

# Malling Health @ Great Bridge

## Quality Report

18 Charles Street  
West Bromwich  
Birmingham  
B70 0BF  
Tel: 0121 612 3650  
Website: [mhgreatbridge.co.uk](http://mhgreatbridge.co.uk)

Date of inspection visit: 6 January 2017  
Date of publication: 18/04/2017

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

### Ratings

|  |      |   |
|--|------|---|
| Overall rating for this service            | 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

## Contents

### Summary of this inspection

|   | Page |
|---|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 4    |
| The six population groups and what we found | 7    |
| What people who use the service say         | 10   |
| Areas for improvement                       | 10   |

### Detailed findings from this inspection

|   |    |
|---|----|
| Our inspection team                         | 11 |
| Background to Malling Health @ Great Bridge | 11 |
| Why we carried out this inspection          | 11 |
| How we carried out this inspection          | 11 |
| Detailed findings                           | 13 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Malling Health Great Bridge on 6 January 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 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.
- Exception reporting for the Quality Outcomes Framework was high in some areas compared to the CCG and national averages.

- 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.
- 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 patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The practice should continue to take action to address the lower than average ratings in the national GP survey.
- The practice should continue to review their systems to monitor and improve the higher than average exception rates for QOF performance indicators
- The practice should consider how they can improve the uptake for national screening programmes

# 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



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning were maximised and learning was based on analysis and investigation.
- When things went wrong patients received 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 in place to keep patients safe and safeguarded from abuse. The practice held regular safeguarding meetings with health visitors
- Risks were well managed and recognised as the responsibility of all staff.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 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.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff members throughout the practice had lead roles across a range of areas and were committed to working collaboratively.
- The practice employed a specialist nurse for the management of patients with ear, nose and throat problems (ENT).
- There was evidence of appraisals, personal development plans and succession planning 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



- Results from the national GP patient survey July 2016 showed areas for improvement, for example, some patients felt they

# Summary of findings

were not treated with compassion, dignity and respect. The practice had developed an action plan to address the issues raised. The practice had undertaken an in house patient survey that demonstrated some improvements in these areas

- Information for patients about the services available was easy to understand and accessible.
- We saw staff that reception were helpful to patients and maintained patient confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Clinical staff carried out home visits for patients that would benefit from these.
- All routine patient appointments times were 12 minutes long, urgent appointments were available the same day. Longer appointments were available for 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.
- The practice were proactive in taking action to improve areas in the national GP survey that were below the local and national average.

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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.

Good



# Summary of findings

- The QOF exception reporting for the practice was high compared to the local and national average. The practice were unable to articulate the reason for this and did not demonstrate that action had been implemented to ensure appropriate patient outcomes.
- Throughout our inspection we received positive feedback from staff who spoke highly of the culture of the practice and were proud to be part of the practice team.
- 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 previously did not have a patient participation group (PPG) but had actively recruited and the first meeting was planned for January.

# 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was responsible for three nursing homes and one residential home and the advanced nurse practitioner visited the homes daily.

Good



### People with long term conditions

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

- Performance for diabetes related indicators was 100%, with exception reporting of 33% compared to the CCG average of 11% and a national average of 12%.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators was 100%, with exception reporting of 23% compared to the CCG average of 15% and a national average of 13%.
- The practice were unable to articulate the reason for the high exception reporting. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- 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.

Good



# Summary of findings

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 95% and five year olds from 79% to 93% compared to the CCG average of 86% to 94% and a national average of 88% to 94%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 83%, with exception reporting of 5% compared to the CCG average of 9% and a national average of 6%.

## **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).

- The practice was proactive in offering a full range of health promotion and screening that reflected the needs of this age group.
- 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.
- Appointments could be booked over the phone, face to face and online. The practice offered extended opening hours on Wednesdays, Thursdays and Fridays.

**Good**



## **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 including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Good**





# Summary of findings

- 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.

## 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).

- Performance for mental health related indicators was 88.5% which was below the CCG average of 92% and the national average of 93%, with exception reporting of 22% compared to the CCG average of 13% and a national average of 12%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on July 2016. The results showed areas where the practice was performing below local and national averages. There were 362 survey forms distributed and 80 were returned. This represented a 22% response rate

- 50% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and a national average of 73%.
- 69% 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 75% and a national average of 85%.
- 70% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and a national average of 85%.

- 54% 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 64% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were all positive about the standard of care received. For example, patients said the staff were always very helpful and supportive.

We spoke to three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice did not have a patient participation group (PPG), however they had worked to recruit members and a meeting was planned for January 2017.

## Areas for improvement

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

- The practice should continue to take action to address the lower than average ratings in the national GP survey.
- The practice should continue to review their systems to monitor and improve the higher than average exception rates for QOF performance indicators
- The practice should consider how they can improve the uptake for national screening programmes

# Malling Health @ Great Bridge

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Malling Health @ Great Bridge

Malling Health Great Bridge provides primary medical services to approximately 4,000 patients and is located in Birmingham. The practice population group who are aged between 25 years to 39 years is larger than the national average. Information published by Public Health England rates the level of deprivation within the practice population group as two; on a scale of one to ten, with level one representing the highest level of deprivation. Malling Health is part of Integral Medical Holdings (IMH) in 2014

Services to patients are provided under an Alternative Provider Medical Services (APMS) contract. This is a contracting route available to Primary Care Organisations (PCOs) to commission or provided primary medical services within their area to the extent that they consider it is necessary to meet all reasonable requirements.

Great Bridge practice works closely with a neighbouring practice within IMH. The lead GP, practice manager and assistant practice manager work across both sites. There were two salaried GPs, one female physicians associate, an

advanced nurse practitioner and a healthcare assistant. The lead GP and the practice manager form the management team and they are supported by the assistant practice manager, reception and secretarial staff.

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

Appointments are available from:

8.15am to 5pm, Mondays and Tuesdays

9am to 6pm on Wednesdays

9.30am to 8pm Thursdays

9am to 8pm Fridays

When the practice is closed the out of hour's provision is provided by Prime Care.

## 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 January 2017. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager and reception staff. We also spoke with patients who used the service.
- We observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- The practice had an open and transparent approach to reporting incidents. Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. 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).
- We viewed a log of five significant events that had occurred during the last 12 months. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received 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 hospital appointment the patients medication was changed by the practice, however the wrong prescription was sent to the pharmacy, the error was identified and rectified. The issues was discussed at the practice clinical meeting. The practice manager carried out a thorough analysis of the significant events.

The practice effectively monitored MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, patient safety and medicines alerts. These alerts were forwarded by the practice manager to all staff. The practice manager determined who should initiate the necessary actions. And maintained records of all alerts received, with any actions taken and when the actions were completed. We saw evidence that a recent medical alert had been responded too. Significant events, safety and medicines alerts were a regular standing item on the clinical meeting agendas. We saw minutes of meetings which demonstrated this and staff told us how learning was shared during these meetings.

### 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, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurses were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- We observed the premises to be visibly clean and tidy. We saw cleaning records and completed cleaning specifications within the practice.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- The practice manager was the infection control lead, with support from the practice nurse. They liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.
- Annual infection control audits were undertaken, the most recent audit had been completed in September 2016. We saw evidence that action was taken to address any improvements identified as a result.
- 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). The

## Are services safe?

vaccination fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with national guidelines.

- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medicines remained relevant to their health needs and kept patients safe. For example, we reviewed a sample of records for patients receiving Methotrexate, these had been reviewed six monthly by the GP and action taken as clinically appropriate.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific direction from a prescriber.
- We reviewed the process for the prescribing of high risk medicines and checked a sample of prescriptions which indicated that systems were in place to ensure appropriate monitoring and follow up.
- We reviewed four personnel files and 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 staff and patient safety. There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises.
- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills

- There were records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to demonstrate that clinical equipment was checked and working properly.
- All electrical equipment was checked to ensure the equipment was safe to use. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice used independent self-employed locum GPs when required.

### 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.
- Records showed that all staff had received training in basic life support.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit 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 in place for major incidents such as power failure or building damage. The plan was located in reception the practice manager kept a copy off site. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### 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 people's needs. Clinical meetings were used as an opportunity to discuss new guidance that had been received.

### 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 for 2015/16 were 99.5% of the total number of points available. However the practice had a high rate of, exception reporting at 24%, 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.

- Performance for diabetes related indicators was 100% which was above the CCG average of 89% and national average of 90%, with exception reporting of 33% compared to the CCG average of 11% and a national average of 12%.
- Performance for mental health related indicators was 88.5% which was below the CCG and national average, with exception reporting of 22% compared to the CCG average of 13% and a national average of 12%.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators was 100% which was above the CCG and national average of 96%, with exception reporting of 23% compared to the CCG average of 15% and a national average of 13%.

- Performance for patients diagnosed with Dementia was 100% which was above the CCG and national average of 97%, with exception reporting of 12% compared to the CCG and national average of 7%.

We discussed the areas where exception reporting was higher than local and national averages. The practice were unable to articulate the reason for this.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits completed in the last two years, six of these were completed audits where the improvements made were implemented and monitored. For example, the practice had reviewed the number of patients with potential undiagnosed diabetes. Patients identified were followed up and a diagnosis was made, following which they were started on relevant medication and given dietary advice the reduced the numbers by 60.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice had introduced Skills for Health Training for healthcare assistants, the aim was to enable greater consistency in knowledge and skills. The practice nurse had completed a diploma in asthma and had attended additional study days for the management of long term conditions.
- Staff were given particular areas of focus as part of their roles, for example, to monitor and improve uptake of baby immunisations and communicate with the child health team.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.



# Are services effective?

## (for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses.
- 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.

### Coordinating patient care and information sharing

The practice had systems to plan and deliver care and treatment. 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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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 evidence that joint formal multi-disciplinary meetings took place every four to six weeks and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision making requirements, staff had received training on the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care and treatment was unclear the GP or nurse assessed the patient's capacity and where appropriate, recorded outcomes of the assessment.

### Supporting patients to live healthier lives

The practice's exception reporting for the review of patients with long term conditions was higher than the local and

national average. The nurse reviewing patients with long term conditions was trained to undertake these reviews. A range of information about health promotion and prevention services was available to patients in the waiting area and practice leaflet. These referred to local services including weight management, smoking cessation, sexual health and family planning.

The practice's uptake for the cervical screening programme was 83% compared to the CCG average of 80% and national of 82%, with exception reporting of 5% compared to the CCG average of 9% and a national average of 6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and the nurse proactively educated patients opportunistically. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National cancer data 2015/16 indicated that the breast cancer screening rates for 50 to 70 year olds was 60% compared to the CCG average of 69% and a national average of 72%. Bowel cancer screening rates for 60 to 69 year olds was 41% compared to the CCG average of 50% and a national average of 58%. There was a policy to send letters to patients to encourage attendance for screening and the nurse proactively educated patients opportunistically.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 95% and five year olds from 79% to 93% compared to the CCG average of 86% to 94% and a national average of 88% to 94%.

When registering new born babies the practice made appointments for immunisations and provided reminders.

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



# Are services effective?

(for example, treatment is effective)

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- We observed throughout the inspection members of staff were courteous and very helpful to patients, both at the reception and on the telephone.
- 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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were all positive about the standard of care received. For example, patients said the staff were always very helpful and supportive.

Results from the national GP patient survey July 2016 showed areas for improvement, for example, some areas patients felt they were not treated with compassion, dignity and respect.

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 65% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and a national average of 85%.

However results for the nurse and reception staff were comparable to the national survey, for example,

- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and a national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

The practice were using locum GPs to cover a long term absence and had identified that there were inconsistencies in approach and ownership and patients were being referred back to the salaried GPs. The practice manager had discussions with the locum agencies and secured a long term locum GP. The survey results were discussed at the weekly team meetings and process changed, for example, regular attendee patients were assigned to the salaried GPs and appointment times were increased from 10 to 12 minutes.

The practice conducted an in-house patient survey in September in order to monitor improvements, 46 replies were received that demonstrated improvements. For the question relating to, enough time given by the GP the scores were 82% positive, confidence in the GP, was 91% and treating patients with care and concern was 85%.

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

Results from the national GP patient survey showed areas for improvement in relation to questions about patients involvement in planning and making decisions about their care and treatment. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and a national average of 82%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and a national average of 85%.

## Are services caring?

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.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 59 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them, the practice provided flu vaccines for carers and hold coffee mornings.

Staff told us that if families had suffered bereavement, the practice send 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 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 offered extended opening hours on Thursday and Friday evenings until 8pm and on a Wednesday until 6pm. This benefitted working age patients who could not attend during normal opening hours.
- All patients had 12 minute appointments, this was implemented following results from the national GP survey, and longer appointments for patients with a learning disability. The practice maintained a register of patients with learning disabilities, there were four patients registered (approximately 0.1% of the practice list).
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided care to 134 patients in three care homes and one residential home. The advanced nurse practitioner visited daily. The practice manager had worked with the care homes to improve the triage process and reduce the number of call outs.
- Same day appointments were available for children and those patients with medical needs who required same day consultations.
- Patients were able to receive travel vaccinations available on the NHS. For those only available privately patients were referred to other clinics.
- There were accessible facilities for patients with a disability, a hearing loop, breast-feeding room and translation services available. Two members of staff were due to attend a deaf awareness course.
- The practice employed an ear, nose and throat (ENT) specialist nurse one day a week. Patients were also referred from external GP practices. On average 16 patients were seen each week.

### Access to the service

The practice is opened between 8am to 6.30pm Mondays, Tuesdays and Wednesdays and 8am to 8pm, Thursdays and Fridays.

Appointments were available from:

8.15am to 5pm, Mondays and Tuesdays

9am to 6pm on Wednesdays

9.30am to 8pm Thursdays

9am to 8pm Fridays

When the practice was closed the out of hour's provision was provided by Prime Care.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and a national average of 76%.
- 50% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and a national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

To improve the attendance at appointments and reduce the number of patients who did not attend their appointments (DNAs), the practice displayed this information in reception reminding patients of the importance of keeping or cancelling appointments.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated lead for complaints. We saw that information was available to help patients understand the complaints system and posters were displayed in the waiting area.

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at nine complaints received in the last 12 months and found that these were dealt with in a timely

way with openness and transparency. All complaints were logged and analysed. We saw that lessons were learnt from individual concerns and complaints and action was taken to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to improve the health, well-being and lives of patients cared for, which they shared with us during the practice presentation. Staff were aware of the practice's vision and values. The practice had a strategy and business plan for 2016/17, this set out the aims for service development and on-going initiatives.

### 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.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had high exception reporting for QOF data. We discussed the areas where exception reporting was higher than local and national averages. The practice were unable to articulate the reason for this and did not demonstrate that action had been implemented to ensure appropriate patient outcomes.

### Leadership and culture

Great Bridge practice worked closely with a neighbouring practice within IMH. The lead GP, practice manager and assistant practice manager worked across both sites. The practice had regional support from IMH.

On the day of inspection staff told us they prioritised safe, high quality and compassionate care. Staff told us the clinicians were approachable and always took the time to listen to all members of staff, all staff spoke highly of the practice manager who was fairly new in post.

The practice do not initially have a patient participation group (PPG). However, they had proactively recruited, and held an awareness day and as a consequence six patients had agreed to join and a meeting was planned for 25 January 2017.

The provider was aware of and complied 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 GPs and management team encouraged a culture of openness. The practice had systems in place 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 leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the practice manager. All staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service, for example, changes made following responses to the national GP survey. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. The practice did not have a PPG, however they had recently proactively recruited some members. The practice had undertaken an in-house patient survey that had demonstrated improvements following the national GP survey ratings.