

# The Acocks Green Medical Centre

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Acocks Green Medical Centre on 4 May 2016. Following that inspection the overall rating for the practice was requires improvement. The full comprehensive report for the May 2016 inspection can be found by selecting the 'all reports' link for The Acocks Green Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken to follow up progress made by the practice since the inspection on 4 May 2016. It was an announced comprehensive inspection on 11 January 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had been proactive in responding to the findings of the previous CQC inspection to improve the service delivered. We found significant improvements had been made since the inspection in May 2016.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patient outcomes were mostly in line with CCG and national averages with the exception of diabetes and cervical screening.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients were able to obtain appointments when needed with urgent appointments available the same day. The appointment system had been reviewed leading to an increase in available appointments.
- 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Continue to improve the uptake of cervical screening and identify how uptake of national screening programmes for breast and bowel cancer may be improved.

- Review systems to improve outcomes for patients with diabetes.
- Review registration with CQC to ensure it is current and correct.

**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 practice had made significant improvements since our previous inspection in May 2016 in relation to staffing, recruitment processes, prescription safety and business continuity.
- There was an effective system in place 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 received an opportunity to discuss incidents and received an apology as appropriate.
- The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had made improvements since our previous inspection in May 2016 in relation to staff training and support. They were able to demonstrate improvements in the quality of cervical screening samples through action taken as well as improvements of uptake of screening.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with CCG and national average for most areas. Although, lower for diabetes and cervical screening uptake.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Although, we were unable to verify the training for one of the GP partners who worked one session per week.
- 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.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with and in some areas higher than others for various aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- Practice staff reviewed the needs of its local population and engaged with their local Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients were satisfied with the appointment system and able to make an appointment when they needed one. There had been a review of the appointment system leading to an increase in available appointments. Urgent appointments were available the same day and appointments secured for the practice's most vulnerable patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

**Good**



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice had been proactive in responding to the findings of the previous CQC inspection to improve the service delivered.
- Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported service delivery. This included arrangements to monitor and improve quality and identify risk.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# 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



- The practice offered proactive, personalised care to meet the needs of the older people in its population and provided support to patients in several local care homes.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered telephone requests for prescriptions for those who were elderly or housebound. An electronic prescription service was also available.
- The practice offered flu and shingles vaccinations to relevant patients in this population group.
- The practice worked within a multi-disciplinary team to discuss and plan the care needs of the most vulnerable patients including those with end of life care needs.

### 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 chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported outcome data for patients with diabetes was below the CCG and national average overall (80% compared with the CCG average of 91% and national average of 90%). The practice was aware and identified challenges relating to the population served. They were aware this was an area they needed to focus on. Other long term conditions such as chronic obstructive pulmonary disease, asthma and hypertension showed patient outcomes in line with the CCG and national averages.
- Longer appointments and home visits were available when needed.
- Those with long term conditions were offered 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.

# Summary of findings

- For convenience patients could access some diagnostic and screening services from the practice such as phlebotomy, electrocardiographs (ECGs) and ambulatory blood pressure monitoring.

## Families, children and young people

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

- The practice told us that families were their largest population group and the practice had a higher than average number of patients aged 0 to 4 years at 7.8% compared to the CCG average of 6.9% and national average of 5.9%.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Nationally reported immunisation rates for 2015/16 showed the practice was not achieving national standards for the under two year olds standard childhood immunisations but was for 5 year olds. The latest data from the practice for 2016/17 (un-validated) showed standards had already been met for the latest reporting year.
- Uptake for the cervical screening programme (2015/16) was at 59% which was below the CCG average of 79% and national average of 81%. The lower than average uptake was identified at our previous inspection. There was no recently published data on this but un-validated data available from the practice for 2016/17 showed the practice was currently achieving an uptake of 61% with over two months of the year still to go. The practice had introduced opportunistic screening to try and improve uptake.
- Appointments were available outside of school hours and the premises were suitable for children and babies with baby changing facilities available.
- The practice held child health surveillance clinics and post natal reviews. The midwife ran two clinics weekly at the practice.

Good



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

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

Good





# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended opening hours between 7am and 8.10am on a Wednesday morning for patients who worked.
- The practice was proactive in offering online services (for booking appointments and repeat prescriptions). Information on accessing this was displayed in the practice.
- The practice offered a range of health promotion and screening that reflects the needs for this age group. This included NHS health checks.
- The practice used text messaging to help remind patients of their appointments and for ease of cancelling.
- The practice offered travel vaccinations on the NHS.

## People whose circumstances may make them vulnerable

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 for example, those with a learning disability and with caring responsibilities.
- Alerts on the patient record system ensured staff were aware of patients who needed additional support.
- The practice was actively able to offer longer appointments for their most vulnerable patients. Two double appointments were reserved each week for this purpose.
- Annual health checks were offered to patients with a learning disability. Since our previous inspection number of health checks carried out had increased from 21% to 40%.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Information was available in the waiting area and on the practice website to support patients and carers on how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice hosted weekly sessions with the Citizens Advice Bureau.

Good



# 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).

- Nationally reported data for 2015/16 showed that 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG and national average 84%.
- The practice told us that they could refer patients to the Alzheimer's Society support workers who were able to provide advice and social support to patients diagnosed with dementia and their families.
- Support locally available for patients with dementia and their carers was displayed in the waiting area.
- National reported data for 2015/16 showed 89% of patients with poor mental health had comprehensive, agreed care plan documented, in the preceding 12 months which was comparable to the CCG average 88% and national average 89%.
- There were systems in place to follow up patients that attended A&E with poor mental health.

Good



# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 367 survey forms were distributed and 88 (24%) were returned. This represented 1.9% of the practice's patient list.

- 64% of patients found it easy to get through to this practice by phone compared to the CCG average of 61% and national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 69% and national average of 76%.

- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards and spoke to a member of the practice's patient participation group (PPG). Patients were positive about the standard of care received from staff. They described staff as caring and said that they were treated with dignity and respect.

# The Acocks Green Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Acocks Green Medical Centre

The Acocks Green Medical Centre is part of the NHS Birmingham Cross City 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.

The Acocks Green Medical Centre is registered with the Care Quality Commission to provide primary medical services. 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.

The practice is located in a converted house adapted for the purposes of providing primary medical services. Based on data available from Public Health England the practice is located in an area with higher levels of deprivation than the national average. The practice population is predominantly younger than the national average and also ethnically diverse. The registered list size is approximately 4,700 patients.

The practice is open between 9am and 1pm and between 2pm and 6pm Monday to Friday, with the exception of Wednesday when the practice closes at 1pm for the afternoon. Appointment times vary between the clinicians but are usually between 9.30am and 12.30pm and between 3.50pm and 6pm. Extended opening hours are available Wednesday mornings 7am to 8.10am. When the practice is closed during the day and from 6.30pm to 8am patients receive primary medical services through an out of hours provider (BADGER). The practice has opted in to provide out of hours and has extended cover through membership with BADGER.

The practice has three GP partners (all male). The principal GP undertakes eight clinical sessions a week at the practice. One of the partners is on a sabbatical and not actively working at the practice and the other is working one session each week with the view to retirement. The practice employs two regular long term locums (male and female). Other staff include two practice nurses (both female), one of which is an independent prescriber employed on a long term locum basis. In addition there is an Advanced Nurse Practitioner who regularly works at the practice on a locum basis. There is also a practice and business manager and a team of admin and reception staff.

The practice's CQC registration certificate lists only two partners and does not include the regulated activities of maternity and midwifery services. We have discussed with the practice the need to review their current registration and submit as appropriate relevant applications to ensure their registration is correct.

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of The Acocks Green Medical Centre on 11 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

The practice was previously inspected by CQC in May 2016 and rated requires improvement overall. The practice was found to be in breach of regulations 17 (good governance), 18 (staffing) and of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection was undertaken to follow up progress made by the practice since this inspection.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the CCG to share what they knew. We carried out an announced visit on 11 January 2017. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the principal GP, locum GPs, a practice nurse, the practice and business managers as well as administrative/reception staff).
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Observed how people were being cared for.

- Spoke with a member of the practice's Patient Participation Group (PPG).
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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

**At our previous inspection on 4 May 2016, we rated the practice as requires improvement for providing safe services as the practice did not have effective arrangements in place to manage risks in relation to staffing and recruitment, prescription stationery and business continuity.**

**The practice had taken action and these arrangements had significantly improved when we undertook a follow up inspection on 11 January 2017. The practice is now rated as good for providing safe services.**

### Safe track record and learning

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

- Staff we spoke with were aware of the reporting systems for recording incidents.
- 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).
- Practice staff discussed with us examples of incidents and told us of situations in which they had invited patients in to discuss issues that had arisen.
- The practice had reported five incidents over the last 12 months. We looked at some of these in detail and found that they were well documented with learning evident.
- Incidents and safety alerts were discussed as a standing agenda items at clinical meetings.

The practice had effective systems in place for the management of safety alerts received such as those from the Medicines and Healthcare Products Regulatory Agency (MHRA). These were shared with staff who signed to say they had seen them. Records were maintained of alerts received and action taken in response.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Safeguarding policies were accessible to all staff and there was a lead member of staff for safeguarding. Contact information was also available for relevant agencies responsible for investigating safeguarding concerns. Staff demonstrated they understood their responsibilities and were able to tell us about examples and provide documentary evidence where concerns had been raised and of appropriate action taken in response. With the exception of one GP partner (who worked one session per week) training records showed staff were up to date with safeguarding training for children and vulnerable adults relevant to their role. Staff told us they had been unable to get an update on this. We saw that all the other GPs were trained to child protection or child safeguarding level 3. An alert on the patient record system ensured clinical staff were aware at the point of contact if a patient was at risk.

- Notices were displayed throughout the practice which advised patients that chaperones were available if required. Staff who acted as chaperones had received training for the role. At our previous inspection in May 2016 not all staff who acted as a chaperone had received a Disclosure and Barring Service (DBS) check or had been risk assessed. At this inspection we saw that staff were now all DBS checked. (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 visibly clean and tidy and some refurbishment of the premises had taken place. Cleaning schedules were in place for the cleaning of the practice and clinical equipment. Staff had access to appropriate hand washing facilities and personal protective equipment. The practice had a lead nurse responsible for infection control and policies were in place to support staff. Practice managers told us that the CCG lead had undertaken an infection control training session with staff within the last 12 months. The CCG had also undertaken an infection control audit in December 2016 and the practice had scored 93%. The action plan had only recently been received so progress to date was limited. However, the practice was able to tell us about some of the actions taken to date.

## Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Since our previous inspection in May 2016 the practice had improved the security of prescription stationery and maintained records of prescriptions allocated to staff and printers. Prescriptions awaiting collection were checked regularly and all seen had been produced in the last month. Staff told us that any uncollected prescriptions were documented in the patient's records and destroyed. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We saw evidence of appropriate monitoring of patients on high risk medicines.
- At our previous inspection in May 2016 we found that appropriate recruitment checks were not in place for all staff. At this inspection we reviewed the personnel files for three staff (one clinical and two administrative members of staff). We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representative for the practice. The practice had undertaken risk assessments in relation to the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and asbestos risk assessment.
- The practice had up to date fire risk assessments. We saw evidence that fire equipment had been serviced within the last 12 months and that the fire alarm was regularly tested. Evacuation procedures were displayed in the practice and a fire drill recently carried out.

- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. This had been carried out within the last 12 months.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. At our previous inspection in May 2016 there was a lack of clarity in relation to the staffing of the practice. At this inspection the leadership team told us that they had reviewed staffing based on the needs of the practice and tasks required. The administrative team roles had been more clearly defined and staff rota put in place. The practice had also been recruiting additional staff including a secretary, health care assistant and increasing the use of long term locums to provide additional capacity.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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.
- Staff received annual basic life support training. However, managers were unable to verify the training for one of the GP partners where training information was missing.
- The practice had a defibrillator available on the premises and oxygen. We saw evidence of checks undertaken to ensure they were in working order.
- 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.

At our previous inspection in May 2016 we were told of an incident in which business continuity arrangements had not been effectively implemented. At this inspection we saw that the practice had reviewed this incident as a significant event and discussed the business continuity plan with staff to ensure they were aware. We saw that the business continuity plan was comprehensive and provided guidance for managing major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy was kept off site.



# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection on 4 May 2016, we rated the practice as requires improvement for providing effective services as nursing staff did not receive appropriate support, supervision or ongoing training to carry out all the roles and responsibilities they were employed to perform.**

**These arrangements had significantly improved when we undertook a follow up inspection on 11 January 2017. The provider is now rated as good for providing effective services.**

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice made use of templates for patients with long term conditions to ensure consistency in care.
- The practice received peer support as part of its improvement plan enabling the sharing of best practice.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 for 2015/16. This showed the practice had achieved 93% of the total number of points available, which was comparable to the CCG and national average of 95%. Overall exception reporting by the practice was 6% compared to the CCG and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators was 80% which was below the CCG average of 91% and national average of 90%. The practice was aware this was an area that they needed to improve on and explained that the data reflected difficulties in reaching some of the local population despite the recall systems in place. The practice also had a higher prevalence of diabetes than the CCG and national average and had lower exception reporting across all diabetic indicators.
- Performance for mental health related indicators was 95% which was higher than the CCG average of 92% and national average of 93%.

There was evidence of quality improvement including clinical audit.

- The practice shared with us two full cycle medicines audits that had been completed in the last 12 months. These were both CCG led medicines audits for antibiotics and inhaled corticosteroids. The practice was able to demonstrate changes and improvements as a result of these audits.
- Data available nationally showed the practice's antibiotic prescribing was lower than CCG and national averages.
- The practice had undertaken an appointment accessibility audit and had increased the availability of appointments through the recruitment of a long term locum GP and Advanced Nurse Practitioner.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. At our previous inspection in May 2016. We identified issues relating to the support, supervision and ongoing training of nursing staff to effectively carry out all roles and responsibilities they were employed to perform. For example, nursing staff had not received timely cervical screening updates and had no clinical input into their appraisals. At this inspection we saw nursing staff had received cervical screening update training within the last six months and input from the principal GP into the appraisal process. As part of the practice's improvement programme staff had also received peer support through the CCG. Training records had been improved so that it was easier to monitor staff training received.



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This was role specific. We spoke to one recently recruited member of staff who told us that they had felt supported during their induction.
- There was a locum pack available to support GPs working on a temporary basis.
- 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. Staff we spoke with told us that the practice was supportive of training and that they had protected learning time for this.
- 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. However, we noticed that there was no record of training for one of the GP partners for core training such as safeguarding and basic life support.

### 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. At the time of the inspection we saw that the practice was up to date in acting on information received.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and we saw evidence of this. There were also systems in place for following up patients who had an unplanned admission to hospital.

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. Multi-disciplinary team meetings took place every two to three months to discuss the practice's most vulnerable patients, such as those with end of life care needs or those at risk of harm.

### 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. Information relating to the mental capacity act was displayed in the clinical rooms for staff reference.
- Staff also understood relevant guidance in relation to capacity to consent when providing care and treatment for children and young people. The right for children to speak in confidence and consent to treatment where they have the capacity to do so was recognised in the practice leaflet.
- Practice staff told us how they had been involved in best interest decisions within a multi-disciplinary team setting.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition.

- Patients requiring lifestyle support were referred to or signposted to local services available.
- The practice displayed a range of health promotion information for patients. A practice newsletter had been introduced and used to promote events such as flu clinics.
- The practice website provided links to various sources of health information and further support.

This practice was an outlier for patient uptake of cervical screening (2015/16 data). This was also identified at our previous inspection in May 2016 (2014/15 data).

The practice's uptake for the cervical screening programme (2015/16) was 59%, which was below the CCG average of 79% and the national average of 81%. However, it was slightly higher than the previous year (2014/15) when the practice uptake was 55%. The practice also shared with us their latest data which showed uptake for 2016/17 at 61% with two months of the year left. We asked staff about the action they were taking to improve cervical screening uptake. Staff told us that they were offering cervical screening opportunistically when eligible patients attended the practice for other reasons. The practice was also promoting the cervical screening programme through information displayed and through the practice newsletter. There were plans to run a cervical screening awareness event at the practice.

# Are services effective?

(for example, treatment is effective)

There were failsafe systems in place 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.

At our previous inspection in May 2016 we also found that the practice had a high rate of inadequate samples for cervical screening. The practice had taken action to improve this which included the retraining of practice nurses, monthly monitoring of the inadequate rates and peer support from another practice. It was suggested that the inadequate rates might be due to the gel used during the procedure which they stopped using. Data from the hospital laboratory showed a reduction in inadequate rates. For example, between 1 April 2015 and 31 March 2016 the inadequate rate was 10.4% and between 1 April 2016 and 30 September 2016 had reduced to 5.5%.

The uptake of national screening programmes for bowel and breast cancer screening was lower than the CCG and national averages. For example,

- 58% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 69% and the national average of 72%.
- 40% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 50% and the national average of 58%.

The practice had tried to encourage patients to attend breast screening through breast screening awareness events held at the practice and information displayed in the practice promoting the service. We saw that reception staff had information to help give advice and support to anyone who might ask about the breast screening programme.

Data available for 2015/16 on childhood immunisation rates for vaccinations given to under two year olds averaged at 84% which was below the national standards of 90%. Childhood immunisation rates for the MMR vaccinations given at 5 years were comparable to the CCG and national averages.

The practice shared with us their latest immunisation data for under two year olds which showed an improved performance. Progress to date for 2016/17 showed the practice was achieving the 90% standard for immunisations given.

The practice had a higher than average number of patients aged 0 to 4 years at 7.8% compared to the CCG average of 6.9% and national average of 5.9%. The practice told us that they had increased childhood clinics to respond to this need.

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.

# Are services caring?

## Our findings

**At our previous inspection on 4 May 2016 the practice was also rated as good for providing caring services.**

### Kindness, dignity, respect and compassion

We observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice had a license to play music on the premises to help minimise the risks of patients being overheard at reception.
- Since our previous inspection administrative staff told us that they had received customer services training.
- The practice team had produced a newsletter to keep patients informed about events in the practice as well as information about new staff and appointments.

Feedback we received from patients through the 15 Care Quality Commission comment cards and from the member of the practice's patient participation group (PPG) was very positive about the service experienced. Patients said the practice staff were caring and friendly. That they were treated with dignity and respect.

Results from the national GP patient survey also showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 92%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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

Feedback received from patients through the CQC comment cards told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to. The practice had personalised care plans in place for patients for some of their most vulnerable patients for example, those at risk of unplanned admissions and dementia.

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 above local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- A notice was displayed in reception advising patients that they could request information in various formats if required for example, large print, easy read and braille.

## Are services caring?

### **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.

At our previous inspection in May 2016 the practice was unable to tell us how many patients were on the carers register. At this inspection the practice told us that there were 46 patients (approximately 1% of the practice population) identified as carers on the practice list. The practice had made improvements to the information available to carers. We saw that in the waiting area there was a dedicated carers' board with a range of information

displayed to direct them to various avenues of support available. Carers' information was also available to take away. This included support for young carers and those caring for people with poor mental health. Practice staff told us that patients identified as carers would be eligible for priority appointments and would be offered flu vaccinations. The practice had made use of text messages to try and further identify carers.

Staff told us that if families had suffered bereavement, the practice would contact them to offer condolences and advise of support available. Practice staff were aware of local counselling and bereavement services available which they could refer to. Information was also available on the practice website on bereavement support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 4 May 2016 the practice was also rated as good for providing caring services.**

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation.

- The practice offered extended opening hours on a Wednesday morning 7am to 8.10am for working patients and those who could not attend during normal opening hours due to other commitments.
- Since our previous inspection the practice held two double (longer) appointments dedicated for vulnerable patients. These were released to all patients as same day appointments if not needed.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day urgent appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities available. Since our previous inspection in May 2016 signage had been put up to alert patients of a side entrance they could use for easier access.
- A hearing loop and translation services were available for those who needed them.
- Baby changing facilities were available,
- For convenience patients could access services such as phlebotomy (blood taking), electrocardiographs (ECGs) and ambulatory blood pressure monitoring from the practice.
- The Citizens Advice Bureau ran weekly sessions from the premises providing advice on a range of issues,

### Access to the service

The practice was open between 9am to 1.00pm and between 2pm and 6pm Monday to Friday, with the exception of Wednesday when the practice closed at 1pm

for the afternoon. Appointments varied between the clinicians but were usually between 9.30am and 12.30pm and between 3.50pm and 6pm most days. Extended opening hours were available on a Wednesday morning between 7am and 8.10am. When the practice was closed during the day and from 6.30pm to 8am patients received primary medical services through an out of hours provider (BADGER). The practice had opted in for providing out of hours services and received extended services as a member of BADGER for cover during core hours.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, same day appointments were available including urgent appointments for people that needed them. We saw information displayed promoting online services for making appointments.

Results from the national GP patient survey (published in July 2016) showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 64% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 69% and national average of 76%.

We saw on the day of our inspection that the next available routine GP appointment was within six working days (with same day appointments due for release after 12pm on the day). The next nurse appointment was within 15 working days and phlebotomy (blood taking) appointment within 14 working days. Of the 15 CQC comment cards received only one patient raised waiting times for an appointment as an issue.

Since our previous inspection the practice had reviewed and audited their appointments. The audit showed a 23% increase in the ratio of patients to GPs or independent prescribers following changes to clinical staffing.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

# Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated lead responsible for handling complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A complaints leaflet which informed patients of the complaints process was available to take away from the reception desk. The leaflet contained details advising patients of expected timescales and what to do if they are unhappy with the practice's response.

Prior to the inspection the practice sent us a summary of the complaints received during 2016 of which there were nine. We looked at some of these in details and found that they had been satisfactorily handled, dealt with in a timely way and with openness.

At our previous inspection in May 2016 the practice only recorded formal complaints. At this inspection we saw both formal written and verbal complaints were recorded to help identify any themes or trends. These were well documented. We saw that there had been an annual review of complaints received with evidence of learning and an apology to patients given as appropriate.



# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 4 May 2016, we rated the practice as requires improvement for providing well-led services as risks were not consistently well managed.**

**These arrangements had significantly improved when we undertook a follow up inspection on 11 January 2017. The provider is now rated as good for providing well-led services.**

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff demonstrated that they knew and understood the values.
- The practice had clear plans for the future of the service which they shared with us.
- Following our previous inspection in May 2016 the practice had been proactive in making improvements in the delivery of the service. They had sought and received support from the CCG peer support programme and Royal College of GPs to help improve the practice.
- The practice had signed up to the voluntary CCG General Practice Improvement programme (a 12 week programme which started in December 2016).
- The practice was also in the process of joining 'Our Health Partnership'. Our Health Partnership is a group of over 30 local practices working together to help respond to the changing demands faced by GP practices.
- The principal GP told us that space was the main issue with the practice. There had been plans in place to extend the premises so that they could increase the services available but funding had not been secured to take this forward in the near future.

### 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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. A review of staff roles had helped clarify staff roles and responsibilities and additional staffing needs.
- Locum staff were offered extra time for additional non-clinical work.
- Practice specific policies were implemented and were available to all staff via their computers.
- A comprehensive understanding of the performance of the practice was maintained. We saw evidence of action taken in response to areas that were performing below CCG and national averages.
- We saw evidence of audit used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We saw incidents, safety alerts and complaints were regularly discussed at clinical meetings to help improve the safety of the practice.

### Leadership and culture

During our inspection the leadership of the practice (consisting of the principal GP and the two managers) demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The practice had made significant improvements since our previous inspection. They had been proactive in seeking help and advice in making the changes needed and receptive to the support and advice given. The leadership team demonstrated enthusiasm and a desire to deliver changes to improve the service patients received.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice gave affected people opportunities to discuss incidents when things went wrong and offered an apology as appropriate.

We saw that the practice had been very open and honest about their previous CQC inspection. Ratings from the May 2016 CQC inspection were clearly displayed in the practice and the practice website offered patients an opportunity to discuss their concerns as a result of the CQC findings.

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

# Are services well-led?

Good 

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

- Staff we spoke with told us that the leadership team was supportive and approachable. They told us that they felt the changes made to the way they worked had made the practice more effective.
- Staff told us the practice held regular team meetings and that these included locum staff. Meetings were well documented.
- Staff described an open culture and they had the opportunity to raise any issues with the leadership team and felt confident in doing so.

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

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

- The practice gathered feedback from patients through the patient participation group (PPG) and were making

efforts to expand the group and get more patients involved. There were approximately 15 to 20 members, some of which preferred to communicate via email. To encourage new members the practice held health promotion and educational talks for example on breast screening. They were also currently exploring an online forum for patients to engage. We saw that the practice had responded to patient feedback for example, through changes to the appointment system and use of messaging service. The practice had recently undertaken an in-house patient survey but had yet to take action on this.

- Staff we spoke with told us that the practice was welcome to new suggestions. One member of staff told us how they had suggested and made changes to the system for giving travel vaccinations. Although, this didn't work as expected and the system was changed back the practice demonstrated a willingness to listen and try out suggestions to improve the service.