

Causeway Green Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Causeway Green Surgery on 27 September 2017. Overall the practice is rated as good.

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.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- 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.
- Results from the national GP patient survey was in line with local and national averages and showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. The practice was aware of lower scores and was exploring ways to improve.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.
- The practice had adjusted its premises as far as practicable to enable access to those who had difficulties with their mobility.
- 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 provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Consider how patients with hearing impairments could be better supported.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The documents we reviewed, showed there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved. Patients were referred to the end of life hub who took over the management of these patients.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice similar to local CCG and national averages for several aspects of care. However, its achievement for questions related to the nurse was slightly below local and national

Summary of findings

averages. The practice explained that a new nurse had been recruited and changes had been made to the practice which contributed to the low achievement. However, the practice expected to see improvement as patients were getting used to the positive changes implemented.

- Information for patients about the services available was accessible.
- New patients were given a pack with details of services as well as how to complain if they were unhappy with the service.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. The practice was responding to patient feedback to ensure confidentiality during consultation.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. It was participating in the CCGs Primary Care Commissioning Framework (PCCF) to offer a range of services to enhance patient care.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and new patients joining the practice received a pack that included a leaflet on the complaints process. We reviewed three examples of complaints which demonstrated that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. We saw examples where processes were put in place to mitigate identified risks.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We saw an example where the practice complied with this requirement.
- The management and provider encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice had established the patient participation group following take-over of the practice from the previous provider and we saw that the practice engaged with the group.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. For example, the practice had identified approximately 147 elderly patients of which 123 had their elderly assessments completed. Care plans were discussed with patients and where appropriate, their carer's and included aims and objectives.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice had seven patients who were housebound and it had carried out home visits to all patients as required.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life and referred them to the CCGs palliative care hub.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Access to services, including flexible appointment times and same day telephone consultation were available for this age group.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. Management staff took on the lead role to co-ordinate and review achievement of targets.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 96%. This was above the local CCG average of 91% and the national average of 91%.
- The percentage of patients newly diagnosed with diabetes, on the register, in the preceding 12 months who had a record of

Summary of findings

being referred to a structured education programme within 9 months after entry on to the diabetes register was 100%. This was above the local CCG average of 90% and the national average of 92%. The exception reporting was 0%.

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- Longer appointments and home visits were available when needed.
- For convenience the practice offered a range of services in-house to support the diagnosis and monitoring of patients with long term conditions such electrocardiographs (ECGs), at the practice.
- All patients with a long term condition 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. We saw that a process was put in place to review the recall processes regularly to minimise the risk of any missed reviews.
- 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.
- Relevant patients were also signposted to patient groups and supported to access a support network.

Families, children and young people

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

- The documents we reviewed showed the practice had 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.
- The practice held bi-monthly meetings with health visitors and Safeguarding Team (Children & Adults). There were registers in place and patients on this register were discussed.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice provided support for premature babies and their families following discharge from hospital. The practice held baby clinics and weekly child health surveillance clinics.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice had made reasonable adjustments following an access audit.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online. The practice was part of a hub working arrangement (CCG initiative) and patients could access appointments after working hours Monday to Friday between 6.30pm and 8pm. Weekend access was also available.
- There was a text messaging reminder in place to ensure patients attended their appointment.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good



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

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

Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was above the local CCG average of 84% and the national average of 84%. The exception reporting was 14% which was above the local CCG and national average of 7%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months was 100%. This was above the local CCG average of 91% and the national average of 89%. The exception reporting at 6% was below the local CCG average of 15% and the national average of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2017. The results showed the practice was generally performing in line with local and national averages. Of the 372 survey forms that were distributed, 117 were returned. This represented 5% of the practice's patient list.

- 73% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 65% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Patients said that the all staff were excellent and that the doctors listened to them and their family members.

The practice was taking part in the NHS Friends and Family Test (FFT) and we saw that 85% of the feedback received from 34 responses recommended the practice.

We spoke with seven patients during the inspection. Almost all patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider how patients with hearing impairments could be better supported.

Causeway Green Surgery

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 CQC inspection manager.

Background to Causeway Green Surgery

Causeway Green Surgery provides NHS services to the local community in Oldbury, West Midlands. The practice has an approximate patient population of 2300 and is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Causeway Green Surgery is registered with the Care Quality Commission (CQC) to provide primary medical services. The current provider registered with the CQC in October 2016. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

Based on data available from Public Health England, the levels of deprivation (deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Causeway Green Surgery are below the national average, ranked at three out of 10, with 10 being the least deprived.

The practice staffing comprises of one lead GP (male), two regular locum GPs (one male and one female), a practice nurse and a healthcare assistant. The GP, business manager and the practice manager form the practice management team and were supported by a team of administration and reception staff.

The practice is open between 8am to 6.30pm Monday to Friday. The practice is part of hub working arrangement (organised by the CCG) and patients could access care between 6.30pm and 8pm. Saturday (9am to 12pm) and Sunday (10am to 2pm) access was also available.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by the external out of hours service provider.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 27 September 2017. During our visit we:

Detailed findings

- Spoke with a range of staff including the healthcare assistant, the practice manager; the business manager as well as other administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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).
- From the sample of seven 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, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, following a query by a patient the practice documented the query as a significant event. It also treated the query as a complaint and discussed learning at the team meeting. The practice also wrote to the patient following an investigation with truthful information and a written apology. Where relevant the practice also shared incidents with external stakeholders such as the CCG using an electronic system.
- 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 examples of latest medicine alerts and evidence of searches that were carried out on the patient record system. Actions were documented and there was evidence that alerts were discussed in meetings.

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. The practice had carried out an audit using the Royal College of General Practitioners (RCGP) toolkit which assists the use of relevant legislation when promoting good care for adults at risk of harm, or those lacking the capacity to make decisions for themselves.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs, the practice nurse and the healthcare assistant (HCA) were trained to child protection or child safeguarding level three. Administration staff were trained to level two. Notices in the waiting room and surgery doors advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken recently and the CCG IPC team were due to visit the practice to review the audit.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. There was a list of patients on high risk medicines and this was being managed and reviewed by a designated staff member.
- Repeat prescriptions were signed before being issued to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical

Are services safe?

commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw audits carried out by the CCG medicines optimisation team which demonstrated improvements in meeting CCG targets for prescribing of some medicines.

- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed three 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 was a designated fire marshal within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated 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 patients. The practice used a yearly planner to document practice meetings, multidisciplinary meetings, CCG learning days as well as holidays to help with planning of the rota. Some staff worked part time and there was scope for them to cover other staff. The provider owned another practice and could access staff if required. For example, the practice manager, business manager and the secretary worked between both sites.

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 was 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.
- 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 including suppliers and other external organisations such as the CCG and Public Health England (PHE). The business continuity plan was available off-site to the GP, practice manager and the business manager. The practice had an agreement with another local surgery to use their premises in the event of an emergency.

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.

- The practice had systems to keep all clinical staff up to date. The provider owned another local surgery and worked closely with another provider who ran three other practices. All the GPs from the five sites met monthly to discuss/review complex cases, new guidance, medicines and any other relevant updates. We saw evidence that guidance in relations to sepsis was discussed during the previous month's meeting. External speakers such as consultants from the hospital were also invited to these meetings.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw links on the computer system to guidelines.

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 were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%.

Before the inspection we saw that the practice was an outlier for one QOF indicator (Osteoporosis, secondary prevention of fragility fractures) where the achievement was 0%. However, on the day of the inspection the practice told us that this was an IT issue and the practice was able to demonstrate that patients were being managed appropriately. Generally, the practice achievement for QOF was at or above average compared to the CCG and national average.

Data from 2015/16 showed:

- Performance for diabetes related indicators was higher compared to the CCG and national averages. The practice achievement was 95% and the CCG average

was 88% and the national average was 90%. A Diabetic Specialist Nurse a held clinics for more complex cases bi-monthly. This was as part of the Diabetes Inpatient Care and Education (DICE) programme, a CCG funded area of enhanced care.

- Performance for mental health related indicators was higher compared to the CCG and national averages. The practice achievement was 99% and the CCG average was 92% and the national average was 93%.

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits commenced in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an anticoagulation audit found that 11 patients were offered treatment. However, two patients should have been offered the treatment but were not. A re-audit found that all relevant patients were on anticoagulation treatment.

Information about patients' outcomes was used to make improvements such as:

There was a team approach to monitor performance which was led by the business manager. The business manager told us that there was a planned approach to the management of patients with long term conditions. The business manager scheduled reviews of patients such as those with learning disability between September and December as many of these patients were eligible for the influenza vaccine so could be addressed in one visit. Staff were given lead areas for recalling patients for review and this was formally monitored quarterly. The business manager told us that they rewarded (incentivised) staff for performance in this area.

The management team explained that the practice had been taken over from a previous provider and they wanted to implement systems to ensure that an effective and quality service was being delivered. They showed us evidence where electronic alerts on the patient record system such those related to future reviews or blood tests were also documented on a spreadsheet by staff members. This was then reviewed monthly and actions documented. The management team explained that they wanted to add an extra layer of safety and effectiveness in their approach

Are services effective?

(for example, treatment is effective)

to clinical management of patients. This was also in part due to learning from a significant event that had occurred before the current provider had taken over (but investigated by the current team).

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 used regular locums and there was a locum pack available.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, there was a training matrix for each staff which was monitored to ensure staff were up to date with their training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The practice could demonstrate that staff who administered vaccines were 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 and reviews. For example, the practice nurses consultations were audited quarterly reviewing appropriateness of referral, patient detail such as age and ethnicity and if consent had been obtained before treatment. 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.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

Evidence we looked at showed that all results were being processed on a daily basis. For example, the practice had identified approximately 147 elderly patients of which 123 had their elderly assessments completed. Care Plans were discussed with patients and their carer's with aims and objectives.

- We looked at the urgent two weeks referral process and saw that this was managed effectively. Patients who did not attend appointments were telephoned to encourage attendance. We looked at a referral letter which contained adequate information.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw that the practice had raised a significant event following discharge of a patient from hospital. The practice had requested confirmation from the hospital in regards to the dose of a medicine the patient was prescribed as they believed it was incorrect. Meetings took place with other health care professionals on a bi-monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. There was a list of patients on palliative care and the practice referred these patients to the CCGs palliative care hub who took over management.

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.
- The process for seeking consent was monitored through patient records audits. For example, quarterly audit on the practice nurses consultation was carried out which included obtaining consent.

Are services effective?

(for example, treatment is effective)

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:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. For example, 20% of those offered smoking cessation stopped smoking.
- A monthly obesity/weight management clinic was held at the practice. This was a CCG initiative.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. 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 as a result of abnormal results.

The practice's uptake for the cervical screening programme was 82%, which was above the CCG average of 79% and the national average of 81%. On the day of the inspection the practice was able to demonstrate further improvement; we looked at the current practice achievement which was 86%. However, this was unpublished and unverified data.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example,

- 39% of patients were screened for bowel cancer in the last 30 months which was below the CCG average of 45% and comparable to the national average of 58%
- 74% of females aged 50-70 years were screened for breast cancer in the last 36 months (three year coverage) which was above the CCG average of 66% and the national average of 73%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, the practice showed us the rates for the vaccines given to under two year olds which was well above the 90% target. Vaccines given to five year olds were also comparable to local CCG and national averages. However, this was unpublished and unverified data.

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. Although we were unable to hear conversations taking place in the consultation rooms during the inspection the practice received feedback from patients that they could overhear some discussions during consultation. We saw evidence that the practice had responded and had obtained quotes from contractors for soundproofing of the room.
- 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. There was a room available for this purpose next to the waiting area.
- The practice had a dignity and respect policy and a patient charter was in place. The patient charter explained what patients could expect from the practice and patient responsibilities towards their care. The practice provided all new patients with a patient pack, which included the charter.

All of the 40 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.

We spoke with seven patients including one member of the patient participation group (PPG). They 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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses were not significantly different to the local CCG and national averages. For example:

- 86% of patients 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%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 80% and the national average of 86%.
- 80% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 79% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 85% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared with the CCG average of 82% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey 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. For example:

Are services caring?

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 76% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 82% and the national average of 85%.

The practice was aware of the lower survey score for nurse consultations. There were new staff in post and the practice had also implemented dedicated clinics for the nurse rather than ad-hoc clinics and the practice felt that some patients were getting used to this change. The practice had carried out its own survey which showed that overall patients felt that the service was improving and the practice expected this to be reflected in the national GP patient survey.

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. Patients were also told about multi-lingual staff who might be able to support them. The practice manager was trained in British Sign Language (BSL).

- The Choose and Book (NHS e-Referral) service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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 40 patients as carers (2% of the practice list). The practice had a carers pack and also signposted patients to online resources such as the route2wellbeing web portal providing a detailed guide to local voluntary and community health and care services available locally. Carers were also offered the flu vaccination and health checks. In the last 12 months 26 carers had been offered health checks and 25 had taken up the offer (one declined). One carer had been referred to specialist services for further help and support.

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 and/or by giving them advice on how to find a support service.

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 was participating in the CCGs Primary Care Commissioning Framework (PCCF) to offer a range of services to enhance patient care.

The practice was located in an area of high deprivation. The practice was aware that some patients had issues of alcohol and drug dependence and told us that they offered support to these patients during consultations by signposting to other services and resources such as the route2wellbeing web portal.

- The practice was part of four GP hubs in the CCG (organised by the CCG) and patients could access extended hours appointments at these sites Mondays to Friday between 6.30pm and 8pm. Saturdays 9am to 12pm and Sundays 10am to 2pm. This was launched in September 2017.
- 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 took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. The practice referred patients to the CCG palliative care hub who took over management of these patients. The practice planned to identify patients with severe long term conditions and complex cases so that they could also be referred where appropriate and receive co-ordinated care.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- The practice had interpreting service to ensure it was accessible for those that did not have English as a first

language. There was no hearing loop and the practice explained that they did not have patients who were hard of hearing. However, the practice manager was trained in British Sign Language (BSL) and could translate if required.

- The practice had carried out an access audit and had installed a ramp at the rear of the surgery.
- For convenience, patients could access electrocardiographs (ECGs) at the practice. The ECG service was part of the PCCF arrangement with the CCG.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice was part of four GP hubs in the CCG (organised by the CCG) and patients could access extended hours appointments at these sites Mondays to Friday between 6.30pm and 8pm. Saturdays 9am to 12pm and Sundays 10am to 2pm. The practice offered a mix of pre-bookable and on the day appointments. The practice had carried out missed appointments (DNA) audit and had reduced the number of pre-bookable appointments. Most appointments were available on the day.

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

- 75% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the local CCG average of 60% and the national average of 71%.
- 73% 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 76% and the national average of 84%.
- 71% of patients said their last appointment was convenient compared with the CCG average of 72% and the national average of 81%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 49% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

Patients were able to discuss their medical condition with the GP on the telephone which allowed for an informed decision to be made on prioritisation according to clinical need.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its 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.

- We saw that information was available to help patients understand the complaints system. There as a complaints leaflet available and new patients were given a pack which also contained the leaflet on the complaints procedure.

We looked at three complaints received between April and September 2017 and saw that they were satisfactorily handled, dealt with in a timely way with openness and transparency.

Lessons were learned from individual concerns and complaints and action was taken to improve the quality of care. For example, as a result of a patient query the practice had raised a significant event as well as a complaint. It was investigated by the practice and the findings of the investigation were communicated to the patient and learning had been implemented. We saw evidence that complaints were a standing item in the bi-monthly practice/clinical meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Management staff explained that following their takeover from the previous provider their focus was to improve the practice and raise standards in line with their expectations. The practice had recruited a new nurse and had implemented systems and processes to improve safety, for example, through better monitoring of the recall system. The practice had carried out renovation of the practice and purchased new equipment such as an ECG machine.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There was a business manager who had some responsibilities such as finance, contracts and performance management of the practice. They supported the practice manager in their day to day management of the practice.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. The business manager was able to demonstrate how they reviewed practice QOF achievement quarterly. They also told us that they offered incentives to staff to improve performance. Practice meetings were held bi-monthly which provided an opportunity for staff to learn about the performance of the practice. There was a small team and the practice combined both clinical and practice meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had implemented a process to check that patients were being recalled appropriately as it had identified this as a

risk following a patient query. The practice had carried out home visits to all (seven) patients (this year) registered as housebound to ensure their needs were being met.

- Minutes of a meetings looked at demonstrated that the structure of these meetings allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the management team and the GP were able to demonstrate they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. This was demonstrated with the changes that had been made since the provider had taken over the practice.

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 practice management encouraged a culture of openness and honesty. From the sample of complaints and significant incidents 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. Staff members who had worked for the previous provider told us that they had seen positive changes to the practice since the takeover.

- The practice held a range of multi-disciplinary meetings including meetings with district nurses 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 records we looked at demonstrated this.
- 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

Are services well-led?

Good 

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

supported in doing so. Management staff told us that they had made arrangements for staff to celebrate the success and improvements that had been made since the takeover. An external venue had been booked for this for December 2017.

- Staff said they felt respected, valued and supported; and all staff were involved in discussions about how to run and develop the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- The practice had established a patient participation group (PPG) since it had taken over from the previous provider and held three meetings so far. Minutes of meetings we looked at showed that the practice involved the PPG and shared relevant information and invited feedback on proposals to improve practice. A PPG member we spoke with on the day of the inspection also confirmed this.
- The practice had a comments/suggestions box and we saw that seven suggestions had been received in June

2017. One of the suggestions was to improve soundproofing in the consultation room and this was being actioned. The practice had an electronic system which allowed two way electronic communications through text message. Patients could also give suggestions/feedback using a text messaging system and took action where appropriate. We saw evidence that discussion of all patient feedback was a standing agenda item in the minutes of meetings.

- The practice had carried out a patient survey between December 2016 and March 2017 using questions from the national GP patient survey. We looked at the analysis of the survey which demonstrated that the practice had identified areas of improvement (where relevant) and actioned these. Comments from patients also showed that they felt the practice was also making improvements following changes made by the new provider.
- The practice also reviewed feedback from the NHS choices website, documented these as complaints and discussed any learning at the bi-monthly meetings. We saw that the practice always responded to all feedback received through the NHS choices website.