

Enki Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Enki Medical Practice on 11 February 2016. The overall rating for the practice was requires improvement with requires improvement ratings in safe and well-led services. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Enki Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive follow up inspection carried out on 25 October 2017 to confirm that the practice had carried out their plan to meet the required improvements in relation to the breaches in regulations that we identified in our previous inspection on 11 February 2016. This report covers our findings in relation to those requirements and additional improvements made since our last inspection. Overall, the practice is now 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients, which it acted on.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had tailored their services to meet the needs of its patient population.
- The practice had 140 substance misuse patients on their register, staff we spoke with were passionate about caring for this patient group.

The areas where the provider should make improvement are:

- Consider how patients are informed regarding the availability of weekend appointments.

- Ensure that lines of accountability are clear to ensure that policies are well governed and fully embedded at the practice.
- Consider formalising the clinical supervision arrangements for the nursing team.
- Continue to explore and work on ways to improve telephone access.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

At our previous inspection on 11 February 2016 we rated the practice as requires improvement for providing safe services as the arrangements in respect of cleanliness and infection control, recruitment checks and medicines management were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 25 October 2017. The practice is now rated as good for providing safe services.

- The practice had a system 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 were informed as soon as practicable, 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 clearly defined systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

At our previous inspection on 11 February 2016 we rated the practice as good for providing effective services. Following this inspection on 25 October 2017, the practice is still rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were similar to or above average when compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- 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.
- End of life care was coordinated with other services involved.

Good



Summary of findings

Are services caring?

At our previous inspection on 11 February 2016 we rated the practice as good for providing caring services. Following this inspection on 25 October 2017, the practice is still rated as good for providing caring services.

- Data from the national GP patient survey showed the practice had similar satisfaction scores on consultations with GPs and nurses as compared with the CCG and national average.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients told us they were proud of the practice, staff listened to them and took the time to explain things.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

At our previous inspection on 11 February 2016 we rated the practice as good for providing responsive services. Following this inspection on 25 October 2017, the practice is still rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. It had a lead GP and advanced nurse practitioner for substance misuse. It offered specific appointments with interpreters and employed staff who could speak multiple languages.
- Patients we spoke with said they were able to make an appointment with a clinician of their choice, there was continuity of care and we saw urgent appointments were available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other practices within the wider organisation.
- The practice had not updated their website to show when weekend appointments were available.

Good



Are services well-led?

At our previous inspection on 11 February 2016 we rated the practice as requires improvement for providing well-led services as risks relating to infection prevention and control, recruitment and

Good



Summary of findings

medicines management were not always being assessed and managed. These arrangements had significantly improved when we undertook a follow up inspection on 25 October 2017. The practice is now rated as good for providing well-led services.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from patients and we saw examples where feedback had been acted on.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas to ensure that staff had protected learning time.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.
- Staff had defined roles. However, we found that in some areas lines of accountability were not always clear. For example, it was not clear who was responsible for ensuring that policies were current, embedded and practice specific.

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

When we inspected in February 2016, the practice was rated as requires improvement for safe and well-led services. The concerns which led to these ratings applied to everyone using the practice, including this population group.

Following this inspection on 25 October 2017, the practice is now rated as good for the care of older people.

- All older patients had a named GP.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with an outside support organisation to help patients with various issues such as improving mobility in and around the home.
- Where older patients had complex needs, including those at risk of falls, the practice discussed patients in multidisciplinary meetings.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice provided ECGs and 24 hour blood pressure monitoring at the practice, this meant patients did not need to go to the hospital for these services.

Good



People with long term conditions

When we inspected in February 2016, the practice was rated as requires improvement for safe and well-led services. The concerns which led to these ratings applied to everyone using the practice, including this population group.

Following this inspection on 25 October 2017, the practice is now rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in long-term disease management.
- Data from 2016 to 2017 showed 83% of patients with diabetes, on the register, had a blood sugar reading that showed their condition was being adequately controlled. This was similar to the CCG and national average of 79%.

Good



Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- The practice had dedicated teams to aid continuity of care including a named GP for these patients and there was a system to recall patients for 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.
- Patients with a long term condition were also sign posted to smoking cessation, health trainers, alcohol and drug services and route 2 wellbeing services.
- The practice maintained a Palliative Care register, which helped identify the more seriously ill patients. All seriously ill patients were discussed amongst the clinicians on a regular basis including daily team meetings once the morning appointments had finished .
- The practice offered access to Cardiology, Rheumatology, Dermatology and Gynaecology services at the practice or at other local practices within the wider organisation.

Families, children and young people

When we inspected in February 2016, the practice was rated as requires improvement for safe and well-led services. The concerns which led to these ratings applied to everyone using the practice, including this population group.

Following this inspection on 25 October 2017, the practice is now rated as good for the care of families, children and young people.

- We found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with health visitors and school nurses to support this population group. For example, in the provision of child health surveillance clinics.
- The practice had good baby changing and breast feeding facilities.
- Unverified data from the practice showed the practice's uptake for the cervical screening programme was 84%.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



When we inspected in February 2016, the practice was rated as requires improvement for safe and well-led services. The concerns which led to these ratings applied to everyone using the practice, including this population group.

Following this inspection on 25 October 2017, the practice is now rated as good for the care of working age people (including those recently retired and students).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on a Thursday and Saturday and Sunday appointments most weekends.
- The practice also offered telephone consultations for those patients unable to come into the practice for an appointment because of work commitments.
- Patients were able to book appointments in advance online with a clinician of their choice.
- 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.

People whose circumstances may make them vulnerable

Good



When we inspected in February 2016, the practice was rated as requires improvement for safe and well-led services. The concerns which led to these ratings applied to everyone using the practice, including this population group.

Following this inspection on 25 October 2017, the practice is now rated as good for the care of people who circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability or mental health condition.
- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments and annual reviews for its vulnerable patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 had 140 substance misuse patients on their register. They worked closely with three drug workers through a shared care agreement to provide services for these patients.
- The practice also registered patients who had previously been removed from other practices' lists; this service was part of the practice's Zero Tolerance service
- The practice was a Safe Place site for anyone who was in need of assistance. For example Dementia patients or patients suffering domestic violence.

People experiencing poor mental health (including people with dementia)

When we inspected in February 2016, the practice was rated as requires improvement for safe and well-led services. The concerns which led to these ratings applied to everyone using the practice, including this population group.

Following this inspection on 25 October 2017, the practice is now rated as good for the care of people experiencing poor mental health (including people with dementia).

- Data for 2016 to 2017 showed 75% of patients diagnosed with dementia, had their care reviewed in a face to face meeting in the last 12 months.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Data for 2016 to 2017 showed 90% of patients registered with the practice, who are diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, 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 living with dementia.
- Patients at risk of dementia were actively identified and offered assessments.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



Summary of findings

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

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published on 6 July 2017. These results showed patient satisfaction was mixed in areas. A total of 391 survey forms were distributed and 75 were returned. This represented 1% of the practice's patient list.

- 77% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 65% and to the national average of 77%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 79 comment cards which were all positive

about the standard of care received. Patients commented on how caring, respectful and knowledgeable staff were. Nursing staff were described as going above and beyond their duties, receptionists were described as welcoming and helpful.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff listened to them, were good at explaining things and felt they received holistic care. Patients told us they were proud of the practice.

As part of our inspection, we looked at the results of the practice's NHS Friends and Family Test. In the past year, out of 650 patients, 128 patients were extremely likely, and 311 patients likely to recommend the practice. Forty-five patients were extremely unlikely and 64 patients unlikely to recommend the practice.

The practice had received three and a half stars based on 47 reviews through the NHS choices website, all comments had been responded to by the practice.

Areas for improvement

Action the service SHOULD take to improve

- Consider how patients are informed regarding the availability of weekend appointments.
- Ensure that lines of accountability are clear to ensure that policies are well governed and fully embedded at the practice.
- Consider formalising the clinical supervision arrangements for the nursing team.
- Continue to explore and work on ways to improve telephone access.

Enki Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and a practice nurse specialist adviser.

Background to Enki Medical Practice

Enki Medical Practice provides NHS services to the local community in Handsworth, Lozells and Aston, West Midlands. The practice is situated in a multipurpose modern built building shared with other health care providers. Enki Medical Practice is part of Modality Partnership, an organisation operating across 27 different locations in Sandwell, Birmingham, Walsall, Hull and Wokingham providing NHS services to more than 90,000 patients. The practice is accessible by public transport and has a large car park including nine disabled parking spaces.

The practice has an approximate patient population of 7540 and is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Enki Medical Practice is registered with the Care Quality Commission to provide primary medical services to patients under a Personal Medical Services (PMS) contract with the Clinical Commissioning Group (CCG). PMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The practice also provides enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The practice is based in an area of high social and economic deprivation of mixed ethnicity groups, with over 15 different languages spoken. Based on data available from Public Health England, the levels of deprivation in the area served by the practice are ranked as one out of ten, with one being the most deprived and ten being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial.

The practice serves a higher than average male patient population aged between 25 and 49, and has a below average practice population aged 60 and over.

The practice's clinical staff consists of two partner GPs and four salaried GPs. There are male and female GPs available. There are two advanced nurse practitioners, two practice nurses and two fulltime healthcare assistants.

The practice's non-clinical staff consists of one fulltime practice operations manager, one fulltime reception manager and six reception staff.

The practice also employs a pharmacist and a musculoskeletal specialist.

They are a training practice for trainee GPs.

The practice is open between 8am and 6.30pm on Monday, Tuesday, Wednesday and Friday and 8am to 8pm on Thursdays. Appointments are from 8.30am to 12.30pm, 2pm to 6pm on Monday, Tuesday, Wednesday and Friday and 8.30am to 12.30pm, 2pm to 7.45pm on Thursday. Appointments with the healthcare assistant are available

Detailed findings

8am to 4pm daily and with the advanced nurse practitioner 8.30 to 6.30pm daily. The practice offers pre bookable face-to-face GP appointments on most Saturday and Sunday mornings 9.30am to 12.30pm.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by the external out of hours service provider.

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. This inspection was planned to see if improvements had been made following the previous inspection in February 2016 and 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the Clinical Commissioning Group to share what they knew. We carried out an announced visit on 25 October 2017.

During our visit we:

- Spoke with a range of staff including GP partners, salaried GPs, advanced nurse practitioners, healthcare assistants, practice nurse, the practice manager and reception and administration support staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.

- Reviewed a sample of patient records.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

Are services safe?

Our findings

At our previous inspection on 11 February 2016 we rated the practice as requires improvement for providing safe services as the arrangements in respect of cleanliness and infection control, recruitment checks and medicines management were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 25 October 2017. The practice is now rated as good for providing safe services.

What we found as part of our inspection in October 2017

Safe track record and learning

There was a system 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).
- From the examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, We were told about an incident where a patient was assigned an afternoon call back, however the patient had required immediate attention. The patient and staff member were dealt with appropriately, the incident was investigated thoroughly. Reception staff had been advised to seek immediate support from

a GP if they have any concerns about a patients immediate safety. Learning was shared through the business meeting and we saw minutes in place to support this.

- The practice also monitored trends in significant events and evaluated any action taken at monthly clinical governance meetings.

Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. The lead GP was the lead member of staff for safeguarding and had received appropriate training. All staff knew who the lead was.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role in line with their policy. GPs were trained to child safeguarding level three.
- The lead for safeguarding held regular meetings with the health visitor and advanced nurse practitioner. The practice maintained a safeguarding childrens' register, we saw this was updated regularly.
- 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. There were cleaning schedules and monitoring systems in place.
- We were provided with evidence to show the practice nurse, who was the infection prevention and control (IPC) clinical lead had received appropriate training and

Are services safe?

liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions, which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescription stationery was securely stored and there were systems to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for clinical conditions within their expertise. 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 and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The practice had appropriate emergency medicines on site, and had an adequate risk assessment to determine the type of emergency medicines that should be kept. However, we found the list of emergency medicines displayed in the GPs rooms and the list the nurse used to check stock had not been updated in line with their policy.
- The practice were not following their own policy for monitoring uncollected prescriptions. Staff told us they would review a prescription if it had not been collected after three months. However, the practice's policy stated uncollected prescriptions should be reviewed after one month.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. All GPs had medical indemnity in place.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. Staff were aware of their responsibilities of supporting patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice were able to use staff from other practices within the wider organisation if needed.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.

Are services safe?

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

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 11 February 2016 we rated the practice as good for providing effective services. Following this inspection on 25 October 2017, the practice is still rated as good for providing effective services.

What we found as part of our inspection in October 2017

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). At the time of our inspection the most recent published results 2016 to 2017 were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 96%.

The overall clinical exception rate of 12% was comparable to that of the CCG and national averages of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2016/2017 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, 83% of

patients with diabetes, on the practice's register, had a blood sugar reading that showed their condition was being adequately controlled. This was similar to the CCG and national averages of 79%.

- Performance for mental health related indicators was similar to the CCG and national averages. For example, 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record. This was similar to the CCG average of 91% and national average of 90%.
- 75% of patients diagnosed with dementia had their care plan reviewed in a face-to-face review in the preceding 12 months. This was comparable to the CCG average of 85% and national average of 84%.

Exception reporting rates during 2015 to 2016 for some overall combined clinical domains were above CCG and national averages. The practice provided evidence to show these rates had improved for 2016 to 2017. For example:

- Exception reporting rates for patients diagnosed with depression was 49% compared to CCG average of 25% and national average of 22%. However, data for 2016 to 2017 showed this had reduced to 26% in 2016 to 2017. This was similar to the CCG average of 27% and the national average of 23%.
- Exception reporting rates for patients diagnosed with rheumatoid arthritis was 20% compared to CCG average of 7% and national average of 8%. However, data provided by the practice showed this had also reduced to 3% in 2016 to 2017, this was similar to the CCG average of 10% and national average of 8%.

There was evidence of quality improvement including clinical audit:

- We saw evidence of two clinical audits that showed improvements in prescribing.

One was following a national alert about a medicine used to help with leg cramps at night. Following the audit, only three out of the original 24 patients were recommenced on the medicine. This ensured patients were receiving medicine according to current guidance and the audit helped to educate the clinicians and patients about recent guidance on the prescribing of this medicine.

Effective staffing

Are services effective?

(for example, treatment is effective)

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and training updates for staff. For example, the lead nurse for Diabetes management had undertaken appropriate training and also started a prescribing course. The lead GP had a specialist interest in substance misuse and completed training to support this as part of their professional development.
- The practice supported staff with training by giving them protected learning time each month.
- 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 and nurses. All staff had received an appraisal within the last 12 months.
- We discussed clinical supervision with the nursing staff and they told us they had daily access to the GPs to discuss clinical concerns. However, formal clinical supervision was not taking place.
- 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.
- From the examples we reviewed we found that 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice provided data to show that in the past year 91% of patients had been given smoking cessation advice, 7% had stopped following the advice.

Are services effective?

(for example, treatment is effective)

- A healthy lives service run by a GP working within the wider organisation in association with an outside organisation.
- A specialist in musculoskeletal was available on the premises.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 80% and the national average of 81%. Unverified data from the practice showed uptake had improved and was at 84% for 2016 to 2017.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to under two year olds (2015 to 2016) was between 90% and 93% of patients, this was above the target of 90%. In five year olds, the vaccination uptake rate was from 85% to 91%. These were similar to CCG and national averages. The practice provided more recent unverified data during our inspection to show between April 2016 and March 2017 uptake rates for the vaccines given to under two year olds had remained the same however in five year olds, the vaccination uptake rate had increased to 90 to 96%.

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

At our previous inspection on 11 February 2016 we rated the practice as good for providing caring services. Following this inspection on 25 October 2017, the practice is still rated as good for providing caring services.

What we found as part of our inspection in October 2017

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.
- There were male and female chaperones available.

All of the 79 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 five patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published on 6 July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice had similar satisfaction scores on consultations with GPs and nurses as compared with the CCG average and the national average. For example:

- 82% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.

- 80% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 89% 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 86%.
- 85% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 88% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 90% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 85% and to the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared with the CCG average of 82% and the national average of 87%.

The practice were aware of their results, and had produced an action plan to try and improve patient satisfaction further. They were using their own survey to gather feedback from patients and they were monitoring the actions they have implemented and told us they would take further action as needed.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey published on 6 July 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were similar to local and national averages. For example:

Are services caring?

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 76% and to the national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 82% and to the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language and we saw that interpreters were on site to support patients during our inspection. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

- The practice had specific appointment slots each day for interpreter use.
- Most information leaflets were available in easy read format and available in multiple 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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 150 patients as carers (2% of the practice list). All carers were sent a carers pack after they informed the practice they were a carer. Written information was displayed on a carers board in the waiting area to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, the GP contacted the family. The practice did not display any information on support services. The practice were aware they needed to develop this service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 11 February 2016 we rated the practice as good for providing responsive services. Following this inspection on 25 October 2017, the practice is still rated as good for providing responsive services.

What we found as part of our inspection in October 2017

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- All patients had a named GP.
- The practice offered extended hours on a Thursday evening until 8pm for working patients who could not attend during normal opening hours. The practice were also open on most weekends 9.30am to 12.30pm.
- The practice offered telephone consultations for those patients unable to attend the practice because of work commitments.
- There were longer appointments available for patients with a learning disability or those with multiple long term conditions or those requiring an interpreter.
- 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 required same day consultation.
- Patients were able to have blood tests taken on site by the healthcare assistant.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had baby changing and breast feeding facilities.
- We saw that a variety of written information was available in multiple languages.
- The practice staff met each day after the morning appointments had finished to discuss complex patients and those patients that had not been seen yet to prioritise appropriately and to discuss home visits.

- The practice worked with an outside support organisation to support patients who needed help at home. For example patients requiring assistance with overcoming mobility issues in and out the house.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice worked with three drug workers through a shared care agreement to provide services for their substance misuse patients.
- The practice also registered patients who had previously been removed from other practices' lists.
- The practice was a Safe Place site for anyone who was in need of assistance. For example Dementia patients or patients suffering domestic violence.

Access to the service

The practice was open between 8am and 6.30pm on Monday, Tuesday, Wednesday and Friday and 8am to 8pm on Thursdays. Appointments were from 8.30am to 12.30pm, 2pm to 6pm on Monday, Tuesday, Wednesday and Friday and 8.30am to 12.30pm, 2pm to 7.45pm on Thursday. Appointments with the healthcare assistant were available 8am to 4pm daily and with the advanced nurse practitioner from 8.30am to 6.30pm daily. The practice offered pre-bookable face to face GP appointments on most Saturday and Sunday mornings from 9.30am to 12.30pm depending on the availability of the GPs. However, the practice had not updated their website and it was not clear which weekends the practice was open.

The practice offered pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them. Patients were able to book appointments online from 8pm the night before with the clinician of their choice.

Results from the national GP patient survey published on 6 July 2017 showed that patient's satisfaction with how they could access care and treatment was mostly comparable to local and national averages. For example:

Are services responsive to people's needs?

(for example, to feedback?)

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 44% of patients said they could get through easily to the practice by phone compared with the CCG average of 60% and the national average of 71%.
- 70% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 84%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 52% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

The practice were aware of the survey results and formed an action plan to try and improve patient experience. They had implemented actions to improve access and were able to monitor difficulties with access using the IT system and respond accordingly. For example, the practice manager could use the IT system to monitor how many callers were waiting and if necessary would increase the number of staff taking calls and booking appointments.

Staff told us their patient population changed frequently and they had to keep informing patients about the different ways they could access the practice.

The practice were using their own patient survey to gather information on various aspects of care including whether the experience of making an appointment was a good one. The results of this survey were monitored during monthly clinical governance meetings.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. They also told us the practice was forward thinking with the use of technology and there was various ways they could make an appointment, online, face to face or on the phone.

The practice had a system to assess:

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

All patients requesting an appointment on the day were offered a call back appointment by the GP. The GP would call the patient or carer to gather information to allow for 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.

The practice also operated a dedicated phone line between 10 and 2pm daily for patients to order repeat medications.

Listening and learning from concerns and complaints

The practice had a system 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. The practice displayed posters and there was a leaflet available in reception.
- Many of the staff we spoke with told us they would try and resolve complaints at the time if they were able to.

We looked at two complaints received in the last 12 months and found they were all satisfactorily handled and dealt with in a timely way. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to improve the quality of care. For example, a patient was advised to make an appointment to receive a travel vaccine, however when they attended their appointment they were told by the nurse they could not have that particular vaccine at the practice. Following this, the practice have created a directory of services which will be available on their computer system. This enabled staff who book appointments to check which clinician offers particular services and ensured the patient received an appropriate appointment.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 11 February 2016 we rated the practice as requires improvement for providing well-led services as risks relating to infection prevention and control, recruitment and medicines management were not always being assessed and managed.

These arrangements had significantly improved when we undertook a follow up inspection on 25 October 2017.

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

What we found as part of our inspection in October 2017

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. One of GP partners was the lead for safeguarding. The practice nurse was the lead for infection prevention and control.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held every two weeks which provided an opportunity for staff to learn about the performance of the practice.
- Clinical management groups meetings were held monthly for the leads within the wider organisation to share performance within the wider organisation.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had appropriate fire risk assessments, health and safety risk assessments, and risk assessment for emergency medicines. The risk register for the wider organisation was also discussed at monthly clinical governance meetings.
- We saw evidence from minutes of meetings structure that allowed for lessons to be learned and shared following significant events and complaints within the practice and within the wider organisation.
- The organisation used a dashboard at clinical governance meetings to share performance, complaints, serious events to help drive improvement at the practice and within the wider organisation.
- Practice specific policies were implemented and available to all staff. However, they were not all well embedded.
- Staff had defined roles. However, we found that in some areas lines of accountability were not always clear. For example, it was not clear who was responsible for ensuring that policies were current, embedded and practice specific. This was reflected across processes for managing uncollected prescriptions, recording significant events and monitoring emergency medicines.
- In addition, although nurses were supervised by the GPs we did not see any records of formal supervision in place to support this.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

The provider was aware of and had systems 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. We found that the practice had systems to ensure that when things went wrong with care and treatment:

Are services well-led?

Good 

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

- 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 and staff felt supported by management.
- The practice held a range of multidisciplinary meetings including meetings with district nurses and health visitors to monitor vulnerable patients and safeguarding concerns.
- Staff told us the practice held regular team 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, by the partners in the practice.
- All staff we spoke with told us the practice manager was supportive, approachable and responsive.
- Results from the NHS Friends and Family test and NHS choices was displayed in the waiting area including a 'You said we did' poster. The practice told us they had introduced weekend appointments as a direct result of patient feedback.
- Staff told us they felt valued and would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking and there was a focus on continuous learning and improvement at all levels within the practice. All staff could show how they maintained professional development. Patients described the practice's use of technology to improve access as forward thinking. The practice was part of local pilot schemes to improve outcomes for patients in the area. For example, the practice used two clinical teams to deliver care to patients. Each team had a lead GP and every patient on the practice's register was assigned to one of the teams based on their clinical needs. The practice could show us how this improved access to appointments, ensured continuity of care and how this ensured patients had access to the correct specialists.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback:

- The patient participation group (PPG) met regularly, however we found that attendance was occasionally poor. The practice were trying to encourage more patients to join. The practice told us they discussed any new ways of working with the PPG first to get their views.