

OHP-Drs Shah & Partners

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

This inspection was an announced comprehensive inspection, carried out on 18 September 2017. We previously inspected, Dr Shah & Partners, also known as Bordesley Green Surgery on 13 July 2016 as part of our comprehensive inspection programme. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Dr Shah & Partners on our website at www.cqc.org.uk. Since the inspection the provider had joined with Our Health Partnership (OHP) group as a partner. The registered provider is now Our Health Partnership. .

During the inspection in 2016, we found the practice was in breach of legal requirements. This was because appropriate processes were not in place to mitigate risks in relation to the safety 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 to confirm that the practice had carried out their plan to

meet the legal requirements in relation to the breaches in regulations. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We found all risks identified had been mitigated and improvements had been made and as a result of our inspection findings the practice is now rated as good overall.

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

- At this inspection we found the practice had undergone a refurbishment, had reviewed their infection control procedures and had completed an audit and all risks previously identified had been mitigated.
- At the previous inspection the practice did not have an effective legionella risk assessment in place. At this inspection we found a risk assessment had been completed and monthly monitoring of water temperatures was taking place and staff completed training to allow effective monitoring of water temperatures.

Summary of findings

- The practice had actively tried to encourage patients to join the patient participation group and had advertised the group in various languages in the waiting area. Since the last inspection, the practice had held two meetings with patients, with a third meeting planned for October 2017.
- The practice participated in the Birmingham Cross City Clinical Commissioning Group's (CCG) programmes, Aspiring to Clinical Excellence (ACE) at Foundation and ACE Excellence levels which enabled the CCG to work with GPs to develop and deliver improved health outcomes for patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff understood their responsibilities to raise concerns, incidents and near misses and there was a system in place for reporting and recording significant events. Reviews and investigations were discussed with the team at staff meetings to mitigate further risks.
- Patients we spoke with and comments cards we reviewed indicated that patients felt they were treated with compassion, dignity and respect.
- Arrangements were in place to safeguard children and vulnerable adults from abuse, and local requirements and policies were accessible to all staff.
- 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 staff and patients, which it acted on.

There were areas where the practice should make improvements:

- Continue to encourage patients to attend national screening programmes such as bowel cancer screening.

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 requires improvement 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 18 September 2017 and the practice is now rated as good for providing safe services.

- At the previous inspection we found risks associated to infection control which related to the practice premises had not been addressed. At this inspection we found the practice had undergone a refurbishment, had reviewed their infection control procedures and had completed an audit and all risks previously identified had been mitigated.
- The practice did not have an effective legionella risk assessment in place at the inspection in July 2016. At this inspection we found a risk assessment had been completed and we also saw evidence to confirm that monthly monitoring was taking place, with one of the GPs and practice manager having completed training to monitor effectively the recording of temperatures.
- Staff understood their responsibilities to raise concerns, incidents and near misses and there was a system in place for reporting and recording significant events. We found that regular meetings were held to ensure reviews and investigations were discussed with the team to mitigate further risks. Incidents were shared with the local commissioning network during monthly meetings.
- Arrangements were in place to safeguard children and vulnerable adults from abuse, and local requirements and policies were accessible to all staff.

Good



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) 2015/16 showed that patient outcomes were above average compared to the national average. The practice achieved

99% of the total points available in comparison to the national average of 95%.

Good



Summary of findings

- 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 clinical audits demonstrated quality improvement.
- Staff assessed needs and delivered care in line with current evidence based guidance
- Staff had the knowledge and experience to deliver effective care and treatment and staff had received appraisals and personal development plans.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

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

- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

At our previous inspection, we rated the practice as requires improvement for providing responsive services as results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was lower than local and national averages. These arrangements had improved when we undertook a follow up inspection on 18 September 2017 and the practice is now 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.
- The practice understood its population profile and used this understanding to meet the needs of its population. For example, the practice had a higher number of patients with obesity and to support these patients, the practice nurse had completed a diploma in nutrition and offered a weight management clinic.

Good



Summary of findings

- 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.
- The response rate to the national GP patient survey was 14% which represented 1% of the practice population. The practice had carried out an in house survey with the support of the staff who spoke a variety of languages in order to increase patient engagement.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence 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 practice meetings.

Are services well-led?

At our previous inspection, we rated the practice as good for providing well led services. At this inspection, the practice continued to be rated as good for providing well led services.

- The practice had a vision and strategy to deliver quality care and promote good outcomes for patients and had recently joined with Our Health Partnership which was a GP partnership formed of 38 practices in Birmingham, Walsall and Sutton Coldfield, to share expertise as a collective group in order to focus on providing innovative services for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The provider was aware of and complied with the requirements of the duty of candour. The partner s encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured that this information was shared with staff to ensure that appropriate action was taken
- The practice actively tried to encourage patients to join the patient participation group and advertised the group in various languages in the waiting area. Since the last inspection, the practice had held two meetings with patients and a further one was planned in October 2017.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

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 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. This included blood tests and vaccinations for those patients who were unable to attend the practice.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.

People with long term conditions

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice took part in the CCG's Aspiring to Clinical Excellence Foundation and ACE Excellence programmes. This ensured that high standards of chronic disease management were met.
- The practice had commenced a diabetes prevention programme in conjunction with the Clinical Commissioning Group (CCG) to offer advice and support to patients who were at risk of developing diabetes. The practice nurse had also completed a nutrition diploma to offer advice on healthy diet and lifestyle.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi disciplinary package of care. Reception staff tried to book consecutive appointments with a nurse and GP appointments in order to avoid the patient attending twice for a review.
- Longer appointments and home visits were available when needed.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions.

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 A&E attendances.
- Immunisation rates for childhood vaccinations were comparable to CCG and national averages.
- Appointments were available outside of school hours and baby changing facilities were available.
- The practice offered a full range of family planning services, including intrauterine Contraceptive Device (IUCD) and implants.
- We saw positive examples of joint working with midwives and health visitors. Patients accessed antenatal care at the local centre.
- 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 81% which was comparable to the national average of 82%.

Working age people (including those recently retired and students)

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice offered extended hours to suit the working age population, with late evening appointments available once a week.
- The practice offered a latent Tuberculosis (TB) service in conjunction with the clinical commissioning group. The service was offered to patients between the ages of 16 and 35 years of age.
- Patients could sign up to receive text messages for appointment reminders.
- The practice used the electronic prescribing system, so patients could collect their medicines directly from the pharmacist.

Summary of findings

People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and longer appointments were available for vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and signposted patients to relevant services available.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice also worked with health visitors to identify children who may be vulnerable.
- The practice's computer system alerted GPs if a patient was also a carer. Since the previous inspection, the practice had seen an increase in patients on the register from 30 to the current total of 59; this was 2% of the practice list.

People experiencing poor mental health (including people with dementia)

Good



- The latest published data from the Quality and Outcomes Framework (QOF) of 2015/16 showed 100% of patients diagnosed with dementia 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 2.7% which was lower than the national average of 10%.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Data provided by the practice showed 50 patients on the mental health register. QOF data (2015/16) showed 97% of patients on the mental health register had received a care plan in the past 12 months; this was higher than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice offered a range of enhanced services, for example, facilitating timely diagnosis and support for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and a counsellor held weekly sessions at the practice to offer support to patients with mental health needs.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2017. The results showed lower results in comparison to local and national averages. A total of three hundred and eighty survey forms were distributed and 52 were returned. This represented 14% response rate and 1.5% of the practice population.

- 54% of patients found it easy to get through to this practice by phone compared to the CCG average of 59% and the national average of 71%.
- 82% 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 80% and the national average of 84%.
- 64% 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%.

- 55% 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 73% 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 36 comment cards which were all positive about the standard of care received. Comments included staff were polite and approachable, accessing the service was timely and an excellent service was always provided.

We spoke with eight patients during the inspection. The results of the national patient survey were not reflected in the feedback we received. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring and they had no difficulty in getting an appointment. The latest results of the Friends & Family Test showed 100% would recommend this practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to encourage patients to attend national screening programmes such as bowel cancer screening.

OHP-Drs Shah & Partners

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 OHP-Drs Shah & Partners

Our Health Partnership (OHP) - Dr Shah & Partners also known as Bordesley Green Surgery is a practice located in Bordesley Green, an area of the West Midlands.

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

The practice provides primary medical services to approximately 3,300 patients in the local community. In May 2017 the practice joined with Our Health Partnership, a GP partnership formed of 38 practices in Birmingham, Walsall and Sutton Coldfield. The practice staffing comprises of two GP partners (one male and one female). The nursing team consists of one practice nurse (female) and one health care assistant (female). The non-clinical team consists of administrative and reception staff and a practice manager.

The practice has a higher proportion of patients who are children, young people and adults up to the age of 45 years than the national average, with 48% of the practice population being between the ages of 15 years and 44

years of age. The practice is in an area with high levels of social and economic deprivation and based on data available from Public Health England, the levels of deprivation in the area served by the practice are below the national average ranked at one out of ten, with ten being the least deprived. Data provided by the practice shows 41% of the practice population are non-English speaking, in comparison to the national average of 10%.

The practice is open between 9am and 6.30pm Monday to Friday. Appointments are available from 9.30am to 12.10pm on Monday morning and 9.40am to 12pm Tuesday to Friday morning. Afternoon appointments are available from 5pm to 6.30pm on Monday, 4pm to 5.50pm Tuesday to Friday. The practice offers extended hours on Mondays from 6.30pm to 7.30pm. In addition to pre-bookable appointments that can be booked up to six weeks in advance, the majority of appointments are available to book on the day and urgent appointments are also available for people that need them.

The practice has opted out of providing out-of-hours services to their own patients and this service is provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical service. Patients are directed to this service on the practice answer phone message. When the practice is closed, primary medical services are also provided by Badger and NHS 111 service and information about this is available on the practice website.

Why we carried out this inspection

We carried out a comprehensive inspection of Dr Shah & Partners on 13 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement

Detailed findings

for providing safe and responsive services. We carried out a further comprehensive inspection on 18 September 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 and asked other organisations to share what they knew. We carried out an announced visit on 18 September 2017. During our visit we:

- Spoke with a range of staff including the GPs, practice nurse, practice manager and reception/administration staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Observed how patients were being cared for in the reception area and spoke with patients concerning the care they received.
- Looked at information the practice used to deliver care and treatment plans.
- 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

At our previous inspection, on 13 July 2016 we rated the practice as requires improvement for providing safe services as areas relating to the management of risk needed improvement. We found that the provider, at the time of the inspection had not acted on infection control risks identified from an audit in July 2015 that related to the practice premises. Additionally, a legionella risk assessment had not been completed. These arrangements had significantly improved when we undertook a follow up inspection on 18 September 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. 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. The practice also attended local commissioning network meetings every month where learning from events was shared.
- From the four 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.

All safety alerts were received by the practice manager and forwarded on to the clinical team. Records were kept to monitor actions taken and all alerts were discussed on a monthly basis at the practice's business meetings. During

our inspection we found that the practice had received the alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) and had taken the appropriate action.

Overview of safety systems and processes

- 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. 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. Staff had completed training relevant to their role in this area. GPs, the practice nurse and health care assistant were trained to child safeguarding level three.
- There was a notice in the waiting room to advise patients that chaperones were available if required. Staff who acted as chaperones had received the appropriate training. We identified that staff carrying out this role had a Disclosure and Barring Service (DBS) check in place. (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 observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Since the previous inspection, the practice had undergone a refurbishment, had reviewed their infection control procedures and completed an audit. We saw all risks previously identified had been mitigated. The latest infection control audit was completed in April 2017 and the practice achieved 98%.
- At our previous inspection the practice did not have an effective legionella risk assessment in place. At this inspection we found a risk assessment had been completed, monthly monitoring of water temperatures was taking place and one of the GPs and practice manager had completed training to undertake the relevant temperature reviews.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were

Are services safe?

effective (including recording and storing). The practice followed Public Health England guidelines for the recording of vaccination fridge temperatures and had a system in place to monitor these on a daily basis.

- We checked the monitoring of patients prescribed high risk medicines and found the process to be in line with current guidance. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure that prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service and references had been sought.

Monitoring risks to patients

Risks to patients were assessed and appropriately managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and health and safety risk assessments had been completed. The practice had up to date fire risk assessments and we found that fire alarms were tested and fire drills were carried out on a regular basis.
- All electrical equipment was checked to ensure the equipment was safe to use. The latest checks had been

completed in April 2017. We saw that clinical equipment was checked annually to ensure that it was working properly and the last calibration had been completed in July 2017.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had some 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.
- 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.
- 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 at our previous inspection. A copy of the plan was kept off site in the case of an emergency and staff were aware of how to access the plan if required.

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 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) showed the practice had achieved 99% of the total number of points available; this was higher than the national average of 95%. The overall exception reporting for 2015/16 was 2.7% which was lower in comparison to the national average exception reporting 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 QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators was 94% which was comparable to the CCG average of 91% and the national average of 90%. Exception reporting rate was 2.7%, which was lower than the national average of 12%
- Performance for mental health related indicators was 100% which was higher than the CCG average of 92% and the national average of 93%. Exception reporting rate was 2.4%, which was lower than the national average of 11%

- Performance for chronic obstructive pulmonary disease (COPD) indicators was 100% which was higher than the CCG average of 97% and the national average of 96%. Exception reporting rate was 4.2%, which was lower than the national average of 13%.

There was evidence of quality improvement including clinical audit.

- The practice had completed a range of audits through the Aspiring to Clinical Excellence Scheme around prescribing. This included an audit on contraceptive implants insertions to ensure guidelines had been adhered too. The practice reviewed clinical consultation notes of all implants carried out between February 2014 and February 2016. The first audit identified seven patients who had received implants, but the audit highlighted that the documentation of data had been poor. A review was completed of each patient and at the second audit in August 2017 the practice had seen a 100% achievement in the documentation of implants in line with recognised guidelines.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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, fire safety, health and safety, infection control and confidentiality. Every new member of staff was given a copy of the staff handbook in addition to their contract.
- 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 competency. 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.
- Staff learning needs were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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, some care plans, medical records and investigation and test results.
- 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. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. Due to cultural and religious beliefs and the high number of patients who did not speak English, the practice demonstrated how they encouraged uptake of the screening programme by opportunistically screening patients who attended the practice. The staff told us they found this system had been more effective in encouraging patients to have screening as the majority of staff spoke a range of languages which enabled them to offer advice and support to patients. A female sample taker was available and 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. Results were mixed in comparison to the CCG and national averages. For example,

- 72% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 69% and the national average of 72%.
- 25% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 50% and the national average of 58%.

The practice had met with a facilitator from Cancer Research UK in January 2017. The facilitator had held an information session in the waiting room and another one was planned for later in the year. Alerts had been added to patients' records to identify them when they were legible for screening to offer advice and support to patients and encourage them to take part in the screening programme.

Childhood immunisation rates were in line with national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from

Are services effective? (for example, treatment is effective)

91% to 93% in comparison to the national average of 90%. Immunisation rates for five year olds ranged from 90% to 92% which were comparable 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 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities

or risk factors were identified. The practice had identified a higher number of patients with obesity and to support these patients lead a healthier lifestyle, the practice nurse had completed a diploma in nutrition and offered weight management services at the practice.

The practice offered a latent Tuberculosis (TB) service in conjunction with the clinical commissioning group. The service was offered to patients from 16 to 35 years of age who had lived in a country with a high rate of TB.

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.

- 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.

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they were pleased with the service and staff were polite and welcoming and treated them with dignity and respect.

We spoke with eight patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed satisfaction scores for consultations with GPs were lower than the CCG and national averages, but this was not reflected on the feedback we received on the day of inspection from patients. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 86%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

The practice satisfaction scores for consultations with nurses showed:

- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.

The practice satisfaction scores for helpfulness of reception staff showed:

- 67% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice had reviewed the results of the GP patient survey and discussed with the patient participation group (PPG) in order to develop an action plan for improvements. The PPG highlighted that many of the patients did not speak English, therefore in order to give these patients an opportunity to feedback on the services they received, the practice implemented an in house survey and had information on display in the waiting area in Urdu and Bengali the two main languages spoken by the practice patients to encourage them to take part in the survey. Staff told us they offered support to patients in the completion of surveys when they are unable to understand the questions. The results of the in house survey showed 85% of patients said the last GP they spoke to was good at treating them with care and concern and 85% of patients found the receptionists to be excellent or very good.

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 some patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results relating to consultations with GPs were lower than local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.

Are services caring?

- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.

Results for nurses showed:

- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language, but the majority of staff spoke the main languages of the local community. We saw notices in the reception areas informing patients this service was available in a variety of languages.
- Information leaflets were available in easy read format and information was also available in the main languages of the practice population.

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. At the previous inspection we found the practice had identified 30 patients as carers, which represented 1% of the practice list. The practice had seen an increase in the numbers on the register and at the time of the inspection we found the practice had 59 patients on the register, which represented 2% of the practice list. The practice informed us that they used this information to ensure carers were

offered annual health checks and flu vaccinations as well as information about the support available. We saw that carer's packs were available for patients to take which contained written information to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP contacted them and they were sensitive to the patient population cultural and religious beliefs which required prompt burials. A patient consultation at a flexible time and location to meet the family's needs was available if required and the practice gave advice on how to find a support service. We noted that there was information on bereavement support services in the patient waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection, we rated the practice as requires improvement for providing responsive services as results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was lower than local and national averages. Due to the low uptake for the National Patient survey the practice had implemented an in house patient survey and staff offered support to patients in the completion of surveys when they are unable to understand the questions. When we undertook a follow up inspection on 18 September 2017 we found results from the in house survey showed improvements and the practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered minor surgery services for patients registered with GPs in the local area.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- There were longer appointments available for patients with a learning disability and patients experiencing poor mental health.
- Extended hours appointments were offered on Monday evenings from 6.30pm to 7.30pm
- Home visits were available for older patients and patients who were unable to attend the practice.
- Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the practice.
- The practice had recently commenced a diabetes prevention programme in conjunction with the Clinical Commissioning Group (CCG) to offer advice and support to patients who were at risk of developing diabetes.
- The practice nurse offered a weight management clinic to support patients with healthy living and education on diet.

- A counsellor offered weekly sessions at the practice to support patients with mental health needs.
- Same day appointments were available for children and those patients with medical problems who required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. For vaccines only available privately, patients were referred to other clinics.
- There were accessible facilities for patients with a disability and translation services available if required, the majority of staff spoke several languages which supported the local population.
- To support patients with disabilities the practice had a call bell in place at the front entrance to notify staff that a patient needed help to enter the building.
- There was a hearing loop at the practice and patients with hearing difficulties had alerts added to their medical records.
- The practice offered a variety of services including cervical screening, joint injections and phlebotomy.
- The practice offered a full range of family planning services, including intrauterine Contraceptive Device (IUCD) and implants.
- An electrocardiogram (ECG) service (equipment to record electrical activity of the heart to detect abnormal rhythms and the cause of chest pain) was available onsite at the practice.

Access to the service

The practice was opened between 9am to 6.30pm Monday to Friday. Appointments were from available from 9.30am to 12.10pm on Monday morning and 9.40am to 12pm Tuesday to Friday morning. Afternoon appointments were available from 5pm to 6.30pm on Monday, 4pm to 5.50pm Tuesday to Friday.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, the majority of appointments were available on the day due to the high number of patients that did not attend appointments that had been booked in advance. Urgent appointments were also available for patients that needed them on a daily basis.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment mixed in comparison to local and national averages. For example:

Are services responsive to people's needs?

(for example, to feedback?)

- 55% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 54% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and the national average of 71%.

The practice had discussed the survey results with the patient participation group who suggested the low response was due to language issues with a large proportion of the practice population not speaking English. In response the practice carried out an in house survey in March 2017 with the support of the staff who spoke the majority of languages of the local community and also used the text messaging service to gain feedback. The results of the survey showed 70% of patients were completely satisfied or very satisfied with the practice opening hours and 88% were completely satisfied or very satisfied with accessing the practice by telephone. The feedback we received on the day of inspection, reflected the results of the practice's in house survey, patients told us they were able to get appointments when they needed them and had no difficulties in accessing the service.

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.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns, but we found this was not effective.

- 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 nine complaints received since April 2017. All these had been well documented and included the recording of verbal complaints. We found evidence of learning being shared with staff and stakeholders to ensure quality of care was improved.

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 vision and strategy to provide primary health care to patients. We spoke with three members of staff who told us the team worked well together and all staff were committed to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. Feedback received from patients on the day of the inspection was positive about the care received. The practice told us that their aim was to provide high quality care and to put patients first. This was echoed in the practice's mission statement: Our first priority is to our patients, providing them with excellent, safe and timely care.

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. Clinical staff had lead roles and specific areas of interest. These roles included sexual health, weight management and diabetes prevention.
- 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. The practice had held monthly business meetings to discuss 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 partners in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. Staff told us the GPs and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of 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).

- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us there was an open culture within the practice and regular team meetings were held and staff had the opportunity to raise any issues, discuss improvements at the practice and felt confident and supported in doing so.
- The partners encouraged a culture of openness and honesty. When things went wrong with care and treatment the practice explained what had happened. We viewed records of actions taken.
- Staff said they felt respected, valued and supported, by the GPs and practice manager.

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

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

- At the previous inspection we found the practice had a patient participation group (PPG) but attendance at meetings was low. A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. At this inspection we found two meetings had been held and another one was planned for October 2017. In order to encourage patients to join, the practice created a PPG corner in the waiting room with information written in a variety of languages to advise patients of the group and the next meeting date. The practice had also included invitations in the new patient registration packs.
- Due to the low uptake for the National Patient survey the practice had information on display in the waiting area in Urdu and Bengali the two main languages

Are services well-led?

Good 

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

spoken by the practice patients to encourage them to take part in the survey. Staff told us they offered support to patients in the completion of surveys when they are unable to understand the questions.

- Staff meetings, appraisals and general discussion gave staff the opportunity to provide feedback. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues, the manager and GP partners.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff were encouraged to further their development and the practice nurse was completing her advanced nurse practitioner course and had also become an independent prescriber.