

Dr Shamim Sameja

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 first inspected, Dr Shamim Sameja's surgery on 13 October 2016 as part of our comprehensive inspection programme. The overall rating for the practice was inadequate. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Dr Shamim Sameja's surgery on our website at www.cqc.org.uk. During the inspection, we found the practice was in breach of legal requirements and placed into special measures. This was because appropriate processes were not in place to mitigate risks in relation to the safety and quality of the services offered. Following the inspection, the practice wrote to us to say what they would do to meet the regulations.

This inspection, was an announced comprehensive inspection, carried out on 17 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We found effective clinical and managerial leadership had been implemented and significant improvements had been made to the concerns raised at the previous inspection and as a result of our inspection findings the practice is now rated as Good.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Since the previous inspection, an effective system had been implemented to ensure all incidents were acted on and learning shared with all staff members. The practice carried out an analysis of each event with a documented action plan.
- At this inspection, we found that all staff had received an appraisal and development plans were in place. A training matrix had been introduced following our previous inspection to monitor staff training and ensure all staff had received the appropriate training relevant to their role.

Summary of findings

- At this inspection, we found staff had undertaken clinical coding training and systems were now in place to ensure all urgent referrals were coded appropriately and followed up to ensure patients referrals had been acted on.
- At this inspection, we saw evidence to confirm that staff had received chaperone training and appropriate checks with the disclosure and barring service (DBS).
- A comprehensive business continuity plan had been implemented since the previous inspection so all staff were aware of the procedures to follow if a major incident occurred.
- The practice had implemented a system to record staff immunisation status and vaccinations since our October 2016 inspection.
- The management team had started holding team meetings and clinical staff meetings on a monthly basis which were minuted to ensure all staff were kept up to date with changes within the practice.
- At our previous inspection, we were told that patient feedback was not sought and there was no patient participation group. At this inspection, we found a patient participation group had been set up and meetings were being held monthly.
- Following our previous inspection, the practice recruited two new managers. Staff we spoke with told us they felt supported by management and were positive about the changes that had been implemented since our previous inspection.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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?

At our previous inspection, we rated the practice as inadequate for providing safe services as some areas relating to the management of risk needed improving. These arrangements had significantly improved when we undertook a follow up inspection on 17 July 2017.

- At this inspection, staff understood and fulfilled their responsibilities to raise concerns and report incidents. The practice operated an effective system for reporting and recording significant events. The practice carried out analysis of each incident and documented action plans.
- Since our previous inspection, staff had received the appropriate infection control training relevant to their role and immunisation status and vaccination records were now in place for all staff.
- Risk relating to major incidents had been mitigated and a business continuity plan introduced. The business continuity plan had been given to each staff member to keep off site in the case of an emergency.
- At this inspection, we found that all staff had received a disclosure and barring service (DBS) check, as well as completed relevant training. The practice updated their chaperoning policy which included recommended guidelines to enable staff to carry out the role effectively.
- The practice had clearly defined and embedded systems and processes to minimise risks to patient safety and had an effective process in place for monitoring and actioning safety alerts.
- Staff demonstrated they understood their responsibilities regarding safeguarding and all had received training on safeguarding children and vulnerable adults relevant to their role. There was an open culture in which all concerns raised by staff were valued and used for learning and improvement.

Good



Are services effective?

At our previous inspection, we rated the practice as requires improvement for providing effective services as some areas regarding staff training; support and systems for communicating within the practice needed improving. These arrangements had significantly improved when we undertook a follow up inspection on 17 July 2017.

Good



Summary of findings

- At this inspection, we saw evidence to confirm that staff had received the appropriate training to enable delivery of effective care and treatment. Staff had received appraisals and personal development plans had been completed for all staff members since our previous inspection.
- At this inspection, we found that the staff had undergone further training to support effective clinical coding of two week wait referrals and clinical registers.
- Since the previous inspection, we saw evidence to confirm that regular meetings were being held on a monthly basis.
- Quality and Outcomes Framework (QOF) data showed patient outcomes were at or above average compared to local and national average. The practice used this information to monitor performance against national screening programmes and outcomes for patients.
- Clinical audits demonstrated quality improvement and the practice carried out regular audits to monitor patient outcomes.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.

Are services caring?

At our previous inspection, we rated the practice as good for providing caring services. The practice continued to be rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care; this was also reflected at our previous inspection.
- National GP patient survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment and feedback from patients on the day of inspection supported these results.
- Information for patients about the services available was easy to understand and accessible.
- The practice's computer system alerted GPs if a patient was also a carer. The practice engaged with local support groups and all staff completed carers awareness training to increase the number of carers registered at the practice. At this inspection, data provided by the practice showed an increase in the identification of carers. There was carers' information displayed in the waiting room informing patients of local support available and the practice also had trained a member of staff to become a carers' champion.

Good



Summary of findings

Are services responsive to people's needs?

At our previous inspection, we rated the practice as good for providing responsive services. The practice continued to be rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Results from the national patient survey showed 82% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 71%.
- The practice had taken part in the village carnival with local support organisations to promote health awareness and to offer advice and support to patients and the local community in a variety of areas, including carers' advice and national screening programmes.
- Patients could access appointments and services in a way and at a time that suited them; this included by telephone, online and face to face, with urgent appointments available the same day and late evening appointments available one evening a week.
- Information about how to complain was available and evidence we reviewed showed the practice responded quickly to issues raised. Improvements were made to the quality of care as a result of complaints and concerns. Complaints were shared with staff at monthly meetings.

Good



Are services well-led?

At our previous inspection, we rated the practice as inadequate for providing well led services as clinical and managerial leadership was not effective and some areas of the practice governance arrangements needed improving. These arrangements had significantly improved when we undertook a follow up inspection on 17 July 2017.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Since the previous inspection, the practice implemented a mission statement which was on display on all staff noticeboards to ensure staff were aware of the vision of the practice and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by the new management team. Staff we spoke with told us positive changes had been implemented since the last inspection, this included staff development and systems for maintaining staff wellbeing.
- At this inspection, we saw evidence to confirm that various monthly meetings governed by a standing agenda items were taking place which staff were able to contribute too.
- Since our previous inspection, we found an overarching governance framework had been implemented to support the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Policies had been reviewed and were now accessible to all staff on the practice computer system.
- During this inspection we found that systems to monitor staff training needs had been introduced. Development needs were effectively monitored through appraisals and staff were encouraged to complete courses such as medical terminology to further their knowledge and expertise.
- Following our previous inspection, the practice had set up a patient participation group and monthly meetings were being held to discuss patient feedback and further improve satisfaction.

Summary of findings

The six population groups and what we found

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

Older people

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The clinical team and practice managers had completed end of life care training to support patients and their families.
- Documentation provided by the practice showed patients on the palliative care register were discussed at monthly meetings and their care needs were co-ordinated with community teams.

People with long term conditions

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. The latest published QOF results (2015/16) showed performance for diabetes related indicators was 100% which was higher than the CCG and national average of 96%. Exception reporting rate was 12% which was comparable to the CCG and national average of 13%.
- Patients with long-term conditions received annual reviews of their health and medication. 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. We saw evidence that meetings were held every month.
- The practice ran anti-coagulant clinics (clinics to monitor patients taking blood thinning medicines) on a weekly basis for the practice patients.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- A diabetic specialist nurse held clinics every two weeks at the practice to support patients with complex diabetic needs.

Summary of findings

Families, children and young people

Good



- 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 accident and emergency (A&E) attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, the midwife held ante-natal clinics once every two weeks.
- Childhood immunisation rates were high for all standard childhood immunisations. There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice's uptake for the cervical screening programme was 80% which was comparable to the national average of 81%. Exception reporting rate was 3% which was lower than the CCG average of 7% and the national average of 6%.

Working age people (including those recently retired and students)

Good



- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours were available every Wednesday evening.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. In January 2017 the practice uptake for online services was at 0.2%. Following a proactive approach to encourage the benefits of using the online facilities the practice had seen an increase to 13% of patients using this service.
- The practice offers NHS health checks for patients aged 40-70 years. Data provided by the practice showed 118 patients had received a health check in the past 12 months.
- The practice nurse ran an in-house stop smoking service for patients and a health trainer was also available to support patients in achieving a healthier lifestyle.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

Summary of findings

People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living with a learning disability, frail patients and those with caring responsibilities and regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments and annual health checks for people with a learning disability. At our previous inspection, we found that patients on the learning disability register had not received an annual review. At this inspection, unverified data provided by the practice showed six patients on the learning disability register and 100% had received an annual health and medication review.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had engaged with local support groups and all staff had completed carers awareness training to increase the number of carers registered at the practice. At this inspection, data provided by the practice showed patients on the practice's register for carers had increased to 1% of the practice list. The practice had trained a member of staff to be a carers' champion.

People experiencing poor mental health (including people with dementia)

Good



- Patients at risk of dementia were identified and offered an assessment. The latest QOF data (2015/16) showed 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%. Exception reporting rate was 0%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The latest published QOF data (2015/16) showed 100% of patients on the mental health register had their care plans reviewed in the last 12 months, which was higher than the national average of 89%. Exception reporting rate was 0%.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia and had completed dementia awareness training.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was performing in line with local and national averages. A total of 302 survey forms were distributed and 107 were returned, this represented 4% of the practice list.

- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.
- 88% of patients described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.
- 86% 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 72% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. Patients told us that staff listened to their needs and excellent care was always provided.

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The latest results of the friends and family test showed 100% of patients were extremely likely or likely to recommend the practice.

Dr Shamim Sameja

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.

Background to Dr Shamim Sameja

Dr Shamim Sameja is located in Pelsall, Walsall an area of the West Midlands. The practice opened in Pelsall Village in 1991 and moved to the current premises in 2012.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract is a nationally agreed contract to provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some enhanced services such as childhood vaccination and immunisation schemes.

The practice provides primary medical services to approximately 2,600 patients in the local community. The practice is run by a lead male GP (provider). The nursing team consists of a practice nurse and a health care assistant. The non-clinical team consists of administrative and reception staff, a practice manager and assistant practice manager. Based on data available from Public Health England, the levels of deprivation in the area served by Dr Shamim Sameja are below the national average ranked at six out of ten, with ten being the least deprived.

The practice is open to patients between 8am and 6.30pm Monday, Tuesday, Wednesday and Friday and 8am to 1pm on Thursday. The surgery contracts an out of hours provider to cover Thursday afternoon. Extended hours

appointments are available 6.30pm to 7.30pm on Wednesday. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. When the practice is closed, primary medical services are provided by Primecare, an out of hours service provider and NHS 111 service.

The practice is part of NHS Walsall Clinical Commissioning Group (CCG) which has 59 member practices. The CCG serve communities across the borough, covering a population of approximately 274,000 people. A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services.

Why we carried out this inspection

We carried out a comprehensive inspection of Dr Shamim Sameja's surgery on 13 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services. We carried out a further comprehensive inspection on 17 July 2017 to ensure improvements had been made and to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 17 July 2017. During our visit we:

Detailed findings

- Spoke with a range of staff including the GP, practice nurse, practice manager, assistant practice manager, reception and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

- Is it well-led?

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Are services safe?

Our findings

At our previous inspection, on 13 October 2016 we rated the practice as inadequate for providing safe services as areas relating to the management of risk needed significant improvement. We found that the practice had not assured themselves that staff had the necessary skills and knowledge for the management of infection control and we found there was no register of staff immunisations in place. The provider was unable to demonstrate that following an incident an investigation was completed and actions were taken to mitigate the risk of further occurrence.

These arrangements had significantly improved when we undertook a follow up inspection on 17 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- At this inspection, we found the practice carried out a thorough analysis of all significant events and these were discussed with staff at monthly practice meetings. All significant events were recorded to ensure appropriate action was taken and learning was shared with staff to minimise further risks.
- From the seven documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support and information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Staff we spoke with were able to explain processes in place to minimise risks to patient safety, this included systems in place to ensure compliance with alerts received from central alerting system (CAS) and alerts from the Medicines

and Healthcare products Regulatory Agency (MHRA). All alerts were discussed at monthly clinical meetings. For example, searches had been carried in response to an MHRA alert regarding Sodium Valproate (a medicine used to treat epilepsy and bipolar disorder and to prevent migraine headaches) and the links to pregnant women. Patients on the medicine were reviewed by the GP and offered advice and support to ensure compliance with recommended guidelines.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GP and practice nurse were trained to child safeguarding level three. The health care assistant had received child safeguarding level two and non-clinical staff were trained to level one child safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. At the previous inspection we found that staff who carried out chaperone duties had not received the appropriate training, had not had a risk assessment completed in the absence of a disclosure and barring (DBS) check. At this inspection, we found all staff had received a DBS check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw that staff had completed the relevant training to enable them to carry out their role effectively and the chaperone policy had been updated.

The practice maintained appropriate standards of cleanliness and hygiene.

Are services safe?

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place and staff had access to appropriate hand washing facilities and personal cleaning equipment.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and since the last inspection, where we found some staff had not received up to date training, the practice had introduced a training matrix to ensure all staff had received the appropriate training relevant to their role. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit had been completed in November 2016 and the practice had achieved 94%. An action plan was in place which identified that the examination couches needed to be cleaned after each patient had been examined. We saw evidence to confirm that this had been actioned.
- We found at the previous inspection that there was no register of staff vaccinations or records of staff immunisation in place. At this inspection we found immunisation status and vaccination records were now in place for all staff.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits with the support of the local clinical commissioning group pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing. For example: Data provided by the practice showed patients in receipt of methotrexate (Methotrexate is a medicine used in the treatment of rheumatoid arthritis) were up to date with all relevant reviews. The practice carried out monthly review of patients on high risk medicines to identify patients who required a follow up.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

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

Monitoring risks to patients

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

- There was a health and safety policy available and regular risk assessments were carried out. Since the previous inspection, the practice had introduced a daily walk around checklist which was completed before the practice opened to patients to ensure more effective control of hazards.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan in place.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. The last review of equipment had been completed in December 2016.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. A rota system was in place to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

Are services safe?

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The provider was able to demonstrate how they dealt with a recent emergency in the practice and the positive

outcomes a patient had had, due to prompt action of the staff. Since this event, the practice had introduced quarterly cardiac arrest training to ensure all staff remained aware of the procedures to follow.

- 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 implemented a comprehensive business continuity plan for major incidents such as power failure or building damage since the last inspection. The plan included emergency contact numbers for staff and a copy of the plan was kept off site by each staff member.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 13 October 2016, we rated the practice as requires improvement for providing effective services as some areas regarding staff training; support and systems for communicating within the practice needed improving. We found staff had not received regular appraisals and coding errors did not demonstrate effective reviews of patients.

These arrangements had significantly improved when we undertook our inspection on 17 July 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 (2015/16) were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. Exception reporting was 5% which was lower than the CCG average of 8% and the 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 92% which was comparable to the CCG average of 93% and the national average of 90%.
- Performance for mental health related indicators was 100% which was higher than the CCG average of 94% and the national average of 93%. Exception reporting rate was 0%, which was lower than the CCG average of 6% and the national average of 11%.
- Performance for COPD related indicators was 100% which was higher than the CCG and national averages of 96%. Exception reporting rate was 11%, which was lower than the CCG and national average of 13%.

There was evidence of quality improvement including clinical audit:

- We saw evidence that four clinical audits had been undertaken in the past 12 months. We reviewed two audits to see what improvements had been implemented. For example, the practice carried out an audit to review patients diagnosed with hypertension had received blood pressure monitoring in the past 12 months. The first audit in July 2016 showed 341 patients diagnosed with hypertension had a blood pressure reading recorded in their clinical records and 66 patients had not had a review. Patients were invited in for a review and at the second audit in October 2016 the number of patients still requiring a blood pressure reading had reduced to 26 patients. The remaining 26 patients were contacted to attend the practice and a further re-audit is planned to ensure patients are attending their appointments.
- The provider had set up a schedule of audits to be carried out through the year; this included a review of the quality of care provided in relation to evidence based guidance. For example, monthly audits were completed for patients taking anti-coagulation therapy to ensure that the relevant blood monitoring had been completed. The latest audit showed patients receiving anticoagulant medicine had all received blood monitoring in the past three months.

Effective staffing

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

- At the previous inspection in October 2016 we found the practice had an induction programme for all newly appointed staff, but did not include health and safety

Are services effective?

(for example, treatment is effective)

or infection control training. At this inspection, we found the practice had reviewed their induction program which now included a comprehensive training programme for all staff.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Since the previous inspection, the practice had introduced appraisals and staff development plans. We reviewed two personnel folders and found that the learning needs of staff had been identified and 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.
- From the documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals every two months when care plans were routinely reviewed and updated for patients with complex needs.

The practice had adopted the National Gold Standards Framework (GSF) to support clinical staff in providing highest possible standard of care for all patients who may be in the last years of life (GSF is a framework used by frontline staff to improve the quality, coordination and organisation of care for people nearing the end of their life). Data provided by the practice showed patients on the practice palliative care register had care plans in place and they were regularly reviewed. We saw evidence to support that patients were discussed at monthly meetings and their care needs were co-ordinated with community teams.

At this inspection, data provided by the practice showed there were six patients on the learning disability register and 100% had care plans in place and 100% had received a medication review. These patients were discussed as part of multi-disciplinary team meetings to support the needs of patients and their families.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- The practice had identified patients who may be in need of extra support, but at the previous inspection we found coding errors did not demonstrate effective reviews of patients. At this inspection, the GP had received further training on appropriate use of coding on the clinical system.
- Patients were signposted to the relevant service advice on their diet, smoking and alcohol cessation.
- A specialist nurse led diabetes clinic was held every two weeks to support patients with complex diabetes.
- The practice offers NHS health checks for patients aged 40-70 years. Data provided by the practice showed 118 patients had received a health check in the past 12 months.
- The practice nurse ran an in-house stop smoking service for patients and a health trainer was also available to support patients in achieving a healthier lifestyle.
- The practice had adopted suggestions of the patient participation group to promote national awareness events within the waiting area. On the day of inspection, we saw information on the latest national awareness event relating to infection in newborn babies.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 81% and the national average of 81%. The exception reporting rate at the practice was 3% which was lower than the CCG average of 7% and the national average of 6%. 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. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the

screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

The uptake of national screening programmes for bowel and breast cancer screening were higher than the CCG and national averages. For example:

- 75% 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 71% and the national average of 72%.
- 61% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 52% and the national average of 58%.

The practice had taken part in the village carnival with local support organisations to promote health awareness, this included national screening programmes. The practice told us they monitored screening uptakes and contacted patients who failed to attend appointments to encourage them to take part in the screening programmes.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than the CCG and national averages. For example, rates for vaccines given to under two year olds were 97% to 100% in comparison to the national average of 90% and five year olds ranged from 94% to 100% in comparison to the national average of 88% to 94%.

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. Data provided by the practice showed 118 patients had received a health check in the past 12 months. 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

At our previous inspection on 13 October 2016, we rated the practice as good for providing caring services. The practice is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 86%.
- 99% of patients said the nurse was good at listening to them compared to the CCG average of 91% and the national average of 91%.
- 99% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

Results for helpfulness of receptionists showed:

- 93% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.

Are services caring?

- 99% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 98% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- A hearing loop was available at the premises which were shared with the other organisations in the building. Patients with hearing difficulties had alerts added to their medical records and practice staff were aware of which patients needed extra support.
- The E-Referral service was used with patients as appropriate. (E-Referral service is a national electronic referral service, which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Since the previous inspection where 14 patients had been identified as carers, the practice staff had completed carers' awareness training and liaised with local support groups to increase the number of carers registered at the practice. At this inspection we found the practice had identified 32 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, the practice sent them a sympathy card and would offer support and advice to the family.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 13 October 2016, we rated the practice as good for providing responsive services. The practice is still rated as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice offered extended hours on a Wednesday evening for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with enhanced needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice held an anti-coagulant clinic every week for patients registered at the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Patients were able to receive travel vaccines available on the NHS and those only available privately were referred to other clinics for vaccines.
- There were accessible facilities, which included baby changing facilities, disabled car parking spaces, disabled toilet and interpretation services were available.
- A portable hearing loop was available within the building and alerts were added to patients medical records and practice staff were aware of which patients needed extra support.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- We saw examples of joint working with midwives and the midwife ran an antenatal clinic once every two weeks.
- The practice offered a variety of services including cervical screening and phlebotomy.
- Other reasonable adjustments were made and action taken to remove barriers when patients find it hard to use or access services. For example, all practice staff had undertaken dementia awareness training.

Access to the service

The practice was open between 8am and 6.30pm Monday, Tuesday, Wednesday and Friday and 8am to 1pm on Thursday. Appointments were available from Monday to Friday 9am to 11.30am and Monday, Tuesday, Wednesday and Friday from 4.30pm to 6.30pm. Extended hours appointments were offered on Wednesday evening from 6.30pm to 7.30pm. In addition to

pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available on the day for people that needed them. Primecare was the out-of-hours (OOH) service provider when the practice was closed.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were higher than local and national averages.

- 87% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 71%.
- 95% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 94% of patients said their last appointment was convenient compared with the CCG average of 78% and the national average of 81%.
- 88% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 61% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and if an urgent appointment was required they had no difficulty in seeing the GP on the day.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system 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.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at four complaints received in the last 12 months and found this had been satisfactorily handled and dealt with in a timely way. Lessons were learned from individual concerns and complaints. Documentation viewed showed that action was taken to improve the quality of care. All complaints were discussed at monthly staff meetings.

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 13 October 2016, we rated the practice as inadequate for providing well led services as clinical and managerial leadership was not effective and there were some significant areas of the practice governance arrangements that needed improving. We found evidence of poor record keeping and the provider had no system to investigate incidents or to

learn from these to prevent events reoccurring. There was no system in place to identify and provide for the training needs of staff and some policies were not in place to support staff to carry out their roles.

Following some changes in personnel and the review and implementation of effective governance arrangements, we found significant improvements when we undertook a follow up inspection on 17 July 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. Since our previous inspection, the practice had implemented a mission statement which was on display on all staff noticeboards to ensure staff were aware of the vision of the practice and their responsibilities in relation to it.

At this inspection, the GP and management team told us that a business plan had been implemented with the practice having joined the local GP federation. A federation is a group of general practices forming an organisation and working together within the local health economy to share responsibility for delivering high quality, patient-focussed services. We spoke with a range of staff who spoke positively about working at the practice and demonstrated a commitment to providing a high quality service to patients. During the inspection, practice staff demonstrated values which were caring and patient centred. This was reflected in feedback received from patients.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The GP and nurse had lead roles in key areas.
- Practice specific policies had been implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Since our previous inspection, the practice had introduced monthly meetings which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the GP and practice managers demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP and managers were approachable and always took the time to listen to all members of staff.

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

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

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

- Since the previous inspection, the practice had recruited two new managers. Staff we spoke with told us they felt

Are services well-led?

Good 

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

supported by management and were positive about the changes that had been implemented since the last inspection, this included improvements within their roles with the implementation of staff reviews and training they had received.

- The practice demonstrated joint working with other health care providers. Members of the management team provided evidence of a range of multi-disciplinary meetings with district nurses, palliative care nurses and the practice clinical team to monitor vulnerable patients.
- Staff told us that monthly staff meetings had been introduced since the last inspection with standing agenda items which provided staff with the opportunity to contribute to meetings. Minutes were comprehensive and were available for practice staff to view.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported and they were involved in discussions about how to run and develop the practice and 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 and staff.

- Since the previous inspection, the practice had set up a patient participation group (PPG). A PPG is a way in which the practice and patients can work together to help improve the quality of the service. At this inspection, we found six patients were actively involved in the PPG and monthly meetings were being held, with minutes of previous meetings available in the waiting room and information on display advising patients when the next meeting was to be held. The group had supported the practice in promoting health awareness at the local village carnival. We spoke with the chair of the group who told us the practice were very supportive and patients were being encouraged to join.
- At this inspection, staff explained that they were now receiving appraisals. Documents provided by the practice showed that appraisal had been carried out and had development plans were in place.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. For example:

- The practice had taken part in local community events and supported local health initiatives.
- The practice had actively encouraged staff development and the practice nurse was currently completing a specialist practice nursing degree at the university.