

Halesowen Health Centre

Quality Report

Stourside Medical Practice, Halesowen Health
Centre
14 Birmingham Street
Halesowen
B63 8AF
Tel: 01215501010
Website: www.stoursidenhs.co.uk

Date of inspection visit: 16 February 2016
Date of publication: 04/04/2016

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	11
Background to Halesowen Health Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stourside Medical Practice on 16 February 2016. As part of our inspection we attended the main practice based at Halesowen Health Centre and we also visited one of the practice branches, Coombswood Surgery. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements.
- There was a system in place for reporting and recording significant events. Staff explained that significant events were usually discussed on an

informal basis in the practice. However, the minutes from the practice meeting did not demonstrate that significant events and were discussed as a team to support shared learning.

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, record keeping was not robust across all areas.
- Staff demonstrated a commitment to providing a high quality service to patients. The team made use of systematic alerts to prompt clinicians to conduct opportunistic medical checks to patients across the practice registers.
- The process for disseminating national patient safety alerts was facilitated by the practice manager, we found that the process did not cover periods in the event of the practice manager being absent from the practice.

Summary of findings

- Data showed that patients rated the practice lower than others for some aspects of care. The practice had not developed an action plan to address the areas for improvement identified in the national GP patient survey.
- The practice had an active patient participation group which influenced practice development.
- Most staff spoke positively about working at the practice. However, we received mixed feedback from staff with regards to staff support.

The areas where the provider must make improvements are:

- Strengthen current systems for receiving national patient safety alerts by ensuring all clinicians are signed up to receive alerts in the absence of key staff members.

The areas where the provider should make improvements are:

- Ensure appraisals are completed for all staff to provide support where needed.
- The provider should improve governance arrangements including systems for recording, assessing and mitigating risks across the practice.
- Address areas for improvement highlighted through patient feedback such as national survey results.
- To continue to improve and promote a culture of learning at the practice and ensure governance is improved to document shared learning. Ensure that records are well maintained to reflect emergency protocols such as fire tests and to adequately track prescriptions.

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?

- There was a system in place for reporting and recording significant events. Staff explained that significant events were usually discussed on an informal basis in the practice. However, the minutes from the practice meeting did not demonstrate that significant events were discussed as a team to support shared learning.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- The process for disseminating national patient safety alerts was facilitated by the practice manager, we found that the process did not cover periods in the event of the practice manager being absent from the practice, this highlighted the possibility of GPs not receiving alerts recently.
- There were arrangements in place to respond to emergencies and major incidents. There were some procedures in place for monitoring and managing risks to patients' and staff safety.

Requires improvement



Are services effective?

- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice conducted clinical audits in order to monitor quality and to make improvements.
- Staff demonstrated a commitment to providing a high quality service to patients. The team made use of systematic alerts to prompt clinicians to conduct opportunistic medical checks to patients across the practice registers.
- Appraisals were usually facilitated by the practice manager and due to a period of absence, staff appraisals were slightly overdue as some were due in January 2016. The principle GP was aware of this and was making arrangements to conduct appraisals as a priority.

Good



Are services caring?

- Staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

Requires improvement



Summary of findings

- Data showed that patients rated the practice lower than others for some aspects of care. For example, 68% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%
- The practice had not developed an action plan to address the areas for improvement identified in the national GP patient survey.
- There was a consistent theme across feedback with regards to a challenging time at the practice over the last 12 months. Staff and patients commented how there had been many changes at the practice relating to staffing levels and changes to systems and protocols.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice also provided information and supported patients by referring them to a number of support groups and counselling services.

Are services responsive to people's needs?

Good



- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Urgent access appointments were available for children and for those with serious medical conditions.
- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There were disabled facilities, hearing loop and translation services available.

Are services well-led?

Good



- The practice had started a programme of monthly practice meetings and was also planning on holding weekly meetings to improve communication as a team.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, record keeping was not always robust in some areas such as prescription tracking and the recording of fire alarm tests.
- Most staff spoke positively about working at the practice. However, we received mixed feedback from staff with regards to staff support.

Summary of findings

- The practice had an active patient participation group which influenced practice development.

Summary of findings

The six population groups and what we found

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

Older people

- The practice is rated as requires improvement for providing safe and caring services; this affects all six population groups.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital.
- Flu vaccination rates for the over 65s was 67%, compared to the national average of 73%.

Requires improvement



People with long term conditions

- The practice is rated as requires improvement for providing safe and caring services; this affects all six population groups.
- Clinicians had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for overall diabetes related indicators was 95% compared to the CCG average of 88% the national average of 89%.
- There were 317 patients on the practices diabetes register, 91% of these patients had received a foot risk assessment and 94% had received a flu vaccination within the last 12 months.
- We saw minutes of meetings to support that joint working took place and that patients with long term conditions and complex needs were regularly discussed.

Requires improvement



Families, children and young people

- The practice is rated as requires improvement for providing safe and caring services; this affects all six population groups.
- 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.

Requires improvement



Summary of findings

- Childhood immunisation rates for under two year olds ranged from 79% to 100% compared to the CCG averages which ranged from 83% to 100%.
- Immunisation rates for five year olds ranged from 97% to 100% compared to the CCG average of 95% to 98%.
- The practice offered urgent access appointments were available for children, as well as those with serious medical conditions.

Working age people (including those recently retired and students)

- The practice is rated as requires improvement for providing safe and caring services; this affects all six population groups.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 82%, compared to the national average of 81%.
- Patients could access appointments and services in a way and at a time that suited them.
- Appointments could be booked over the telephone, face to face and online.
- The practice used the text messaging system to identify patients who smoke and to offer them advice and further support, 79% of the practices patients identified as smokers were given smoking cessation advice.

Requires improvement



People whose circumstances may make them vulnerable

- The practice is rated as requires improvement for providing safe and caring services; this affects all six population groups.
- The practice used clinical templates developed by the principle GP to identify and regularly review patients on the practices learning disability register.
- There were 31 patients on the practices learning disability register. Most of these patients had a care plan in place and were receiving regular reviews.
- The practice regularly worked with other health and social care organisations in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

- The practice is rated as requires improvement for providing safe and caring services; this affects all six population groups.
- The practice offered structured reviews for their patients experiencing poor mental health (including dementia).
- Performance for mental health related indicators was 88% compared to the CCG average of 83% and national average of 92%. 100% of these patients had their thyroid hormone levels checked during the last 12 months. Therefore, patients experiencing poor mental health were proactively reviewed to check hormone balance and emotional well-being.
- Data showed that diagnosis rates for patients identified with dementia were 100%, with an exception rate of 0%.
- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia.

Requires improvement



Summary of findings

What people who use the service say

The practice received 118 responses from the national GP patient survey published in January 2016, 305 surveys were sent out; this was a response rate of 39%.

- 96% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 76% described the overall experience of the practice as good compared to the CCG and national average of 85%.

- 59% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with seven patients during our inspection. Patients commented that they were generally satisfied with the care provided by the practice and staff were described as friendly, helpful and caring. No comment cards were completed for the inspection.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Strengthen current systems for receiving national patient safety alerts by ensuring all clinicians are signed up to receive alerts in the absence of key staff members.

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Ensure appraisals are completed for all staff to provide support where needed.

- The provider should improve governance arrangements including systems for recording, assessing and mitigating risks across the practice.
- Address areas for improvement highlighted through patient feedback such as national survey results.
- To continue to improve and promote a culture of learning at the practice and ensure governance is improved to document shared learning. Ensure that records are well maintained to reflect emergency protocols such as fire tests and to adequately track prescriptions.

Halesowen Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP Specialist Advisor, a Practice Nurse Specialist Advisor, a Practice Manager Specialist Advisor and an Expert by Experience. An expert by experience is a person who has experience of using this particular type of service, or caring for somebody who has.

Background to Halesowen Health Centre

Stourside Medical Practice is based within the Halesowen area of Birmingham. There are three surgery locations that form the practice; these consist of the main practice at Halesowen Health Centre and the branch sites at Coombswood surgery and Tenlands Road Surgery. There are approximately 6,600 patients of various ages registered and cared for across the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes a principle GP, two salaried GPs, several long term locum GPs and a team of three practice nurses. The principle GP and the practice manager form the practice management team and they are supported by a team of several receptionists.

The practice is open between 8:30am and 6.30pm on Monday to Friday. There is a GP on call each morning from

8am to 8:30am and during the afternoons between 1pm and 2:30pm when appointments are closed. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people

Detailed findings

- 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)

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 16 February 2016.

- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.
- As part of our inspection we attended the main practice based at Halesowen Health Centre and an inspector also visited one of the practice branches, Coombswood Surgery.

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew.

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

Are services safe?

Our findings

Safe track record and learning

The practice had some systems in place to monitor safety and used a range of information to identify risks and improve patient safety. These included systems for reporting incidents, comments and complaints received from patients.

- There was a system in place for reporting and recording significant events. We saw that there was a reporting form available on the practice's computer system. Staff talked us through the process and showed us the reporting templates which were used to record significant events. The practice had records of seven significant events that had occurred during the last 12 months. We viewed the records of five significant events recorded by the practice. We saw that specific actions were applied along with learning outcomes to improve safety in the practice.
- Staff explained that significant events were usually discussed on an informal basis in the practice. The principle GP had recognised this as an area for improvement and had started to plan a programme of monthly staff meetings where significant events, safety alerts, comments and complaints would be discussed as a team. We saw minutes from the first of these meetings which took place in January 2016 however the meetings did not demonstrate that significant events had been discussed. We fed this back to the principle GP who acknowledged this and explained that minutes would be more robust moving forward. Whilst we couldn't see that significant events were discussed in staff meetings, the significant event records did demonstrate that learning was shared in the practice and we noticed that these records were detailed and comprehensive.
- The process for disseminating national patient safety alerts was facilitated by the practice manager who would receive alerts and cascade them to the GPs for review and action as appropriate. However, we found that the process did not cover periods in the event of the practice manager being absent from the practice, this highlighted the possibility of GPs not receiving alerts recently. We discussed this with the principle GP during our inspection and we were assured that steps would be

taken to ensure all GPs were signed up to receive alerts directly to mitigate the risk of missing safety alerts moving forward. We found that the practice nurses had signed up to receive alerts and updates directly and we saw examples where the practice nurses had reviewed and acted on vaccine updates from Public Health England. In addition to this, we saw that clinicians were receiving pharmacy alerts; these were communicated by the CCG pharmacist who worked with the practice on a weekly basis.

Overview of safety systems and processes

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff which outlined who to contact for further guidance if staff had concerns about a patient's welfare.

- The principle GP was the lead member of staff for safeguarding. Staff had received training relevant to their role; staff demonstrated that they understood their responsibilities and how to respond to a safeguarding concern.
- Notices were displayed at both Halesowen Health Centre and at Coombswood Surgery to advise patients that a chaperone service was available if required. The practice nurses usually provided a chaperoning service although occasionally members of the reception team would chaperone if ever the nursing staff were unavailable. We saw that the practice nurses had received disclosure and barring checks (DBS checks). 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. Records and discussions with staff confirmed that all staff who acted as chaperones were trained for the role. Staff confirmed that they were never left alone with patients and we saw that a formal risk assessment was in place to assess the risk of not having DBS checks for members of the reception team who occasionally acted as chaperones.
- The practice nurse was the infection control lead; they regularly liaised with the local infection prevention team to keep up to date with best practice. There was an infection control policy and we saw that an infection control audit was completed by the infection control lead at the CCG. Action items, such as providing hand

Are services safe?

sanitiser to service users and staff had been completed. We observed the environment at Halesowen Health Centre and at Coombswood Surgery to be visibly clean. There were records to reflect the cleaning of the premises and for medical equipment such as the equipment used for ear irrigation.

- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was a system in place for the prescribing of high risk medicines. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription pads were securely stored and the practice had a system in place to monitor the use of their prescriptions however we found that the system wasn't clear with regards to tracking the whereabouts of the prescriptions. We discussed this with members of the practice team on the day of our inspection who assured us that the system would be modified to reflect a more robust tracking process.
- The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice on a weekly basis. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics.
- The arrangements for managing medicines and vaccinations in the practice ensured that patients were kept safe. We checked the vaccination fridges at Halesowen Health Centre and at Coombswood Surgery and we found that they were well ventilated and secure. Vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance.
- The practice nurse administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. 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. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines.

- We viewed four staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body.

Monitoring risks to patients

There were some procedures in place for monitoring and managing risks to patients' and staff safety.

- There was a health and safety policy and the practice had risk assessments in place to cover risk associated with the premises and fire risk. Staff confirmed that weekly fire tests and fire drills had taken place, however records within the practices fire log book were not maintained by the practice to reflect that fire alarm tests and fire drills had taken place.
- We saw that clinical equipment had been tested and calibrated to ensure that it was working properly.
- Risk associated with infection control, such as the control of substances hazardous to health and legionella, were assessed by an external organisation who managed the practices premises. While we did not see records of the risk assessment for legionella, we saw an email from the organisation to confirm that a risk assessment was completed in January 2016. The principle GP had requested a copy of the record and was waiting to receive this at the point of our inspection.
- There was a rota system in place for the different staffing groups. The practice used regular locum GPs to cover if ever the GP was on leave. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for their locum GPs.

Arrangements to deal with emergencies and major incidents

We checked the arrangements in place to respond to emergencies and major incidents at Halesowen Health Centre and at Coombswood Surgery.

- There was a system on the computers in all the treatment rooms across the two sites which alerted staff to any emergency in the practice.

Are services safe?

- A defibrillator was available at both practices and oxygen with adult and children's masks was available at Halesowen Health Centre. We saw that the practice had completed a risk assessment specific to Coombswood Surgery in the absence of emergency medical equipment such as oxygen. The risk assessment identified that it was good practice to have oxygen at the premises and there was an action item in place to conduct a cost analysis by mid-March 2016 for purchasing the equipment. Records showed that staff had received training in basic life support.
- Emergency medicines were easily accessible to staff and were in secure areas at both sites. All the medicines we checked were in date and fit for use. The practice had a system in place to monitor the use of these medicines,

we looked at records with the practice nurse who had identified that in areas the record keeping wasn't always clear and whilst we could see that medicines were regularly checked, the practice had decided to use a more robust template to improve documentation moving forward.

- The practice had arrangements in place to respond to emergencies and major incidents. We discussed the arrangements with staff and they were aware of the practices emergency and continuity protocols. We found that a formal business continuity plan had not been documented at the point of our inspection, however a documented plan was sent to the inspector shortly after the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 identify and assess patients who were at high risk of admission to hospital. These patients were regularly reviewed to ensure care plans were documented in their records and assisted in reducing the need for them to go into hospital.

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. There were systems in place to for the GPs to cover each other during annual leave to ensure test results and reports were always seen and actioned by a GP once received by the practice.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results from 2014/15 were 90% of the total number of points available, with 7% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%.
- Performance for mental health related indicators was 88% compared to the CCG average of 83% and national average of 92%.
- Data showed that diagnosis rates for patients identified with dementia was 100%, with an exception rate of 0%.

- Performance for overall diabetes related indicators was 95% compared to the CCG average of 88% the national average of 89%.

The practice had a range of registers to reflect different population and chronic disease groups:

- We saw data which demonstrated that there were 67 patients on the practices register for depression, 54% of these had received a depression a health review in the last 12 months.
- The practice offered structured reviews for their patients experiencing poor mental health (including dementia). There were 38 patients on the practices mental health register, 71% of these patients had an agreed care plan in place. The principle GP explained how they often developed alerts to prompt clinicians to conduct opportunistic medical checks to patients across the practice registers. For example, the GP had built an alert to prompt the GPs to check thyroid stimulating hormone levels in their patients experiencing poor mental health. Staff explained that the alerts had been effective and data highlighted that 100% of these patients had their thyroid hormone levels checked during the last 12 months. Therefore, patients experiencing poor mental health were proactively reviewed to check hormone balance and emotional well-being.
- There were 27 patients on the practices dementia register and 31 patients on the practices learning disability register, most of these patients had a care plan in place and were receiving regular reviews. We saw clinical templates developed by the principle GP to identify and regularly review patients on these registers, staff explained that these registers had effectively doubled over the last 12 months due to this.
- There were 317 patients on the practices diabetes register, 91% of these patients had received a foot risk assessment and 94% had received a flu vaccination within the last 12 months. The practice nurses were involved in developing chronic disease templates as part of the local CCG clinical template project. We saw examples of the comprehensive diabetes templates used during patients annual diabetes reviews. These templates covered a range of areas including lifestyle, alcohol screening, risk assessments, mental health and diet.

Are services effective?

(for example, treatment is effective)

The practice shared records of three clinical audits, including a completed clinical audit for the management of patients with a low thyroid stimulating hormone levels (TSH level), which was conducted following a significant event. The first audit was conducted in June 2015 where a total of 24 patient cases were reviewed in line with the recommended audit criteria. Audit findings highlighted that out of 13 patients, three had been managed appropriately. Audit records also highlighted that findings were discussed during a planned clinical meeting. The audit was repeated in March 2016, a total of 18 patient cases were reviewed in line with the recommended audit criteria. The repeated audit highlighted that all patients had been appropriately managed. Issues regarding clinical coding were identified during the repeated audit and we saw that the audit records documented that findings were discussed during a planned clinical meeting. As part of the audit, the GP also reviewed and appropriately coded each case to ensure diagnosis and records of information were accurate. One of the GPs also discussed an audit they had conducted in relation to patients a history of a hysterectomy had been prescribed combined HRT. Shortly after the inspection, the practice shared records of the audit discussed in relation to HRT. The audit highlighted that three patients with a history of a hysterectomy had been prescribed combined HRT. The GP investigated each case and found that two patients had inappropriately been prescribed the combined HRT. The audit record detailed that whilst this would not have caused harm to the patients; it was not a recommended prescribing practice and did not follow current guidelines. These patients were recalled in to the practice and prescriptions were altered to reflect guidelines from the National Institute for Health and Care Excellence (NICE) and the British National Formulary (BNF). We found that this audit was a single cycle audit which was due to be repeated in April 2016.

Effective staffing

- The practice had an induction programme which covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. On the day of our inspection the practice did not have an induction pack for locum clinicians to use when working at the practice. A comprehensive pack was sent to the inspector team shortly after the inspection.

- The learning needs of staff were identified through a system of appraisals and staff one to one meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Appraisals were usually facilitated by the practice manager and due to a period of absence, staff appraisals were slightly overdue as some were due in January 2016. The principle GP was aware of this and was making arrangements to conduct appraisals as a priority.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and attendance at educational sessions provided by the local Clinical Commissioning Group.
- All staff had access to and made use of e-learning training modules and in-house training. Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness.

Coordinating patient care and information sharing

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place, with regular representation from a wide range of health and social care services including district nurses and members of the integrated care team. We saw minutes of meetings to support that joint working took place and that vulnerable patients and patients with complex needs were regularly discussed. The practices palliative care register was regularly reviewed during the MDT meetings to discuss the care and support needs of patients and their families. The practice had 36 patients on their palliative care register; these patients had care plans in place with regular health reviews implemented.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet. Health assessments and checks were carried out by the practice nurses. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups were made with the GP and these were based on the outcomes of health assessments and checks, where abnormalities or risk factors were identified.

The practice used the text messaging system to identify patients who smoke and to offer them advice and further support:

- 79% of the practice's patients identified as smokers were given smoking cessation advice.
- 95% of the practice's patients on chronic disease registers had smoking status recorded and 100% of these had been given smoking cessation advice.

The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. The practice's uptake for the cervical screening programme was 82%, compared to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 79% to 100% compared to the CCG averages which ranged from 83% to 100%. Immunisation rates for five year olds ranged from 97% to 100% compared to the CCG average of 95% to 98%.

Flu vaccination rates (for the period of September 2014 to January 2015) for the over 65s was 67%, compared to the national average of 73%. Flu vaccinations for those patients in the at risk groups was 53%, compared to the national average of 52%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

We spoke with seven patients on the day of our inspection. Patients commented that they were generally satisfied with the care provided by the practice; patients said their dignity and privacy was respected and staff were described as friendly and helpful.

Results from the national GP patient survey published in January 2016 showed that patients rated the practice lower than others for some aspects of care. For example:

- 82% said the GP was good at listening to them compared to the CCG average and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average and national average of 89%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 92% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.

- 77% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.

There was a consistent theme across feedback with regards to a challenging time at the practice over the last 12 months. We discussed the survey results with the principle GP who highlighted that the results reflected the challenging period at the practice during that last 12 months. Staff and patients commented how there had been many changes at the practice relating to staffing levels and changes to systems and protocols.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received.

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG national average of 86%.
- 68% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%

Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. The practice offered flu jabs and annual reviews for anyone who was a carer.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.
- The practice also provided information and supported patients by referring them to counselling services and further support organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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:

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health.
- Clinical staff carried out home visits for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and for those with serious medical conditions.
- Appointments could be made in the practice, over the phone and online. There was a text messaging appointment reminder service available and the practice also used an electronic prescription service.
- The practice was proactive in identifying patients with complex health conditions, flags were applied to the system so that these patients were seen as a priority. The practice shared examples of how this system had previously helped them to effectively deal with specific urgent cases.
- The practice offered a range of clinical services which included minor surgery, travel and well person clinics.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open between 8:30am and 6.30pm on Monday to Friday. There was a GP on call each morning from 8am to 8:30am and during the afternoons between 1pm and 2:30pm when appointments were closed. Pre-bookable appointments could be booked up to six weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 showed mixed results with regards to accessing the service:

- 96% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.

- 67% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 53% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 61% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 64% and a national average of 65%.
- 45% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

Patients commented that appointments usually ran to time however if appointment times were occasionally long, this was often because the clinical staff took the time to listen to patients and ensure that thorough discussions took place during consultations.

Listening and learning from concerns and complaints

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

- There was a designated responsible person who handled all complaints in the practice.
- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We saw leaflets on display in the waiting area telling patients to speak with the practice manager if they had any concerns or complaints. The practice website and leaflet guided patients to contact the practice manager to discuss complaints.
- The practice reviewed complaints annually to detect themes or trends.

The practice shared records of five complaints they had received in the last 12 months. Records demonstrated that complaints were satisfactorily handled and dealt with openness and transparency. Patients we spoke with on the day of our inspection were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had needed to make a complaint about the practice.

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's vision was to **provide a high quality service to patients whilst continuing to improve and adapt services in response to the needs of the practice's population. The practice had been through a challenging time over the last 12 months, there had been a number of transitions in staff and this had impacted on staffing levels and workload across areas of the team. The practice was therefore focusing on the recruitment and retention of staff, whilst working to create a supportive environment with good communication across the team. We also saw that these objectives formed part of the practice business plan.**

We spoke with eight members of staff, most staff spoke positively about working at the practice. Staff demonstrated a commitment to providing a high quality service to patients. During conversations with staff, we noticed that they reflected on the challenging period during that last 12 months and all staff commented that they were a strong, hardworking team.

Governance arrangements

- There was a clear staffing structure. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues.
- The practice had a number of policies and protocols in place which were easily accessible to staff and were regularly reviewed.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The principle GP and the practice manager formed the management team at the practice. The practice manager was not available on the day of our inspection. The principle GP encouraged a culture of openness and honesty in the practice.

The management team were visible in the practice, however the practice manager had been absent from the

practice for approximately three months. Conversations with staff members demonstrated that this had impacted on the team and the principle GP was temporarily covering the managerial role, as well as providing GP services.

We received mixed feedback from staff with regards to support, some staff felt well supported whereas some staff we spoke with explained that they sometimes felt pressured due to work load. These staff members explained that they felt more supported by close colleagues. Most staff members expressed that they generally felt comfortable to raise concerns; however some staff members explained that previously this had been difficult on occasions.

The practice had started a programme of monthly practice meetings and was also planning on holding weekly meetings to improve communication as a team. Staff confirmed that they were able to contribute towards the meeting agenda and that minutes were circulated to staff members who were unable to attend. We saw minutes of these meetings which highlighted that key items such as changes to processes were discussed. However, the minutes did not demonstrate that complaints and significant events were discussed as a team.

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

The practice valued feedback from patients, the public and staff. The practice had a patient participation group (PPG) which consisted of six members. The PPG met every one to two months and we saw detailed minutes in place which reflected some of the meetings held over the last 12 months. We spoke with three members of the PPG as part of our inspection. The PPG members discussed some of the improvements they had contributed to at the practice, an example included how the PPG prompted the practice to allocate more appointments at the end of the day for working age patients. The PPG had been involved in promoting and reviewing the practice's missed appointment rates to remind patients to cancel their appointments in the event that they cannot attend. The PPG were planning on recruiting more members and were hoping to form a virtual PPG also. We saw copies of the practice newsletter which was also developed by the PPG. The newsletter contained updates on health promotion and communicated changes within the practice, such as changes to systems and changes in staffing structures.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The process for disseminating national patient safety alerts was not robust. We found that the process did not cover periods in the event of the practice manager being absent from the practice, this highlighted the possibility of GPs not receiving alerts recently. Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. 12(2)(b).
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	