

# Dr Borg-Bartolo and 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

We carried out an announced comprehensive inspection at Dr Borg-Bartolo and Partners (also known as Millennium Medical Centre) on 16 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were in most cases assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Any learning was shared however, the practice did not routinely make use of verbal complaints to identify trends and potential for service improvement.
- Patients did not always find it easy to get through to the practice to make an appointment, however we saw that the practice had made improvements in this area and urgent appointments were available the same day.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Identify a lead responsible for infection control to ensure it is given sufficient attention within the practice.

# Summary of findings

- Ensure actions following risk assessments are clearly identified and addressed.
- Review fire evacuation arrangements for patients accessing treatment rooms on the first floor who may need assistance.
- Review systems for monitoring staff training to ensure essential training is kept up to date.
- Identify systems for recording informal verbal complaints in order to identify trends and potential service improvements.
- Continue to monitor and ensure improvement to patient survey results including access to appointments.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Systems for reporting ensured that when things went wrong patients were informed and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and in most areas were well managed. However, some risk assessments seen were basic and did not always have clear evidence of completed actions.
- Fire evacuation from the first floor had not been considered for those with mobility difficulties.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had identified areas for service improvement and were able to demonstrate improvements made.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Although systems for monitoring staff training were not sufficiently robust.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff understood the relevant consent and decision-making requirements of legislation.
- The practice was proactive in supporting patients to live healthier lives.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice slightly higher than others in relation to the quality of consultations. Whilst scores were lower for helpfulness of reception staff, the practice had taken action to ensure improvement through customer service training.
- Feedback from patients we spoke with as part of the inspection told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information was available for patients about the services and support available to them.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 participated in the CCG aspiring for clinical excellence to support service improvement.
- The practice understood the population served and sought to ensure relevant services were provided.
- Patients did not always find it easy to make an appointment by phone however changes made had led to some improvements in this area. Same day urgent appointments were available.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Additional services such as citizens advice bureau and food bank vouchers were provided from the practice.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff. However, opportunities for learning from verbal complaints were sometimes missed.

Good



## Are services well-led?

The practice is rated as good for providing well-led services.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Staff were clear about their roles and responsibilities.
- There was a clear leadership structure and staff felt supported by management.

Good



# Summary of findings

- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported patients in three care homes and had a lead GP for this.
- Nationally reported data showed that the practice performed well in relation to patient outcomes for conditions commonly found in older people.
- The practice routinely discussed any unplanned admissions including those from care homes to ensure their care needs were being appropriately met.
- The practice regularly met as part of a multi-disciplinary team with other health professionals to discuss the care of those with complex and end of life care needs.
- The practice was accessible to those with mobility difficulties.

### People with long term conditions

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had made improvements in the number of emergency admissions.
- Practice performance for diabetes related indicators overall was 97% which was higher than the CCG and national average of 89%. Exception reporting for diabetes related indicators was comparable to CCG and national averages.
- Longer appointments and home visits were available when needed.
- All these 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 multidisciplinary package of care.
- The practice offered a range of services in-house to support the diagnosis and monitoring of patients with long term conditions including spirometry, electrocardiographs, phlebotomy and ambulatory and home blood pressure monitoring.

# Summary of findings

- The practice had undertaken screening for atrial fibrillation and dementia to support earlier diagnosis and treatment.

## 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 were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme (2014/15) was 83%, which was above the CCG average of 78% and comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Including space for pushchairs, baby changing facilities and promotion of breast feeding.
- We saw positive examples of joint working with midwives, health visitors and school nurses. Baby check clinics alongside health visitor clinic. Health visitors worked from the same building which supported communication.

## 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.
- Saturday morning appointments and telephone appointments were available for the convenience of those who worked or with other commitments during normal opening hours.
- The practice was proactive in offering online services. Information was readily available to support patients in using the online systems for booking appointments and prescriptions.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.



# Summary of findings

## People whose circumstances may make them vulnerable

Good



- The practice held register of patients living in vulnerable circumstances and caring responsibilities. For example, those with a learning disability. The practice had a higher prevalence of learning disabilities than the CCG overall which had been validated by the learning disability services.
- The practice offered patients with a learning disability health checks and patient passports to ensure their preferences and needs were taken into account when moving between services. There was a lead GP responsible for patients with a learning disability.
- Longer appointments for patients who needed them.
- An alert system was used to identify patients at risk or with special requirements that needed additional support.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations. The Citizens Advice Bureau ran services once a week from the premises.
- The practice had registered patients with no fixed abode and issued food bank vouchers where needed.
- 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's computer system alerted GPs if a patient was also a carer. The practice had identified 141 patients as carers (approximately 1.5% of the practice list).
- The practice actively followed up patients with alcohol related hospital admissions.

## People experiencing poor mental health (including people with dementia)

Good



- Nationally reported data for 2014/15 showed 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was slightly below the CCG average of 82% and national average of 84% but with lower exception reporting 4% compared to the CCG and national average of 8%.
- The practice had introduced dementia clinics that ran alongside the Alzheimer's Society service who provided social and other support to patients and their families. To date 20 patients and their families were being supported through this scheme.

# Summary of findings

- Nationally reported data for 2014/15 showed 95% of patients on the practice's mental health register that had a comprehensive, agreed care plan documented, from the preceding 12 months was 93% compared to the CCG average of 89% and national average of 88%. However, exception reporting was also higher at 17% (compared to CCG 11% and national 13%). Practice data for 2016/17 showed the practice was already achieving 82% at the time of inspection for this outcome.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- The community psychiatric nurse ran clinics and undertook patient reviews from the premises.
- Patient information was readily available signposting patients with poor mental health to support services such as counselling.
- The practice was working with the Alzheimer's Society. Patients with a diagnosis of dementia and their carers were referred to support workers from the Alzheimer's Society who could provide social and practical support to patients and their carers.

# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages in relation to questions about satisfaction with patient consultations but below national averages with regard to questions about access to appointments. 303 survey forms were distributed and 123 (41%) were returned. This represented approximately 1.3% of the practice's patient list. We noticed there had been some improvement from the previous patient survey published in January 2016.

- 48% (previously 39%) of patients found it easy to get through to this practice by phone compared to the CCG average of 61% and national average of 73%.
- 75% (previously 66%) of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 69% and national average of 76%.
- 81% (previously 70%) of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.

- 72% (previously 69%) 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 75% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 completed comment cards. Most of these were very positive about the standard of care and treatment received. Staff were described as helpful and caring and patients felt they were listened to. Negative comments received from four patients related to difficulties making an appointment.

We spoke with 14 patients during the inspection (including two members of the practice's patient participation group). Patients said they were satisfied with the care they received and that they were treated with dignity and respect. A small proportion of patients told us that appointments sometimes ran late.

# Dr Borg-Bartolo and 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 advisor, a practice manager specialist advisor and an Expert by Experience (someone who has experience of using the type of services provided).

## Background to Dr Borg-Bartolo and Partners

Dr Borg-Bartolo and partners' practice (also known as Millennium Medical Centre) is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under this contract the practice is required to provide general primary care services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in an urban area of Birmingham with a list size of approximately 9,200 patients. The premises are purpose built for providing primary medical services. Some community services including district nursing and health visiting services operate from the premises.

Based on data available from Public Health England, the practice is located in one of the most deprived areas in the country and is within the 10% most deprived. The practice

population is slightly younger than the national average with a higher proportion of patients under 24 years and a lower proportion of patients aged between 50 years and 75 years.

Practice staff consist of six partners (four male and two female) and one salaried GP, the practice currently has one practice nurse and a second has recently been recruited to replace a nurse who has recently retired. The practice also has two health care assistants, a practice manager and a team of administrative staff.

The practice is open between 8.15am to 1pm and between 2pm to 6.15pm Monday to Friday. Appointment times are usually 8.30am to 11.50am, 2.30pm to 4.30pm and 4pm to 5.50pm daily. In addition the practice provides extended opening for appointments on a Saturday morning between 8.15am and 12 noon. Between 1pm and 2pm the practice has arrangements with another provider (Southdoc) to cover calls. When the practice is closed during the out of hours period services are provided by an out of hours provider (BADGER).

The practice has recently become a training practice for qualified doctors training to become GPs.

Dr Borg-Barolo and partners' practice was previously inspected in 2013.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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

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 16 September 2016.

During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, practice nurses, the practice manager and administrative staff).
- Observed how people were being cared for.
- Reviewed how treatment was provided.
- Spoke with health and care professionals who worked closely with the practice.
- Spoke with patients (including a members of the practice's Patient Participation Group).
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Reviewed documentation made available to us for the running of the practice.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- A significant event reporting form was available to staff on their computers.
- Staff told us that they were encouraged to report incidents and we saw 87 incidents had been reported within the last 12 months. This demonstrated a proactive approach in identifying opportunities for learning and service improvements.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw an example where an incident had been discussed with a patient which included details of the actions and learning implemented.
- There was a designated clinical lead for reviewing and monitoring significant events to ensure they were acted on appropriately.
- Lessons from incidents and significant events were routinely shared through clinical meetings and more widely with other practices through the local clinical network.
- Significant events and complaints were reviewed on an annual basis to ensure actions had been completed and learning shared. The whole practice team were invited to this event.
- Staff we spoke with were able to give examples of incidents that had been discussed and acted on.
- There was a designated GP lead responsible for reviewing patient safety alerts received, including Medicines and Healthcare Products Regulatory Agency (MHRA) alerts and sharing these with other clinical staff. These were all documented as appropriate including actions taken.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. Contact details for relevant agencies were displayed in clinical areas for further guidance if staff had concerns about a patient's welfare. We also saw information to support patients in relation to female genital mutilation and domestic violence. There was a clinical lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and were able to give examples of appropriate actions taken following concerns. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child safeguarding level 3. Alerts on patient records helped staff to identify patients who may be at risk from harm.

- Notices were displayed which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Staff had access to appropriate hand washing facilities and personal protective equipment. The practice did not currently have an infection control lead as the previous lead had recently left the practice. The practice nurse advised us that they were waiting for the new nurse to start so that lead roles could be decided. The CCG had undertaken an infection control audit within the last 12 months in which the practice had scored 96%. Although no action plan was available during the inspection the practice nurse told us about some of the actions taken, for example weekly cleaning of air vents. Cleaning schedules were in place for cleaning staff and there were also systems for ensuring clinical equipment was cleaned regularly.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

## Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG medicine management team, to ensure 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Following the inspection the practice sent evidence that it had revised its policy and introduced a system for the collection of prescriptions for controlled drugs to improve patient safety.
- We reviewed the personnel files for two recently employed members of staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). Appropriate checks were also in place for locum staff.

### Monitoring risks to patients

Risks to patients were assessed and mostly well managed.

- We found the premises appeared well maintained and procedures in place for monitoring and managing risks to patient and staff safety. However, we found risk assessments were not always comprehensive with clear timescales for actions.
- Although the practice had an up to date fire risk assessment, risks relating to fire evacuation for patients who were unable to use the stairs had not been addressed. We saw evidence that fire equipment and alarm systems had been serviced within the last year. The practice had recently carried out a fire drill.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. These checks had been undertaken within the last 12 months.

- The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill 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. Staff told us that they would cover for each other's leave and sickness. Locum staff were utilised if needed and this was in place following the recent retirement of one of the practice nurses.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Records checked showed that staff received annual basic life support training. Resuscitation guidance was also displayed close to emergency equipment for reference.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were also available.
- Emergency medicines were available and easily accessible to staff in a secure area of the practice and staff knew of their location.
- Both emergency equipment and medicines were checked regularly to ensure they were in working order and that the medicines were in date.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and services that might be required. Copies were available offsite, as well as on the premises, should the building become inaccessible.



# 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 other local guidance which it used to deliver care and treatment that met patients' needs.
- Clinical meetings were held every two weeks which enabled clinical staff to discuss and share best practice and some of the more complex cases they had seen.
- Local antibiotic prescribing guidance was available in the clinical rooms for staff reference.
- We saw examples of clinical audits which reviewed management of patients against best practice guidance.
- The practice has been involved in setting up a referral triage system due to start at the end of the year to improve the quality of referrals made to secondary care.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were for 2014/15. This showed the practice had achieved 99% of the total number of points available, which was higher than the CCG average of 94% and national average of 95%. Overall exception reporting by the practice at 10% was similar to the CCG and national average of 9%. The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 97% which was higher than the CCG average and national average of 89%. Exception reporting was 11% which was in line with the CCG average of 10% and national average of 11%.

- Performance for mental health related indicators was 100% compared to the CCG average of 92% and national average of 93%. Exception reporting was 14% which was in line with the CCG average of 10% and national average of 11%.

There was evidence of quality improvement including clinical audit.

- The practice shared with us two completed audit cycles carried out within the last two years. These were completed audits where the improvements made were implemented and monitored. These included an antibiotic prescribing audit and diabetes management audit. Results from these audits demonstrated improvements and were shared at clinical meetings.
- The practice had identified itself as a high prescribing practice for antibiotics compared to their peers. They had implemented actions to improve antibiotic prescribing which had included GP training, improving documentation and use of local guidance. This resulted in some improvements identified through the antibiotic audit such as prescribing in line with local guidelines and reviews of patients where antibiotics were issued without a face to face consultation to understand the reasons for this.
- Staff we spoke with told us that the practice had historically high emergency hospital admissions for patients with long term conditions however this had successfully been reduced. The practice made use of benchmarking data from CCG which showed a reduction of emergency admissions from 31 patients per thousand in quarter four of 2014/2015 to 25 patients per thousand in quarter two of 2015/16. The practice attributed this to schemes including structured diabetic pathways ensuring tests were completed prior to a review, implementation of chronic obstructive pulmonary disease and dementia reviews, post hospital discharge reviews, an increase in available appointments and availability of in house diagnostics.
- The practice had undertaken reviews of infection rates following joint injections for the last 2 . No infections were identified.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. Staff were given an induction pack which covered such topics as fire safety and health and safety. They also worked alongside more experienced staff. We spoke to one new member of staff who told us that they had felt well supported in their induction.
- There was a locum folder in place which supported clinical staff working at the practice on a temporary basis.
- Staff had access to on-line and in-house training that included: safeguarding, fire safety awareness, basic life support and information governance.
- The practice could demonstrate that relevant staff received role-specific training and updating. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- However, systems for monitoring training and ensuring staff were up to date were not sufficiently effective. Records showed only five staff had completed their information governance training. One of the practice nurses child immunisation training was overdue (by one month). Following the inspection the practice sent evidence that they had now secured training for this and evidence that an on-line training update had been completed. We found compliance with other areas of training such as safeguarding, basic life support and fire safety awareness.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us that they found the practice supportive of training and had access to appropriate training to meet their learning needs and to cover the scope of their work. We saw evidence that the GPs had undertaken appraisals and revalidation which enables them to continue to practice as a GP and remain on the performers list with NHS England.

### 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. Staff told us that they were up to date in processing patient information received for example, hospital discharge letters and test results.

Patients with complex care needs identified as part of the admission avoidance scheme were followed up by telephone call to check their needs were being met. These patients were discussed at the monthly unplanned admission meetings.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff aimed to turn around routine referral letters within a week and urgent referrals within the same day. We also saw examples of completed forms to ensure the out of hours GP service were made aware of any patients with specific needs that might need to contact the out of hours service. There were systems in place and checks made to ensure referrals were coded and when letters were sent. These were checked weekly to ensure none were missed.

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. We spoke to members of the community health team who worked closely with the practice. They were very positive about the working relationship and found the practice supportive in delivering patient care. They told us that they met regularly to discuss patients who were vulnerable and with complex care needs. We saw minutes of quarterly multi-disciplinary team meetings for patients with end of life care needs and quarterly safeguarding meetings with the health visitor. As well as quarterly meetings with the community mental health teams.

### 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. Clinical staff told us that they had received training in the Mental Capacity Act. We also saw guidance displayed in the reception on the mental capacity act.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

# Are services effective?

## (for example, treatment is effective)

- Minor surgery was carried out at the practice and we saw consent forms had been completed for this. This included information about what the procedure involved, risks and benefits.

### 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 with long term conditions and those at risk of developing a long-term condition such as diabetes.

- The practice provided patient centred advice for specific conditions. They made use of health trainers and offered smoking cessation services in house following the closure of a local clinic to support healthier living in patients.
- There was a dedicated lead GP for patients with learning disability. Patients on the learning disability register, which had been validated by the learning disability team, were offered health checks. Health checks were carried out using Cardiff Health Check specific for patients with a learning disability.
- There was a range of health promotion information available displayed in the practice to support patients. Information was also available on the practice website.

The practice's uptake for the cervical screening programme (2014/15) was 83%, which was above the CCG average of 78% and comparable to the national average of 82%. 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 told us that they had undertaken atrial fibrillation screening on 660 patients and pre-dementia screening on 643 patients to support earlier diagnosis and treatment.

Uptake of other national screening programmes including breast and bowel cancer screening for the practice were lower overall compared to local CCG and national averages:

- 67% 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%.
- 42% 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%.

Childhood immunisation rates (2015/16) for the vaccinations given were slightly higher than local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% compared to the CCG range of 88% to 94% and national range of 73% to 95%. For under five year olds the uptake ranged from 85% to 99% compared to the CCG range of 83% to 96% and national range of 83% to 96%. The practice nurse told us they used a flexible approach to appointments if children were unable to make the designated immunisation clinics.

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.

# 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 and a barrier between waiting areas and consulting rooms helped minimise the risks of conversations taking place in these rooms from being 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.
- We saw staff supporting patients with mobility difficulties to use the lift to the first floor.

Feedback from patients received through the 38 patient Care Quality Commission comment cards and the 14 patients we spoke with in person was very positive overall. Patients were happy with the service they received, they described staff as helpful and caring and told us that they were treated with dignity and respect. Negative comments mainly related to waiting times and access. Some of the patients and their carers who we spoke with told us they had a learning disability or poor mental health, they were also complimentary about the care they received from the practice and felt that they were treated with dignity and respect.

Results from the national GP patient survey (published in July 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was above slightly above average for its satisfaction scores on consultations with GPs and nurses but below average for helpfulness of reception staff. For example:

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

- 98% 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%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 74% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Reception staff told us that they had undertaken customer care training as part of e-learning. Additional staff were also placed at reception at busier times to try and improve the patient experience.

The practice recognised high levels of deprivation in the local areas and issued food bank vouchers to those who would benefit from them. The Citizens Advice Bureau also operated services once a week from the premises offering advice on a wide range of issues such as financial and legal matters.

### 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 personalised care plans in place for patients with long term conditions.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 89%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

## Are services caring?

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

The practice provided some facilities to help patients be involved in decisions about their care. For example, translation services were available for patients who did not have English as a first language.

### **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, for example counselling and wellbeing services and third sector support. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 141 patients as carers (approximately 1.5% of the practice list). The practice had a carers board and carers pack for patients to take away which signposted them to various avenues of support available to them.

Staff told us that if families had suffered bereavement one of the GPs would contact them to offer advice and support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended opening for appointments on Saturday mornings; 8.15am to 12pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice had a policy of not turning patients away when all urgent appointments had been filled.
- Patients were able to receive travel vaccinations available on the NHS. Staff signposted patients to other services for travel vaccinations only available privately.
- There were disabled facilities, which included ramp access and automatic doors. Some consulting rooms were on the first floor for which there was access via a lift.
- The practice had a hearing loop and made use of translation services when needed. Staff told us that if patients had any special needs this would be highlighted on the patient system.
- The premises were accessible for pushchairs, baby changing facilities were available and a notice displayed offered patient privacy for breast feeding.
- Patients with no fixed abode were able to register at the practice and we saw evidence of this.

- The practice was working with the Alzheimer's Society. Patients with a diagnosis of dementia and their carers were referred to support workers from the Alzheimer's Society who could provide social and practical support to patients and their carers.
- A range of diagnostic and monitoring services including spirometry, electrocardiographs, phlebotomy, ambulatory and home blood pressure monitoring were available at the practice for the convenience of patients.
- The practice was participating in an ambulance triage project in which the GPs provided advice to paramedics and supported patients within primary care where appropriate as an alternative to A&E. The practice has been involved with the project since September 2015. Of the 15 calls received by the practice attendance to A&E had been avoided in 12 cases.

### Access to the service

The practice was open between 8.15am to 1pm and 2pm to 6.15pm Monday to Friday. In addition the practice open on a Saturday morning between 8.15am and 12 noon for extended opening. Appointment times were usually 8.30am to 11.50am, 2.30pm to 4.30pm and 4pm to 5.50pm daily. Between 1pm and 2pm the practice had arrangements with another provider (Southdoc) to cover calls. When the practice was closed during the out-of-hours period services were provided by an out-of-hours provider (BADGER).

The practice operated a system in which morning appointments were bookable on the day and afternoon appointments bookable in advance with some appointments reserved for urgent appointments allocated via a triage system.

Results from the national GP patient survey (published in July 2016) showed that patient's satisfaction with how they could access care and treatment was below national averages. However there had been improvements since the previous patient survey published in January 2016.

- 68% (previously 58%) of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 48% (previously 39%) of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Action taken by the practice to improve access included: two additional reception staff to answer calls during busy

# Are services responsive to people's needs?

(for example, to feedback?)

times; rota changes so that more GPs were available on a Monday morning; the use of triage call back for those who couldn't get an appointment and promotion of online services. The practice had discussed the changes with their patient participation group and displayed feedback about what they had done to try and improve the service, including access, in response to patient comments.

The practice triage system enabled the clinicians to assess home visit requests and urgency of need for medical attention. Practice staff told us that they would not turn anyone away who felt their needs were urgent and that these patients would be added on to the end of clinic.

People told us on the day of the inspection that they were usually able to get appointments when they needed them. We saw that the next available routine appointment with a GP was within the next working day and for a practice nurse the same day. It was longer for a blood test (six working days) which we were told was due to the health care assistant being on leave.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A complaints leaflet was available for patients to take away in the entrance to the practice. This explained the complaints process, expected timescales for managing the complaint and what to do if they are unhappy with the response from the practice.

We saw four formal complaints and we looked at one of these in detail. We found it had been satisfactorily handled in a timely way and the patient had been offered an apology. Lessons were learnt from individual concerns and complaints. An annual complaints review took place to ensure the complaint had been acted on and any learning identified was shared. Staff told us that verbal complaints were usually dealt with at the time and that there was no formal system for recording these.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. They had set out their key values. During our inspection we saw that they understood the needs of their population and strived to deliver services which reflected those needs as well as identifying and acting on areas in need of improvement.

The practice was part of Our Health Partnership, a new partnership consisting of 32 practices in the local area. The practices were working together to respond to the changing demands faced by primary care and to deliver efficiencies through shared back office functions.

### Governance arrangements

The practice had an overarching governance framework to support the delivery of the service and patient care. We found:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Clinical staff had defined lead roles.
- Practice specific policies were implemented and were available to all staff from their computers.
- A comprehensive understanding of the performance of the practice was maintained. Audit and local benchmarking data was used to monitor quality and to make improvements. Performance against QOF was discussed at the clinical meetings.
- There were arrangements for identifying, recording and managing risks, although these were not always very comprehensive.

### 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 partners were approachable and listened if they wished to discuss anything.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had thorough systems in place to ensure that when things went wrong with care and treatment people affected received reasonable support and an apology.

There was a clear leadership structure in place and staff felt supported by management. The practice held regular staff meetings for all staff. Administrative staff also met with the practice manager if there was anything specific that needed to be discussed. Staff described the practice as having an open culture and felt able and confident in raising any issues with senior staff. One of the GPs had a lead role for pastoral care to support the wellbeing of staff. There was a whistleblowing policy in place but staff we spoke with told us they had not had cause to use it.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and through comments and complaints received. We spoke with two members of the practice's patient participation group who told us that they met two to three times a year. Meetings were attended by a GP and practice manager. They told us that the group was listened to and about some changes that had been made as a result of feedback for example, refurbishment in waiting areas, a system to call in patients to their appointment and additional staff employed. A display in the entrance to the practice told patients about action they had taken in response to feedback received.
- The practice had gathered feedback from staff. Staff told us they felt involved and engaged to improve how the practice was run. For example, the practice had introduced colour coded letters for recalling patients, this helped staff identify what patients needed to do.