internal system to ensure actions taken in relation to patient safety alerts and medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) are recorded and disseminated throughout the practice.
- Continue to consider ways of encouraging the uptake of national screening programmes such as cervical, bowel and breast cancer.
- Continue exploring and establishing effective methods to identify carers in order to provide further support where needed.

Outstanding practice

The practice understood their population profile and used this understanding to meet the needs of their population. For example, clinicians attended the local Mosque and the local homeless centre to encourage the uptake of flu vaccines during the seasonal flu campaign.

Sai 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 second CQC inspector.

Background to Sai Medical Practice

Sai Medical Practice is located in Walsall, West Midlands situated on the first floor in a multipurpose modern NHS owned building. Sai Medical Practice was originally a single-handed practice; Intra Health took over the contract in April 2015. Intra Health is a provider of NHS primary care services; founded by NHS professionals who operate a network of NHS GP practices throughout the UK.

Based on data available from Public Health England, the levels of deprivation in the area served by Sai Medical Practice are significantly below the national average, ranked at one out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The practice serves a higher than average patient population aged from birth to 39 and below average for ages 40 to 85 and over.

The patient list size is approximately 3,700 patients. Services to patients are provided under an Alternative Provider Medical Service (APMS) contract with the local Clinical Commissioning Group (CCG). APMS is a contract between general practices and the CCG for delivering primary care services to local communities. Public Health

England data shows the estimated ethnicity of the practice patient population is 45% white British, 56% Asian, 4% mixed heritage, 4% black and 2% other non-white ethnic groups.

The surgery has expanded its contracted obligations to provide enhanced services to patients; for example, Childhood Vaccination and Immunisation Scheme. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

On-site parking is available and there is designated parking spaces for cyclists and for patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staff comprises of two male salaried GPs, one nurse practitioner, one practice nurse and two health care assistants. Service delivery is supported by an office manager and a team of five reception and administration staff members.

The practice is open between 8am and 8.30pm Mondays, 8am and 6.30pm Tuesdays, Thursdays and Fridays and between 7.30am and 6.30pm on Wednesdays.

GP consulting hours are from 8am to 8.30pm Mondays, 8am to 6.30pm Tuesdays, Thursdays, Fridays and 7.30am to 6.30pm on Wednesdays. The practice has opted out of providing cover to patients in their out of hours period. During this time, services are accessed through NHS 111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

Detailed findings

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

How we carried out this inspection

Before 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 21 March 2017.

During our visit we:

- Spoke with a range of staff including GPs, nurses, receptionists, administrators, managers and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice recorded 15 significant events in the past 12 months. From the three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice identified the need to reduce the risk of patients with the same name and date of birth (DOB) being booked incorrectly. As a result, clinical and non-clinical staff were required to double check patients date of birth and address when booking appointments and clinicians were also required to carry out this check prior to carrying out consultations.
- The practice also monitored trends in significant events and evaluated any action taken. For example, the practice provided documentation, which showed that they had carried out an annual review of their significant events.

We reviewed the management of safety alerts, such as medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). There was a lack of evidence on the day to confirm how safety alerts were being managed. For example, although clinicians

were aware of alerts and explained that actions had been taken to identify patients who may be at risk they were unable to demonstrate this as no formal records were available to evidence whether actions had been taken. Staff we spoke with explained that the CCG medicines management team and a practice employed pharmacist kept documentation which would demonstrate that they had checked whether patients were at risk. Staff explained that any learning needs or changes to patients care delivery were shared regularly and GPs were required to sign documentations to acknowledge changes made and patients' notes updated. We were also told that oversight of safety alerts were managed centrally by the provider organisation's pharmacist lead. Therefore documentations to demonstrate where actions had been taken were not available on the day of the inspection as these were stored centrally. Following the inspection the practice provided documentation which demonstrated that actions had been taken to identify whether patients were receiving medicines used to treat symptoms of rheumatoid arthritis and inflammation.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. GPs attended safeguarding meetings every six to eight weeks or when required provided reports where necessary for other agencies. Safeguarding meeting minutes were kept and the practice documented concerns which came to light from letters and safeguarding reports received.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection level three. Nurses and health care assistants also received child safeguarding level three and safeguarding adults training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had

Are services safe?

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 had a detailed Female Genital Mutilation (FGM) policy and staff explained that they were seeking training for staff via Walsall CCG.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken. An IPC audit undertaken in September 2016 showed that the practice scored 84%, there were an action plan in place and evidence that action was taken to address any improvements identified as a result. The practice staff scored 100% in an audit on hand hygiene carried out in March 2017.

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

- Repeat prescriptions were signed before being dispensed to patients and there was a process to ensure this occurred. The practice clinical system alerted clinicians when monitoring tests were required. However, there were some shortcomings with the monitoring of patients prescribed high risk medicines before authorising repeat prescriptions. Members of the clinical team we spoke with clearly explained clinical rationale for authorising repeats in the absence of blood test results.
- The practice carried out medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescription stationery was securely stored and there were systems to monitor their use. One of the nurses

had qualified as an independent prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.). Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

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

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- We saw that electrical and clinical equipment was checked and calibrated by a professional contractor to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of

Are services safe?

patients. Members of the management team explained that they monitored staff skill mix by reviewing capability on a regular basis and adjusted work processes to accommodate changing needs.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines but were not always following these in practice.

- The practice had some systems to keep all clinical staff up to date.
- We saw a number of pathways, which the practice had developed such as for the management of chronic obstructive pulmonary disease (COPD) and hypertension (abnormally high blood pressure) to ensure care and treatment were delivered effectively.

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 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 93%.

The overall exception reporting rate was higher than the 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). The practice exception reporting rate was 11% compared to the CCG average of 5% and national average of 6%.

Data from 2015/16 QOF year showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, 80% of patients diagnosed with diabetes had a blood sugar reading which showed that the condition was being controlled appropriately, compared to CCG average of 79% and national average of 78%. With an exception reporting rate of 21%, compared to CCG average of 10% and national average of 13%.

- Performance for mental health related indicators was higher than the CCG and national averages. For example, 98% of patients diagnosed with a mental health related disorder had a comprehensive, agreed care plan documented in the records, in the preceding 12 months (01/04/2015 to 31/03/2016), compared to CCG average of 92% and national average of 89%. However, the practice exception reporting rate was 26%, compared to CCG average of 5% and national average of 13%.
- 100% of patients diagnosed with dementia had their care reviewed in the preceding 12 months, compared to CCG and national average of 84%; with an exception reporting rate of 14%, compared to CCG and national average of 7%.
- The percentage of patients with atrial fibrillation (an irregular and sometimes fast pulse) treated using recommended therapy was 91%, compared to CCG average of 88% and national average of 87%; with a 21% exception reporting rate, compared to CCG average of 9% and national average of 10%.
- Exception reporting rates for management of patients diagnosed with Rheumatoid arthritis was 24%, compared to CCG average of 2% and national average of 8%.

Staff we spoke to were aware of the practice demographics, clinical performance and were able to explain actions being taken to engage with hard to reach groups and improve areas of poor performance. For example, staff followed established protocols for managing exception reporting such as sending up to three appointment reminder letters as well as appointment reminders via text message to encourage patients to attend appointments and required reviews.

Staff also explained that clinics had been adapted to enable clinicians to see patients with multiple long-term conditions in one single extended appointment. The practice was also looking at placing the management of all chronic conditions with the practice nursing team. This process would involve patients being seen by the practice nurse or health care assistant for blood testing prior to being seen by the nurse practitioner who would then complete patients' reviews.

There was evidence of quality improvement including clinical audit:

Are services effective?

(for example, treatment is effective)

- The practice shared four clinical audits commenced in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- All relevant staff were involved in clinical audits and findings were used by the practice to improve services. For example, the practice carried out an audit with support of Walsall CCG medicines management team to ensure patients prescribed medicines used to lower cholesterol levels were being managed in line with NICE clinical guidelines. Although the audit showed that the practice were achieving CCG targets; the practice highlighted patients who required a treatment review. All these patients were invited in for a review and a second audit showed further improvements.
- The practice reviewed whether patients under the age of five were being examined according to NICE guidelines traffic light system. For example; assessing children with feverish illness for the presence or absence of symptoms and signs that can be used to predict the risk of serious illness. The first audit showed that the practice was not performing to the criteria set out in the audit and identified areas such as lack of awareness of the traffic light system used to assess risk, time constraints and individual documentation errors. In response, copies of the traffic light assessment were placed in clinical rooms to prompt clinicians, and clinicians were reminded of the importance of accurate documentation. A follow up audit carried out by the practice showed noticeable improvements and the practice continued to discuss barriers during clinical meetings.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring within the nursing team, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff we spoke with also explained that they received updates from diabetes and asthma UK; staff had online access to the British National Formulary (a publication, which reflects current best practice as well as legal and professional guidelines relating to the uses of medicines).

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was mainly available. However, the practice was not effectively using care plan templates.

We saw that risk assessments, medical records, investigation and test results were accessible via the practice patient record system.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, 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, for staff reviewing patients with long-term conditions. The nurses explained that they attended regular training and updating sessions, which were specifically related to reviewing patients with long-term conditions.
- The practice carried out annual health reviews of patients with a learning disability, patients nearing the end of their life and patients made vulnerable due to drug or alcohol dependency. However, the practice was not effectively utilising care plan templates. For example, unverified data provided by the practice showed that patients with a learning disability and palliative care patients did not have care plans in place.

Are services effective?

(for example, treatment is effective)

We were told that the palliative care team initiated care plans for end of life care patients; however, these were not recorded in patient's records or accessible within the practice.

- Staff we spoke with explained that the practice were developing their care plan templates to increase the level of detail captured in the standard national care plan template. For example, we were told that care plans for patients with mental health, learning disabilities and COPD were all under development.
- Following the inspection, the practice carried out a search of patients who had care plans. Data provided by the practice following the inspection showed some care plans such as asthma management, psychiatric care, mental health, palliative care, COPD and dementia care had been completed. The practice also explained that as part of the practice development plan the use of care plan templates would be rolled out throughout the practice.
- The practice was able to demonstrate how they shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals. This included when patients moved between services and when they were referred. Information was shared between services, with patients' consent, using a shared care record.

The practice had an established lead and used recognised systems for monitoring unplanned admissions and readmissions to enable review of care for patients at risk of emergency admission to hospital. However, this was not being carried out on a regular basis and care plan templates for patients at risk of hospital admissions were not being utilised. Staff we spoke with explained that the practice carried out an annual search of patients and some patients were opportunistically identified. This did not fully mitigate the risks of unplanned admissions.

Meetings took place with other health care professionals such as health visitors on a monthly basis when treatment was routinely reviewed for patients with complex needs.

Practice staff explained that end of life care was managed by the palliative care team, which took into account the

needs of different patients, including those who may be vulnerable because of their circumstances. However, the practice was not attending palliative care meetings, meeting with district nurses or community matrons.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- A dietician (weight management), smoking cessation advice, substance misuse and alcohol cessation was available within the practice. Access to other types of support such as risk of homelessness and debt advice was available from local support groups.

The practice's uptake for the cervical screening programme was 93%, which was higher than the CCG average of 81% and the national average of 82%. However, exception reporting rates were higher than local and national averages at 35%, compared to CCG and national average of 7%. Staff explained that they were aware of the high exception reporting as NHSE had flagged this with the practice. We were told that the practice proactively encouraged patients to have the screening by discussing the benefits; however, some patients refused the test therefore the practice exception reported those patients. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening

Are services effective?

(for example, treatment is effective)

test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

Staff explained that they flagged non-attenders on the practice clinical record for further discussion. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred because of abnormal results. The practice carried out an audit to assess the rate of inadequate tests (the rate of patients who have been required to have a repeat test because the first one could not be read properly). Audits provided by the practice showed that the rate of inadequate result was 1%; this was within CCG acceptable range.

Data showed that the practice were performing below local and national average in relation to bowel and breast screening. For example:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 47% compared to CCG average of 72% and national average of 73%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation was 27% compared to CCG average of 75% and national average of 74%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 31%, compared to CCG average of 52% and national average of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %) was 29%, compared to CCG average of 50% and national average of 56%.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, the practice were involved in a local bowel screening pilot, which started in April 2016. This involved the practice calling patients using a set template to discuss the screening process. The practice also sent out letters to identified patients informing them of the benefits of completing a screening. Staff we spoke with told us that the practice kept bowel screening testing kits in the practice and provided patients with the option of completing the test while at the practice. Data provided by the practice showed that 77% patients had been contacted and provided with advice; 3% had responded to the intervention by returning their bowel cancer screen test.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 99% which was above national expected coverage of 90%. Immunisation rates for Measles Mumps and Rubella (MMR) vaccinations given to five year olds was 96% for first dose and 94% for the second dose, compared to CCG averages of 99% for first dose and 94% for second dose; and national averages of 94% for first dose and 88% for second dose.

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

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Although patients could not be treated by a GP of the same sex, patients had the option of being seen by a female nurse practitioner who was an independent prescriber.

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments also highlighted that staff were very friendly and patients valued staffs' ability to communicate effectively with non-English speaking patients.

A member of the patient participation group (PPG) we spoke with told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. We were told that the lead GP was very forward thinking and very progressive with the use of information technology systems. For example, the introduction of online booking has made things more convenient for patients.

Results from the July 2016 national GP patient survey showed the practice was below local and national average for its satisfaction scores on consultations with GPs, helpfulness of reception staff and comparable for nurses. For example:

- 81% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% national average of 85%.
- 91% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) and national average of 91%.
- 98% of patients said the nurse gave them enough time compared with the CCG average of 93% and national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 73% of patients said they found the receptionists at the practice helpful compared with the CCG and the national average of 87%.

The practice was aware of the national GP survey data; they used a variety of methods to assess patients' satisfaction while identifying areas for improvement.

For example; the practice carried out internal patient satisfaction surveys with the support of the PPG, engaged in mystery shoppers to gauge patients experience and used functions within the practice clinical system to capture patients' feedback. A survey carried out between April and June 2016 showed that 100% of patients found staff helpful, polite and professional.

Results from two patient mystery shopper visits carried out in January 2017 showed that the practice scored 76% overall in one visit and 88% during a second visit for first impression, the conduct of staff and experience of dealing

Are services caring?

with the enquiry. Comments from the survey showed that mystery shoppers were happy with the manner in which they were dealt with by receptionists and found questions were answered very promptly.

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.

Staff we spoke with were able to demonstrate how they ensured children and young people were treated in an age-appropriate way and recognised as individuals. For example, staff explained that when deciding whether a child is mature enough to make decisions they used 'Gillick competency' (guidelines used to help balance children's rights and wishes with responsibility to keep children safe from harm).

Results from the most recent published national GP patient survey showed variations in how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results relating to GPs were below local and national averages and questions relating to the nurse were comparable. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. For example, staff were able to speak Hindi, Urdu and Bengali. Staff explained that the practice had developed flash cards with various pictures, which patients pointed to; staff also compiled a list of phrases in different languages, which clinical staff referred to during consultations.
- Information leaflets were available in easy read format and the practice had a comprehensive communication folder for patients with a learning disability.
- The E-Referral service was used with patients as appropriate. (E-Referral service is a national electronic referral service, which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- There was a comprehensive information board located in the reception area, which provided patients with a variety of information, such as self-help services for carers, elderly patients and youth support services.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified nine patients as carers (0.02% of the practice list). Data provided by the practice showed that 33% received a health check and 56% had a flu vaccination and 11% had a review of their stress levels in the past two years. Staff we spoke with told us that carers had access to annual health checks, flu vaccinations and a stress levels review. The practice had a carer's information pack, which was available within the reception area and various posters displayed directed carers to the various avenues of support available to them.

Are services caring?

A member of the practice team acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The lead also took responsibility of monitoring and updating the carers' list. The new patient registration form identified carers and posters within the practice encouraged patients to inform reception if they were a carer or being cared for.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs. Advice on how to find a support service was provided and staff explained that pre death work was offered to families to aid the grieving process.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday until 8.30pm and Wednesday mornings from 7.30am for patients who could not attend during normal opening hours.
- The practice staff identified that appointments were in short supply for routine appointments. Staff explained that they used a recognised toolkit to analyse appointment demand. Staff explained that this identified high appointment demands on Mondays, Tuesdays and Thursdays. As a result, the practice changed the focus of appointments to increase same day appointment availability and blocked a few appointments for routine appointment requests. The practice reviewed progress and found that increasing the number of same day appointments enabled the practice to respond positively to the demands.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice sent text message reminders of appointments and there were plans to add test results to this service. The practice identified their high population of younger patients, therefore were using media streams such as twitter and Facebook to engage with patients.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice. The practice made effective use of technology when carrying out home visits. For example, GPs used laptops during home visits, which allowed them to access patients' medical history. GPs were able to offer mobile spirometry during home visits (a test used to assess how well your lungs work) by linking the tests to their laptops.
- Patients were able to receive travel vaccines available on the NHS and patients were referred to other clinics for vaccines available privately.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. There were accessible facilities, which included a hearing loop, and interpretation services available. Some staff were multi lingual therefore able to speak other languages such as Hindi, Urdu and Bengali.
- There were disabled facilities and the premises were accessible for pushchairs. Baby-changing facilities were available and a notice displayed offered patient privacy for breast-feeding.
- The practice were aware of the high volume of people who attended the local Mosque on Fridays. As a result, staff explained that a GP visited the Mosque on a Friday during the seasonal flu campaign to encourage the uptake of flu vaccination. Clinicians also visited the local homeless centre to carry out flu vaccinations.
- There were a number of services delivered from the practice. For example, anticoagulation clinic (monitoring and advisory service for patients receiving medicines to treat and prevent blood clots); Abdominal Aortic Aneurysm (AAA) screenings (a screening to detect swelling of the main blood vessel that runs from the heart, down through the abdomen to the rest of the body) and ultrasound scanning. A Diabetes Nurse Specialist and a Mental Health Nurse also attended the practice.
- The practice worked jointly with the local addiction service to manage the general health care of patients receiving interventions for substance and alcohol dependency.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, following a significant event regarding a two week wait referral the practice developed a new process for managing these referrals.
- The practice carried out an audit on patients over 79 years old to identify whether they had accessed the practice in the last 12 months. Data provided by the practice showed that 8% of patients in this age group had not been seen in the last 12 months. The practice

Are services responsive to people's needs?

(for example, to feedback?)

identified that they held a small number of elderly patients, some of which were cared for in local residential and warden controlled settings. As a result, action was taken to contact identified patients.

Access to the service

The practice was open between 8am and 8.30pm Mondays, 8am and 6.30pm Tuesdays, Thursdays, and Fridays and between 7.30am and 6.30pm on Wednesdays.

Appointments were from 8am to 8.30pm Mondays, 8am to 6.30pm Tuesdays, Thursdays, Fridays and 7.30am to 6.30pm on Wednesdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

The practice has opted out of providing cover to patients in their out of hours period. During this time, services are provided by NHS 111.

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

- 73% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 40% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% national average of 73%.
- 64% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 85%.
- 91% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 52% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 62% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

The practice carried out various surveys over the last 12 months to assess patients experience and to help the

practice improve and develop the services being delivered from the practice. A survey carried out by the practice showed that 86% of patients liked the triage system and 14% did not like the system. Staff explained that since the introduction of a new telephone system and telephone consultation national survey results should improve over a period of time. Comments from completed CQC comment cards showed that patients felt that the practice telephone service had improved.

The practice had a system in place to assess, whether a home visit was clinically necessary and the urgency of the need for medical attention. All receptionists received CPR (a combination of chest compressions and rescue breathing (mouth-to-mouth resuscitation) used in medical emergency situation) training and there were flow charts visible in reception, which guided receptionist when dealing with medical emergencies.

Staff we spoke with advised us that patients who requested a home visit would be triaged by a GP. Staff explained that GPs would call the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. The practice actively referred complaints to external organisations when required such as NHS England.
- We saw that information was available to help patients understand the complaints system. For example, posters displayed, copies of the practice complaints policy and comments, suggestions and concerns forms.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt

Are services responsive to people's needs?

(for example, to feedback?)

with in a timely way with openness and transparency. The practice carried out yearly analysis of complaints, which they discussed during practice meetings. The report demonstrated an effective system for learning from individual concerns and complaints and a proactive approach to identification of trends and actions required to

improve the quality of care. For example, from the three recorded complaints we saw that the practice had reminded staff of the use of effective communication skills and to be mindful of how they come across when dealing with patient requests.

Are services well-led?

Requires improvement 

(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 vision to deliver high quality care and promote good outcomes for patients. However, this was not always delivered in practice due to an absence of effective systems.

- Since Intra Health took over the practice in April 2015, there had been on-going work and development to turn around a low performing practice. However, there remained areas where further improvements were needed to ensure good quality care was delivered.
- The practice had a mission statement, which was displayed in the waiting area, and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans, which reflected the vision and values and were regularly monitored.
- During our inspection, we saw that staff understood the needs of their population and strived to deliver services, which reflected those needs.
- GPs held lead roles within the Clinical Commissioning Group such as primary care lead and sexual health procurement. A member of the clinical team also held a GP trainer qualification.

Governance arrangements

The practice had an overarching governance framework. However, there were areas where these were not effective at ensuring the quality of care was assessed and monitored and risks were mitigated.

- There were a number of areas where the absence of systems affected the provider's ability to identify and mitigate risk. For example, taking proactive steps to prevent unplanned admissions and establishing effective multi-agency working for patients nearing the end of their lives.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice and discuss quarterly patient satisfaction

data. However, targeted actions aimed at addressing areas where the practice was performing below local and national average; and areas of higher exception reporting were not effective.

- The practice carried out various surveys, which enabled them to understand the level of patient satisfaction and respond to national GP patient surveys. However, we saw that these surveys did not target all areas of low performance such as satisfaction scores relating to consultations with GPs.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, there were clinical leads for dementia; learning disabilities, significant events; complaints and carers.
- Centralised storage of some documents made it difficult for practice staff to have clear oversight of essential information such as action taken to ensure compliance with safety recommendations from Medicines and Healthcare products Regulatory Agency (MHRA).
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- The practice were unable to evidence where they were working with the wider health care team in the management of patients on the practice palliative care list. However, the practice had a palliative care policy that outlined relevant local support organisations and processes for accessing these organisations.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice operated an established, effective and accessible system for receiving, recording, handling; responding and learning from complaints and significant events. We saw evidence from minutes of meetings, which were structured to allow lessons to be learned and shared following significant events and complaints.

Leadership and culture

Staff we spoke with told us the GPs and management team were approachable and always took the time to listen to all members of staff.

Are services well-led?

Requires improvement 

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted meetings with health visitors and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and members of the nursing team met informally.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view. Staff we spoke with explained that they were having cross practice meetings with other Intra Health practices in order to share ideas and learning.
- Staff said they felt respected, valued and supported, particularly by the GPs and management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the

management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice. We were also told that since Intra health took over the contract there had been a lot more stability and staff moral had improved.

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

The practice sought feedback from:

- Patients electronically through the practice patient management system, patient participation group (PPG) and through surveys and complaints received. The PPG consisted of four active members who met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, members explained that they provided suggestions around the practice opening times, which had been changed, members told us that access had improved as a result. PPG members also told us that they were involved in a practice led survey regarding appointments, improvements in the patient waiting area and staff conduct. These steps had not addressed all areas of lower patient satisfaction.
- PPG members and staff we spoke with told us that they had explored a number of ways to increase PPG members. The practice was asking patients for their email address in order to set up a virtual PPG.
- The practice valued feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, the practice listened to the nursing team and allowed nurses to develop a pathway which receptionists followed when booking patients into the baby clinic.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment How the regulation was not being met: The registered person did not establish a process for ensuring the practice responded appropriately and in good time to people's changing needs. For example, system to enable regular reviews of unplanned admissions or readmissions had not been established. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. How the regulation was not being met: The registered person did not establish or operate effective systems or processes. For example, oversight of actions to address areas of lower performance; for example, in relation to patient satisfaction and areas of high exception reporting was not effective. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.