

Dr Ainsworth & 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?		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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the practice of Dr Ainsworth & Partners on 5 January 2017. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, including those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Data showed patient outcomes were comparable to those locally and nationally.
- Feedback from patients about their care was strongly positive,

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- Information about services and how to complain was available and easy to understand.
- Patient's views were in the main positive when asked how easy it was to make an appointment including availability of same day appointments.
- 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 areas where the provider must make improvement are:

Summary of findings

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. We noted however there was no formal system in place to routinely review and monitor children on the at risk register.

The provider should also:

- Consider assessing the need for all electrical equipment including computers to be checked in line with good practice guidance.
- Consider a formal means of disseminating safety alerts such as drug safety alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) to all relevant staff.

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 requires improvement for providing safe services.

Requires improvement



- 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.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However we noted the at risk register for children was not formally reviewed and monitored.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were comparable to the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Data showed that patients rated the practice in line with or above others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about services available was easy to understand and accessible.

Summary of findings

- We also saw that staff treated patients with kindness and respect and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patient's needs.
- Patients could access appointments and services in a way and at a time that suited them.
- Telephone consultations were readily available and home visits, including the phlebotomy service provided to house bound patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- The practice was well equipped to treat patients and meet their needs and a planned move to new premises was imminent and would improve facilities and increase space with the practice.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- There was a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the practice vision and their responsibilities in relation to this.
- 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 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 knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on.

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. The practice had a higher than average percentage of patients over the age of 75 with 12.3% compared to 8.9% for the CCG.

The practice offered proactive, personalised care to meet the needs of the older people in its population.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- One of the GP partners took the lead for avoiding unplanned admissions and met monthly with the integrated care team to review and monitor the care and treatment provided to vulnerable patients.
- The practice embraced the Gold Standards Framework for end of life care.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Where appropriate, patients with more than one long-term condition were able to access a joint review to prevent them having to make multiple appointments.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For patients with complex needs, a named GP and practice nurse worked with relevant community and healthcare professionals to deliver multidisciplinary support and care. Multidisciplinary meetings were held to review patients' needs and to avoid hospital admissions.
- Patients with COPD and asthma had self-management plans and those with chronic conditions were provided with care plans.
- Patients who were diagnosed with a long term conditions such as diabetes were directed to a structured education programme.

Good



Summary of findings

Families, children and young people

The practice is rated as requires improvement 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 were relatively high for all standard childhood immunisations. We noted however there was no formal system in place to routinely review and monitor children on the at risk register.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.

Requires improvement



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.

- Patients could access appointments with a clinician from 8:30am and up to 6pm to enable patients to access appointments outside of normal working hours. The practice also provided Long term health conditions clinics twice a month on a Saturday.
- 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



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice was aware of those patients who required an interpreter and used a translation telephone service where required.

Good



Summary of findings

- Vulnerable patients were identifiable with alerts noted on the secure computer system to ensure staff were alerted to needs.
- The practice supported patients in relation to substance misuse. One GP took a lead on substance misuse, working together with a drugs worker the GP would prescribe and monitor patients, signpost to relevant agencies and where required provided testing for blood borne virus and referral if necessary to hospital specialists.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had told vulnerable patients how to access various support groups and voluntary organisations.
- 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.

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).

- 85.2% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months comparable to the CCG and national average.
- 92.6% of patients with poor mental health had a comprehensive care plan documented in the record agreed between individuals, their family and/or carers as appropriate.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was above local and national averages. 298 survey forms were distributed and 115 were returned. This was a completion rate of 39%, representing 1% of the practice's patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 60% and the national average of 73%.
- 84% 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 81% and the national average of 85%.

- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 74% and the national average of 78%.

The 11 patients we spoke with, including two members of the patient participation group were complimentary of the staff, care and treatment they received, however some patients did mention the lack of continuity of care at times due to the number of locum GPs.

Dr Ainsworth & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor and Practice manager specialist advisor.

Background to Dr Ainsworth & Partners

Dr Ainsworth & Partners provides primary medical services in Shared End, Birmingham from Monday to Friday.

The practice is open 8am to 6:30pm Monday to Friday, only closing between 12:30pm and 2:30pm Wednesdays. Appointments with a GP or advanced nurse practitioner were available Monday to Friday, Mondays are on the day appointments only, Tuesday to Friday pre bookable appointments are available from 8:30am to 12pm and 2pm to 6pm, urgent on the day appointments are available via a triage system.

The practice is situated within the geographical area of NHS Birmingham Crosscity Clinical Commissioning Group (CCG).

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Dr Ainsworth & Partners is responsible for providing care to 11327 patients.

The practice during 2015/16 saw significant staff changes including the retirement of Dr Ainsworth and staff shortages due to maternity leave and sickness and

difficulties recruiting new clinical staff resulting in an increased use of locum GPs. At the time of our inspection the clinical team was stable with two GP partners, four salaried GPs and two long term locum GPs, five of whom were female. Alongside the GPs there are three advanced nurse practitioners, a minor illness nurses, three practice nurse and two health care assistants.

The practice is supported by a practice manager, one administrative supervisor, three administrators, secretary, senior administrator, two senior receptionists and six receptionists.

When the practice is closed patients are directed to the out of hours service by calling 111.

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?
- Is it effective?

Detailed findings

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

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

- Older people
- 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)

Before visiting, we reviewed a range of information about the practice. We asked the practice to give us information in advance of the site visit and asked other organisations to share their information about the service.

We carried out an announced visit on the 5 January 2017. We reviewed information provided on the day by the practice and observed how patients were being cared for.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received and included individual praise for clinical and non clinical staff. We also spoke with nine patients and two members of the patient participation group on the day of the inspection, majority of whom were positive about the service they received.

During the inspection we spoke with 12 members of staff, including GPs, nurses, health care assistant, practice manager and members of the administration and reception team.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events and clinical events. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available for consistency.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. All significant events and incidents were written up and presented at practice meetings, following which, action plans were implemented.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance, local CCG and NHS England. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a named GP lead for safeguarding adults and children. The lead attended local safeguarding meetings and attended, where and when possible, case conferences and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. We noted however there was no system in place to routinely review and monitor children on the at risk register.
- A notice was displayed in the waiting room advising patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role, and had received a disclosure and barring check (DBS).

(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).

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available. The practice carried out regular risk assessments including fire and Legionella risk assessments. Clinical equipment was checked and calibrated to ensure it was working properly. We noted although majority of portable electrical equipment had been checked, they did not routinely include computers in these checks.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been completed by the practice nurse and regular checks were carried.
- 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 medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy 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. Five nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. 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.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.

Are services safe?

- Safety alerts such as drug safety alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and actioned by one of the lead GPs. We noted however there was no system in place to share learning and outcomes with other clinicians within the practice.
- We reviewed three personnel files 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice team worked together to resolve staff shortages with staff willing to work overtime to cover and utilising locum clinicians to ensure patient access to care and treatment was maintained.

Arrangements to deal with 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. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included up to date emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

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, for 2015-16, were 97.9% of the total number of points available. This was comparable to the CCG and the national average. The exception reporting rate was 10.6%, comparable to the CCG and the national average of 9.2%. (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 98.4%. This was above the CCG average of 90.9% and the national average of 90%.
- Performance for mental health related indicators was 95.3%. This was above the CCG average of 91.9% and the national average of 93%.

Clinical audits demonstrated quality improvement.

- There had been several clinical and non-clinical audits completed in the last two years, we reviewed four audits completed by GPs and nurses which included the use of Dpp-4 inhibitors in the care and treatment of patients with Type 2 Diabetes and ensuring patients with COPD are being treated in line with NICE guidance. The practice also carried out with the support of the medicines management team audits to ensure prescribing was in line with relevant guidance.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Effective staffing

The practice during 2015/16 saw significant staff changes including the retirement of Dr Ainsworth and staff shortages due to maternity leave and sickness and difficulties recruiting new clinical staff resulting in an increased use of locum GPs. At the time of our inspection the clinical team was stable with two GP partners, four salaried GPs and two long term locum GPs, five of whom were female. Alongside the GPs there are three advanced nurse practitioners, a minor illness nurses, three practice nurse and two health care assistants.

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during clinical sessions, one-to-one meetings, appraisals, facilitation and support for the revalidation of doctors and nurses.
- The practice embraced professional development and supported staff to enhance their skills, for example nursing staff were supported to gain qualifications to enable them to treat minor illness.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to 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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice worked closely with multidisciplinary teams to provide care and treatment to patients in the community. One of the GP partners took the lead for avoiding unplanned admissions and met monthly with the integrated care team to review and monitor the care and treatment provided to vulnerable patients. The practice worked closely with a number of community services wherever possible.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place and were minuted. We noted these were routinely attended by district nurses, health visitors and Macmillan nurse.

Consent to care and treatment

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

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

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with poor mental health and those requiring advice on their diet and smoking and alcohol cessation.

We noted a number of examples of how the practice worked with patients to lead healthier lifestyles. This included enabling external organisation to provide services to patients in house, for example Birmingham Health Minds, Drugs counsellors and community organisations such as Our roots: Our Roots is a community interest company (CIC) providing counselling and support for patients with poor mental health.

The practice had a comprehensive screening programme. The practice uptake for the cervical screening programme was 73% which was comparable to the CCG 78% however below the national average of 82%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice were aware of the low uptake and continued to work hard to educate patients of the importance of screening programmes to increase uptake. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above the CCG and national averages. For example, NHS England figures showed in 2015 94% of children aged 5 years had received the full measles, mumps and rubella (MMR) vaccination in line with the CCG average of 83%.

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-up for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. We saw a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Screens and 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.

The 11 patients spoken to highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy in the main with how they were treated and that this was with compassion, dignity and respect.

Results from the national GP patient survey showed patients felt in the main they were treated with compassion, dignity and respect. The practice was comparable with other practices within the CCG for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% 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%.
- 80% 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 the national average of 85%.

- 84% 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 the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with and comment cards received, told us that health issues were discussed with patients and 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.

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

- 91% 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 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language and an extended appointment would be booked if an interpreter was required.

The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission.

Patient and carer support to cope emotionally with care and treatment

Notices in the patients' waiting room advised patients how to access a number of support groups and organisations.

Are services caring?

There were 132 (1.2%) patients recorded as carers. The practice supported patients who were carers informal, they told us they would look to formalise the system and look at providing additional information for carers on support services available locally and ensure annual health checks where appropriate.

Staff told us that if families had suffered bereavement, arrangements were made for a bereavement visit or consultation with the GP involved in the patients care. Information was also available in the waiting area guiding patients to local bereavement support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, attending locality meetings and working with other health and social care professionals, this included neighbourhood teams.

Patients' individual needs and preferences were central in providing services which were flexible and gave patients choice. The practice involved other organisations and patients in their planning to meet needs. We saw a range of approaches to providing integrated person-centred care. For example:

- Patients could access appointments with a clinician from 8:30am and up to 6pm to enable patients to access appointments outside of normal working hours. The practice also provided Long term health conditions clinics twice a month on a Saturday.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were longer appointments available for patients with a learning disability or those who required them.
- Home visits were readily available for older patients and patients who would benefit from these, this included visits from GPs and nurses.
- The practice had a text message service for patients which included reminders for annual reviews and flu vaccinations.
- There were facilities for people with disabilities and translation services available. Patients requiring a translator were provided with extended appointments.
- Patients were able to receive travel vaccinations which were available on the NHS and patients were referred to other clinics for vaccines only available privately.

Access to the service

The practice was open 8am to 6:30pm Monday to Friday, only closing between 12:30pm and 2:30pm Wednesdays. Appointments with a GP or advanced nurse practitioner were available Monday to Friday, Mondays were on the day appointments only, Tuesday to Friday pre bookable appointments were available from 8:30am to 12pm and 2pm to 6pm, urgent on the day appointments were available via a triage system.

The practice regularly monitored the demand on the service and the number of appointments available. The appointment system had evolved following feedback from patients

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was in line with the local averages. For example the GP survey results showed:

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

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.

This was achieved by the GP triage, in which a GP would telephone the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. 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. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice kept a complaints log for written and verbal complaints. We looked at an overall summary of complaints received examples of formal complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency.

Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice reviewed complaints to identify any patterns or trends during practice meetings and learning shared with all staff where appropriate.

Are services well-led?

Good 

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

Our findings

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy and were developing a business plan following the changes within the practice to reflect their visions and values going forward.

Speaking with staff and observations on the day of the inspection we saw staff understood the practice vision and values and demonstrated how they incorporated these values in their work.

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 new staff structure following the successful recruitment of new staff and existing staff returning to their roles. Staff were aware of their own roles and responsibilities and worked together to ensure good outcomes for patients.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audits were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Education and training was core within the practice
- The practice had also joined Our health Partnership in November 2015 a partnership of over 30 practices as a means to build on the strengths of local GPs.

Leadership and culture

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

The practice during 2015/16 saw significant staff changes including the retirement of Dr Ainsworth and staff shortages due to maternity leave and sickness further impacted by difficulties recruiting new clinical staff which resulted in an increased use of locum GPs. The remaining partners and managers and staff team maintained services for patients during this challenging period and minimised the impact on patients, but acknowledged continuity of care was not always maintained. We were provided with several examples of team work and staff coming together to support one another and maintain good care and treatment for patients.

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 partners 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
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held weekly team meetings for staff. Meetings were in the main minuted and shared with staff, however some staff felt communication could be improved and minutes of meeting shared more formally. The practice were looking to introduce clinical meetings as a means of improving communication and sharing learning with clinical staff more formally.
- 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, particularly by the partners. All staff were involved in discussions about how to run and develop the practice, and the provider, GPs and managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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 regularly, and worked with the practice management team to identify good practice and identify ways in which patients experience could be improved. Speaking with two members of the PPG they felt listened to and involved in future developments.
- In response to patient feedback the practice had improved the appointment system and review process for patients with long term health conditions, receiving positive feedback on the improvements from patients.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and worked in partnership with other local services to improve outcomes for patients in the area. The practice embraced learning and professional development. We noted future developments included:

- Establish formal monthly clinical meetings
- Support staff to undertake additional training, for example enabling nursing staff to gain additional qualifications to prescribe and treat minor illness
- Carry out renovations to the existing practice to improve environment for staff and patients and to create space for another GP practice to co locate.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Family planning services	Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. We noted however there was no formal system in place to routinely review and monitor children on the at risk register.
Maternity and midwifery services	This was in breach of regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	