

New Street Surgery

Quality Report

New Street
Hill Top
West Bromwich
B70 0HN

Tel: 0121 556 0190

Date of inspection visit: 01 November 2016

Website: www.newstreetsurgerywestbromwich.co.uk Date of publication: 27/02/2017

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to New Street Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at New Street Surgery on 01 November 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. Learning outcomes were shared with staff.
- Most risks to patients were assessed and well managed. Health and safety precautions had been taken which included checking that equipment was fully working and safe to use and infection prevention control measures were in place. We noted an exception in relation to an emergency medicine not held at the time of our inspection and the absence of a secondary thermometer for use in the vaccine fridge.
- 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. Patient feedback which included the practice's own survey and the National GP Patient Survey rated the care provided highly.
- Information about services and how to complain was available and easy to understand. All staff we spoke with knew the procedure in place for addressing patient complaints. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.
- Ensure a risk assessment is undertaken of all emergency medicines potentially required for use in a patient emergency.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

The area where the provider must make improvement is:

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events. All staff we spoke with knew how to report incidents. Documentation we were provided with supported the processes in place.
- Lessons were shared to make sure action was taken to improve safety in the practice. Records included analysis of the events and risk assessment to reduce potential reoccurrence. Learning outcomes were shared in practice meetings.
- When things went wrong patients received reasonable support, information, and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. This included infection control procedures, staff recruitment procedures and appropriate training of staff in safeguarding.
- Most risks to patients were assessed and well managed. This included health and safety, and ensuring sufficient staff in place to meet patient needs. Whilst most suitable emergency procedures were in place if a patient presented with an urgent medical condition, we noted the practice did not hold supplies of a particular emergency medicine. We also found that the practice did not use a secondary thermometer in its vaccine fridge to cross check the accuracy of the main thermometer. The practice was responsive and took immediate action following our inspection to manage these risks.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and comparable with the national average. The practice had achieved 100% of available QOF points in 2015/16. This was above the CCG and national averages of The practice's overall exception rate reporting was 11.2%.
- Staff assessed needs and delivered care in line with current evidence based guidance such as National Institute for Health and Care Excellence (NICE).

Summary of findings

- Clinical audits demonstrated quality improvement including improved patient outcomes. For example, an audit was undertaken to identify the appropriateness in the prescribing of particular medicines to patients categorised as high risk. Audit outcomes were evident following the completion of an action plan.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff we spoke with told us they felt supported by management and were able to maintain their continuing professional development.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey in July 2016 showed patients rated the practice higher than others for several aspects of care when compared with the local average. This included 91% of patients who said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 91%.
- Data also showed that patients rated reception staff highly. For example, 89% of patients considered receptionists at the practice helpful compared to the CCG average of 81% and national average of 87%.
- Feedback in CQC comment cards reviewed showed that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. This included information for carers of all ages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



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. A variety of in-house services were provided for patients which included phlebotomy, spirometry and ECG monitoring.

Good



Summary of findings

- Patients said they found it easy to make an appointment with a named GP. Data from the national GP patient survey showed that 51% of patients were usually able to see or speak to their preferred GP compared to the CCG average of 45% and national average of 59%. We found there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included disabled facilities and translation services which were regularly used by patients whose first language was not English.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included most 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 business manager 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 and had engaged with patients to obtain their views on the service.
- There was a strong focus on continuous learning and improvement at all levels. This was reflected in staff development, audits undertaken and the practice plans for the future.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice was signed up to an initiative to reduce unplanned hospital admissions and all patients had been allocated a named GP.
- The practice had patients residing in two nursing homes. A care home manager we spoke with praised the practice for their effectiveness and responsiveness in providing care for these patients. The practice undertook medicine review visits and provided the flu vaccination to these patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- National data showed the practice was performing above the local CCG and national averages for its achievement within stroke and transient ischaemic attack (TIA) related indicators. Data showed that 89% of patients with a history of stroke or TIA had received a blood pressure reading within the previous 12 months. The CCG average was 87% and national average was 88%.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- National data showed the practice was performing above the local CCG average for its achievement within 11 diabetes indicators. The practice achieved 100% of the available QOF points compared with the CCG average of 88% and national average of 90%.
- Data also showed that 100% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis. This was above the CCG and national average of 89%. Exception reporting was 7.7% which was lower than CCG average of 10.3% and national average of 9.2%.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates for all standard childhood immunisations ranged from 86% to 100%. This was comparable to CCG averages which ranged from 87% to 95%. The practice provided a weekly immunisations clinic.
- The practice provided an in-house weekly midwife clinic with midwifery staff attending from a local Trust. A female GP was also available to see patients.
- Our discussions held with staff showed that children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice operated a Saturday morning clinic to benefit those patients who could not attend the practice in usual working hours.
- Telephone consultations were available to those patients who requested them.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- 81% of women aged over 25 but under 65 had received a cervical screening test in the previous five years. The practice was performing above the CCG average of 79% and was the same as the national average.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 19 patients on the learning disability register. We were informed that all of these patients had been invited to attend for an annual review and 12 had attended.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice also referred patients who would benefit to an in-house counselling service.
- 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 87 patients as carers (2.8% of the practice list).
- The practice had participated in the Identification and Referral to Improve Safety (IRIS) pilot, where clinical and non-clinical staff had been given specialist training in domestic violence and abuse.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- 91% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was the same as the CCG average and above the national average of 89%.
- 87% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG and national averages of 84%.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had a number of patients with dementia living in residential home. Practice GPs undertook regular visits and reviews of these patients.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. In addition, referrals were made to appropriate specialist services for complex cases.

Summary of findings

What people who use the service say

The National GP patient survey results were published in July 2016. The results showed the practice was mixed in comparison with local and national averages. Three hundred and fifty-eight survey forms were distributed and 109 were returned. This represented 30% response rate and approximately 4% of the total practice population.

- 77% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and national average of 85%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and national average of 85%.

- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 64% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, all of which were positive about the standard of care received. Positive comments included that an efficient, personal and caring service was provided and a number of comments made reference to particular staff. We also noted that two of the comment cards contained mixed feedback regarding waiting time to see a GP.

The practice results from the NHS Friends and Family test showed that during the months of May, June, July 2016, all seven patients who completed feedback were likely or extremely likely to recommend the practice to their friends and family.

Areas for improvement

Action the service MUST take to improve

- Ensure a risk assessment is undertaken of all emergency medicines potentially required for use in a patient emergency.

New Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to New Street Surgery

New Street Surgery is located in West Bromwich, a town in Sandwell in the West Midlands. It is approximately five miles northwest of Birmingham.

There is access to the practice by public transport from surrounding areas. There are parking facilities on site.

The practice currently has a list size of 3,014 patients.

The practice holds a Personal Medical Services (PMS) contract which is a locally agreed contract between NHS England and a GP to deliver care to the public. The practice provides GP services commissioned by NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is situated in an area with high levels of deprivation. A marginally lower number of patients registered at the practice are in paid work or full time education (54%) compared with the local CCG and national averages (57%).

The practice has a higher than national average number of children and younger adults population. It has a slightly

lower than national average number of older aged people. The patient population is mixed. Whilst there is a high British ethnicity, there are also a number of asian, polish and latvian patients registered at the practice.

The practice is currently managed by a business manager. At the time of our inspection, the practice had three regular sessional GP locums (2 female, 1 male). A lead salaried GP had recently finished working at the practice. The business manager has been seeking to recruit to this vacant post. The GP locums are supported by two female practice nurses and a female health care assistant. The practice also employs a team of reception, clerical and administrative staff and a cleaner.

The practice is open on Mondays to Fridays from 8am to 6.30pm and on Saturdays from 8.30am to 12pm. Appointments are available Mondays 9.30am to 12.30pm, 3.30pm to 5.30pm, Tuesdays 9.30am to 12.30pm, 3.30pm to 5.30pm, Wednesdays 9.30am to 12.30pm, 3pm to 5.30pm, Thursdays 8.30am to 11.30am, 3pm to 5.30pm, Fridays 9.30am to 12.30pm, 3pm to 5.30pm and Saturdays 9am to 12pm.

Outside of this cover, out of hours service is provided by Primecare. Patients can also contact NHS 111.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 01 November 2016. During our visit we:

- Spoke with a range of staff (GP, nurse, business manager, reception and administrative staff) and spoke with four members of the patient participation group (PPG).
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. The practice had recorded seven incidents within the past twelve months.

We reviewed safety records, incident reports, patient safety alerts, including Medicines and Healthcare products Regulatory Agency (MHRA) alerts and minutes of meetings where these were discussed. We saw evidence that action was taken and lessons were shared to improve safety in the practice. For example, an error which involved a patient test being taken unnecessarily, resulted in preventative measures being introduced to reduce the risk of reoccurrence.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were two lead members of staff for safeguarding which included a GP and practice nurse. The GPs attended safeguarding meetings when possible and provided reports where

necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. The member of nursing staff who undertook a joint lead role in safeguarding was also trained to level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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 clean and tidy. The practice nurse was the infection control clinical lead who had access to the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the last one in April 2016 and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice purchased blood pressure cuff covers as an infection prevention control measure for patients.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice mainly kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We looked at the practice's vaccine fridge and noted one thermometer was used. The practice told us they did not use a secondary thermometer. A secondary thermometer is recommended as a method of cross-checking the accuracy of the temperature as the one in-built thermometer used was not calibrated on a monthly basis. When we discussed this with the practice, they advised us that they would purchase a secondary thermometer. Following our inspection, we were informed that one was in use.
- Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The practice carried out medicines audits, with the support of the local CCG medicines management teams, 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are documents which permit the supply of prescription-only medicines to groups of patients without individual prescriptions). The Health Care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Patient specific directions are instructions to administer a medicine to a list of individually named patients.
- We reviewed four personnel files, two of these included the files of sessional GPs. We 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).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. This was last check was carried out in February 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A risk assessment for legionella was undertaken in November 2015.

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. The practice was currently being staffed by GP locums who were working in the practice on a regular basis. A salaried GP had recently left the practice and we were informed that this vacancy was currently being advertised. There was a system in place for the other staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, we noted that the practice did not hold stocks of benzylpenicillin which is recommended for use if a patient presented with suspected bacterial meningitis. We discussed this with the practice and they advised that they would purchase the medicine. Following our inspection, we were contacted and told that the medicine was now held within the medicines stock.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of the plan was kept off site.

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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. This was above the CCG average of 95% and national average of 95%. The practice overall exception reporting rate was 11.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was 100% which was above the CCG average of 88% and national average of 90%.
- 100% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis. This was above the CCG and national average of 89%. Exception reporting was 7.7% which was lower than the CCG average of 10.3% and national average of 9.2%.
- 100% of patients with a diagnosis of depression had received a review after their diagnosis. Performance was

above the CCG average of 86% and above the national average of 83%. The practice had not exception reported any patients. The CCG exception reporting rate was 24.8% and the national average was 22.1%.

- 91% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was the same as the CCG average and above the national average of 89%. Exception reporting was 2.8% which was below the CCG average of 14.7% and below the national average of 12.7%.
- 100% of patients recorded in the heart failure indicators had a confirmed diagnosis of heart failure. This was above the CCG average of 96% and national average of 95%. The practice had not exception reported any patients. The CCG exception reporting rate was 2.7% and the national average was 4.4%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits undertaken in the last twelve months. We reviewed a completed audit where improvements had been implemented and monitored. For example, the audit involved a review of patients prescribed with anti-inflammatory medicines who were categorised as high risk patients. The audit sought to identify the appropriateness in the prescribing of the medicines. Audit outcomes included 18 patients who had their medicines reviewed and adjusted accordingly.
- The practice had audited its effectiveness for two week wait referrals made to identify if they were appropriate and if patients were seen within the time frame. These referrals are made when a patient is suspected to have cancer. Audit outcomes included that 17% referrals did not comply with guidelines and 83% of patients were seen within the required timeframe. The audit included an action plan to address issues identified.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as

Are services effective?

(for example, treatment is effective)

safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice had also developed a separate information document for locum doctors.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. One of the practice nurses had recently attended a 'Best Practice' conference and was due to attend a diabetes update in December 2016 to update her skills. Nursing staff attended three monthly meetings with other nurses working within the CCG.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff were able to provide examples to demonstrate their application of knowledge.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. The practice website also included information about living well and staying healthy.
- The practice promoted expert patients programme courses for patients with diabetes. These help people improve their health and wellbeing by learning new skills to manage their condition on a daily basis.
- The practice provided in-house smoking cessation support in a weekly clinic.

The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 79% and the same as the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. This was followed up by a letter sent to patients. The practice ensured a female sample taker was available.

Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- Data from 2015 showed that uptake for bowel cancer screening in the previous 30 months was 54% which was above the CCG average of 47%.
- Data showed that uptake for breast cancer screening in the previous 36 months was 67% which was below the CCG average of 69%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood

immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% within the practice. The CCG rates varied from 91% to 95%. Five year old vaccinations ranged from 86% to 100% within the practice. The CCG rates ranged from 87% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Reception staff also told us that they would transfer any patient telephone calls of a sensitive nature to a private office.

All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mostly above average for its satisfaction scores on consultations with GPs and nurses when compared with the local average but marginally below the national average. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.

- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 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 80% and national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 91%.

In addition, the practice scored highly for its satisfaction scores in relation to reception staff.

- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

The practice had undertaken its own patient survey in March 2016, a total of 50 patients responded. This showed:

- 45 patients agreed or strongly agreed that the GP showed care and compassion during their visit. A further 5 patients were neutral and there were not any patients who disagreed.
- 46 patients said the GP fully understood their concerns and was able to offer advice or treatment. A further 4 patients were neutral and there were not any patients who disagreed.
- 44 patients said the GP discussed a plan of action with them and involved them in decisions about their care. A further 6 patients were neutral and there were not any patients who disagreed.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were again above local average but slightly below national average with the exception of consultations with nurses. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.

Are services caring?

- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language and these were used frequently.
- Some of the practice staff spoke a number of languages which included punjabi and urdu.
- The practice had provided leaflets for patients who spoke different languages.
- The practice website included a translation feature, so people could read information in a number of different languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 87 patients as carers (2.8% of the practice list). The practice had nominated a member of staff as a carers lead and a carers information board was placed in the practice waiting area. This included information for young carers. Carers were offered the flu vaccination.

Written information was available to direct carers to the avenues of support available to them and signposting information was also contained on the practice's website.

Staff told us that if families had suffered bereavement, they were contacted by the practice. This call was either followed by a patient consultation or by giving them advice on how to find a support service. We saw that information regarding a support group was also provided in the practice waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a Saturday morning clinic for working patients who could not attend during normal weekday opening hours.
- Telephone consultations were available to patients who requested these.
- There were longer appointments available for patients 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.
- A specialist diabetic nurse attended the practice on a bi-monthly basis to assist with patients with more complex needs.
- Clinics were provided for patients with long term conditions such as diabetes, asthma and coronary heart disease.
- Spirometry was provided within the practice. Spirometry is a test that can help diagnose various lung conditions such as chronic obstructive pulmonary disease (COPD) and is also used to monitor the severity of some other lung conditions.
- The practice offered in-house ECG (electrocardiogram) monitoring. An ECG records the electrical activity of the heart.
- A phlebotomy service was provided in-house. (Blood taking).
- An immunisations clinic was offered to patients on a weekly basis.
- The practice offered a tuberculosis (TB) screening service to all new patients. Tuberculosis is a bacterial infection that can spread to any organ in a person's body.
- Patients who would benefit were referred to a counselling service which operated in the practice on a weekly basis.

- The practice had participated in the Identification and Referral to Improve Safety (IRIS) pilot, where clinical and non-clinical staff had been given specialist training in domestic violence and abuse.
- A weekly smoking cessation clinic was provided to practice patients who required support.
- A range of family planning services were available to those patients who required them.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities for those with poor mobility and translation services available.

Access to the service

The practice was open on Mondays to Fridays from 8am to 6.30pm and on Saturdays from 8.30am to 12pm. Appointments with GPs were available Mondays 9.30am to 12.30pm, 3.30pm to 5.30pm, Tuesdays 9.30am to 12.30pm, 3.30pm to 5.30pm, Wednesdays 9.30am to 12.30pm, 3pm to 5.30pm, Thursdays 8.30am to 11.30am, 3pm to 5.30pm, Fridays 9.30am to 12.30pm, 3pm to 5.30pm and Saturdays 9am to 12pm. Appointments with the practice nurse or healthcare assistant were available from 8am on Mondays and Fridays and were available until 6pm on Tuesdays and Thursdays. In addition to pre-bookable appointments that could be booked up to one week in advance to see a GP and up to 10 weeks in advance to see a nurse urgent appointments were also available for people that needed them.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 73%.
- 51% of patients were usually able to see or speak to their preferred GP compared to the CCG average of 45% and national average of 59%.

We noted that two of the 32 CQC comment cards we received contained mixed feedback regarding waiting times to see a GP when they called to make an appointment. Other feedback in the comment cards showed that patients

Are services responsive to people's needs?

(for example, to feedback?)

were able to get appointments when they needed them. Members of the PPG told us that ongoing discussions were held with the practice regarding patients ease of access to appointments. As a result of previous discussions and feedback the practice now opened on Saturday mornings.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

We were informed that a decision was made by one of the GPs prior to undertaking a home visit. The patient or carer requesting the visit was telephoned in advance so information could be obtained to allow the clinician to make an informed decision as to the priority of the visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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. This included the practice leaflet, comments and complaints leaflet and information held on the practice website.

We looked at two complaints received in the last 18 months and found they were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint involving perceived unresponsive attitude of a clinician led to an action plan being implemented regarding the procedure to follow if more than one complaint was received regarding the same clinician.

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.

- The practice objectives included the delivery of high quality, safe and effective services monitored and audited to continually improve the healthcare provided to the local population. Staff were aware of and understood the practice values.
- The practice had a strategy and supporting business plan which reflected the vision and values and were regularly monitored. The business plan included the practice's intentions to recruit an additional GP and a nurse practitioner. Focus was also placed on staff learning needs and requirements continuing to be met.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were supported through one to one sessions, meetings, training programmes and appraisals.
- Practice specific policies were implemented and were available to all staff. Discussion of policies took place through induction, training and staff meetings.
- A comprehensive understanding of the performance of the practice was maintained. This was demonstrated in the practice's assessment of its performance against QOF data and CCG statistical information such as prescribing data.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We were provided with audit data which focussed on patient safety and identified improved patient outcomes.
- There were most arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, not all risks had been identified prior to our inspection. These included the

practice not holding supplies of an emergency medicine and not considering the use of a secondary thermometer in its vaccine fridge. We noted that the practice took immediate action to mitigate these risks following our inspection.

Leadership and culture

On the day of inspection the business manager in the practice demonstrated she had the experience, capacity and capability to run the practice and ensure high quality care. She told us the practice prioritised safe, high quality and compassionate care. Staff told us the manager was approachable and always took the time to listen to all members of staff.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The business manager encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology when appropriate.
- The practice kept written records of verbal interactions as well as written correspondence which was reviewed annually.

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

- Staff told us the practice held regular team meetings. We reviewed documented minutes which included practice management meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the business manager in the practice. All staff were involved in discussions about how to develop the practice and were encouraged to identify opportunities to improve the service delivered by the practice. For

Are services well-led?

Good 

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

example, the practice nurse told us that as a result of her feedback, longer appointment times had been allocated for patients receiving childhood immunisations to ensure sufficient time was available.

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 complaints received. The PPG met every three months, carried out patient surveys and submitted proposals for improvements to the practice management. For example, a baby changing table and disposable nappy bin were provided in patient toilets in response to requests by parents of young children.

- The practice had gathered feedback from staff through informal discussions held and through practice meetings and staff appraisals. Staff told us they would provide feedback and discuss any issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 arrangements for assessing the risks to the health and safety of service users receiving care or treatment were not sufficiently in place. A risk assessment had not been undertaken to assess emergency medicines required in the event of a patient emergency. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	