Dr Priyanand Hallan

Quality Report

Park House Surgery
134 Newton Road
Great Barr
Birmingham
B43 6BT
Tel: 0121 357 3309
Website:

Date of inspection visit: 2 June 2015
Date of publication: 17/09/2015

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Priyanand Hallan, Park House Surgery Practice on 2 June 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing effective, caring, responsive and well led services. It was also good for providing services for people with long term conditions, families, children and young people, working age people, older people, people in vulnerable groups and people experiencing poor mental health. It required improvement for providing safe services.

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.
- Systems and processes to manage risks to patients' safety were not always in place or sufficiently robust. For example, improvements were required in the management of emergencies, medicines management and infection control procedures.
- Data showed patient outcomes were average for the locality. Although some audits had been carried out, we saw no evidence that all of the audits undertaken were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes found it difficult to get non-urgent appointments.

The areas where the provider must make improvements are:

Summary of findings

- Implement effective systems in the management of risks to patients and others against inappropriate or unsafe care. This must include control of substances hazardous to health, infection control and legionella risk
- Implement robust recruitment processes to ensure that the requirements set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 are followed.

In addition the provider should:

- Ensure that analysis of significant events and complaints takes place on a regular basis to identify themes and trends and ensure learning from complaints is documented and shared.
- Ensure that systems are in place to ensure staff receive updates regarding best practice and clinical guidelines.
- Ensure that uncollected prescriptions are followed up by the GP and that staff follow the newly developed uncollected prescriptions procedure.
- Ensure that appropriate read codes are put onto patient records so that staff are able to identify whether care plans are in place and updated, whether learning disability health checks have taken place and alerts put on the records of vulnerable patients to make staff aware of relevant issues.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns and to report incidents and near misses. However, when things went wrong, lessons learned were not communicated widely enough to support improvement. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Information regarding uncollected prescriptions was not passed on to the GP. Details of any patients taking lithium who did not attend appointments for blood monitoring were not passed on to the patient's community psychiatric nurse.. The practice were unable to demonstrate that they would be able to deal with an emergency as not all medicines or equipment required in an emergency situation were available and risk assessments in place regarding this were not robust.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. However, systems to ensure that practice staff received this information were inconsistent. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

There was some evidence of completed clinical audit cycles and changes made to improve patient outcomes, however other audit information did not clearly demonstrate any changes or improvements made as a result.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions

Summary of findings

about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said that there was continuity of care, with urgent appointments available the same day. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Those patients that required, were given longer appointments, home visits and telephone consultations. Extended opening was provided one day per week and the surgery was open on a Saturday morning.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the 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. Systems in place to monitor and improve quality and identify risk were not robust. Where significant events were recorded there was limited evidence to demonstrate any learning that had taken place. Systems to demonstrate that care plans were in place for patients were not robust and the practice had not applied appropriate read codes or alerts to the records of vulnerable patients. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia care. The practice had recognised that they have a high elderly practice population and was responsive to the needs of older people and offered a dedicated telephone line, home visits and rapid access appointments for those with enhanced needs. The practice offered home visits on each day Monday to Saturday and joint visits were conducted with members of the multi-disciplinary team including the district nurse, care manager and palliative care nurses.

Structured annual medicine reviews were conducted for patients in the older age group to ensure that patients are receiving the correct medicine to meet their current needs.

Following any hospital discharge patients' care plans were updated to reflect any additional needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Longer appointments and home visits were available when needed including a Saturday morning. All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. This included working with a care manager who, for example, undertook joint visits with the GP and fed back information regarding patients following hospital discharge.

In-house services for patients with diabetes was available, this included input from a consultant and nurse specialist. Separate meetings were held with this multi-disciplinary team regarding these patients. The practice nurse had a special interest in respiratory care and spirometry services were also provided including diagnosis and screening. Spirometry is a test to measure lung function including the volume and speed of air that can be exhaled and inhaled. The practice were high achievers regarding the quality and outcomes framework (QOF) and were above the clinical commissioning group (CCG) average.

Summary of findings

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children 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 high for all standard childhood immunisations. Appointments were available outside of school hours. The practice had identified a high number of patients who did not attend for baby clinics and had introduced a walk in clinic to try and address this issue. Priority access was given to unwell children with same day appointments being available. Although the practice were moving premises within the next 18 months, the current premises were not suitable for families, children and young people because access to the premises may be difficult for those parents of children who were brought to the practice in a pushchair and there were no baby changing facilities. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Extended opening hours were provided one evening per week and the practice was open on a Saturday morning. Telephone consultations were available for those patients who were unable to access the practice during normal working hours.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice did not always apply appropriate read codes to patient records for vulnerable patients including children with a protection plan or vulnerable adults. Details of those vulnerable patients were recorded on a white board in the practice manager's office. We were told that annual health checks had been carried out for people with a learning disability, but appropriate read codes had not been applied and there was no evidence that these had been followed up. Longer appointments were offered for patients with a learning disability.

Summary of findings

The practice worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients how to access various support groups and voluntary organisations. 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)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). One hundred percent of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. However, information was not forwarded to multi-disciplinary teams where patients who required lithium did not attend to have blood tests undertaken.

The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

As part of the inspection we sent the practice a box with comment cards so that patients had the opportunity to give us feedback. We received 13 completed comment cards and on the day of our inspection we spoke with three patients. We also spoke with two members of the patient participation group (PPG) over the telephone prior to our visit. All of the comments recorded were positive, we were told that staff were helpful, caring and the GP was very thorough. However, three patients also commented that it could be difficult to get through to the practice over the telephone. Patients we spoke with on the day of inspection said that staff were friendly and the nurse and GP were both very good. We were told that patients always got an emergency appointment when needed and there was never a long wait to see the GP.

The National GP Patient Survey completed in 2014 showed patients were satisfied with the services the practice offered. The results were mainly in line with other GP practices nationally, and in some areas better. For example, 99% of respondents had confidence and trust in the last nurse they saw or spoke to (CCG average: 98%) and 96% of respondents had confidence and trust in the last GP they saw or spoke to (CCG average: 95%). Other areas assessed fell just below the CCG average. For example 62% of respondents found it easy to get through to the practice on the phone (CCG average 69%) and 61% of respondents described their experience of making an appointment as good (CCG average 72%). These results were based on 419 survey forms distributed and 111 forms being returned giving a response rate of 26.5%.

Areas for improvement

Action the service MUST take to improve

- Implement effective systems in the management of risks to patients and others against inappropriate or unsafe care. This must include control of substances hazardous to health, infection control, recruitment and legionella risk
- Implement robust recruitment processes to ensure that the requirements set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 are followed.

Action the service SHOULD take to improve

- Ensure that analysis of significant events and complaints takes place on a regular basis to identify themes and trends.
- Ensure that systems are in place to ensure staff receive updates regarding best practice and clinical guidelines.
- Ensure that uncollected prescriptions are followed up by the GP and that staff follow the newly developed uncollected prescriptions procedure.
- Ensure that appropriate read codes are input on to patient records so that staff are able to identify whether care plans are in place and updated, learning disability health checks took place and alerts put on the records of vulnerable patients to make staff aware of relevant issues.

Dr Priyanand Hallan

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team was led by a CQC lead inspector and included a GP specialist advisor and a practice manager.

Background to Dr Priyanand Hallan

Dr Priyanand Hallan's practice is registered for primary medical services with the Care Quality Commission (CQC). It is a single handed GP practice located within the Park House Surgery in the Great Barr area of Birmingham. The practice is part of NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG) and provides primary medical services to approximately 2,300 patients in the local community under a general medical services contract. The population covered is predominantly white British.

The staffing establishment at Park House Surgery includes one GP (male), a practice nurse (female), a practice manager and four reception/administrative staff.

The practice offers a range of clinics and services including lifestyle management, respiratory clinic, child health and development, and diabetes advice and management.

The practice opening times are

Monday 9am to 7.45pm (extended opening hours)

Tuesday 8.30am to 1pm and 4pm to 6.30pm

Wednesday 9am to 1pm

Thursday 9am to 1pm and 4pm to 6.30pm

Friday 8.30am to 5.15pm

Saturday 9am to 1pm

On a Saturday morning the practice was also available to patients from two other neighbouring GP practices and GPs also undertook telephone triage and home visits during this time. The GPs from the neighbouring practices worked at Park House Surgery on a rotational basis on a Saturday morning.

The practice had opted out of providing out-of-hours services to their own patients. This service was provided by an external out of hours service contracted by the CCG who also provided cover when the surgery was closed on a Wednesday afternoon.

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 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.

This provider had not been inspected before and that was why we included them.

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.

Detailed findings

How we carried out this inspection

Before inspecting we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed 13 comment cards where patients and members of the public shared their views and experiences of the service. We carried out an announced inspection on 2 June 2015. During our inspection we spoke with a range of staff including GPs, nurse, practice manager and administrative staff and we spoke with patients who used the service. We also spent some time observing how staff interacted with patients. We spoke with two members of the Patient Participation Group (PPG) over the telephone prior to the inspection, who told us their experience not only as a member of the PPG but also as a patient of the service. The PPG is a way in which patients and the practice can work together to improve the service.

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

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

We also looked at how well services 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
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last 12 months. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of 19 significant events that had occurred since January 2014 and saw this system was followed appropriately. Significant events was a standing item on the practice meeting agenda. There was evidence that the practice had learned from these and that the findings were shared with relevant staff.

Staff told us that incident forms were available on the practice intranet and they usually completed these with the assistance of the practice manager. The practice had systems in place to ensure that incidents that had occurred external to the practice were reported and forwarded to the appropriate person for follow up. For example, a medicine delivery by a local pharmacy when the patient was on holiday had been followed up by medicines management and feedback received by the practice.

We tracked 19 incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result and that the learning had been shared. However, the practice manager told us that there was no annual review of significant events or complaints to identify any themes or trends.

National patient safety alerts were disseminated by the practice manager to practice staff. These were discussed at clinical staff meetings or full practice meetings dependent upon the subject of the safety alert and the relevance to staff. Staff confirmed that alerts were discussed at meetings which helped to ensure that all staff were aware of any that were relevant to the practice and where they needed to take action. Staff told us that systems were in place to ensure that any alerts received were reviewed regarding patients at the practice. For example, if a medicines and healthcare products regulatory authority (MHRA) alert was received about a medicine the practice manager was able to quickly check all patient records and take appropriate action in conjunction with the GP.

Reliable safety systems and processes including safeguarding

The practice had some systems in place to manage and review risks to vulnerable children, young people and adults, although these were not robust. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff were aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed a GP as lead in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All staff we spoke with were aware who these leads were and who to speak within the practice if they had a safeguarding concern.

We were told about the systems in place to highlight vulnerable patients to practice staff. This included recording of patient names on a white board in the practice manager's office and using read codes to highlight vulnerable patients on the practice's electronic records. Read codes are a standard terminology used by GP practices for describing the care and treatment of patients. We saw that the names of several children and adults were recorded on the white board as being vulnerable but were told by the practice manager that there was no alert on the records of these patients to make staff aware of any relevant issues when these patients attended appointments.

Staff were proactive in monitoring if children or vulnerable adults attended accident and emergency or missed

appointments frequently. These were brought to the GPs attention, who then worked with other health and social care professionals. We saw minutes of meetings where vulnerable patients were discussed.

There was a chaperone policy, and a small notice advising patients of the availability of chaperones was visible on the waiting room noticeboard. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The practice nurse and administrative staff had been trained by the practice manager to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available. All staff spoken with understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. None of the administrative staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice manager confirmed that these would be undertaken as soon as possible.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. We saw that a notice on the door of the fridge in the nurses room recorded comprehensive and clear instructions for staff of the action to take in case of fridge failure.

Records showed that room temperature and fridge temperature checks were carried out which ensured medicine was stored at the appropriate temperature. We saw that there were two fridges used to store medicines, neither fridges were hard wired but one fridge had a sign saying do not remove plug. Following our inspection we were informed that a cover had been put on one fridge plug with a notice instructing staff not to unplug this.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. A stock rotation and control system was in place, and a stock check was completed with records kept to demonstrate this. We were told that vaccines were ordered on an as needed basis which helped to reduce the risk of overstocking.

The practice had a protocol for repeat prescribing which was in line with national guidance.

Reception staff told us that they did not initiate prescriptions that had not been prescribed by the GP previously. New prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been updated in September 2014. We saw evidence that the nurse had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD from the prescriber.

We were told about the systems in place for uncollected prescriptions which included disposal of the prescription two weeks after issue if it had not been collected by the patient. We were told that patient records were updated to record that the prescription had been destroyed but the GP was not informed when prescription were not collected. This meant that insufficient safeguards were in place to ensure that patients received their medicines in a timely way. Following this inspection the practice manager sent us a new uncollected prescriptions policy. This recorded that uncollected prescriptions would be passed to the GP after 14 days and the GP would take appropriate action which may include contacting the patient or arranging an appointment.

Blood monitoring was undertaken at the practice regarding high risk medicines, for example disease modifying anti-rheumatic drugs (DMARDs) and lithium. Lithium is a medicine used to treat manic depression. We were told that if patients refused to have their blood monitored but must receive lithium, a prescription was still issued. However, the practice did not share this information with the community mental health team to enable further

support to be provided to the patient. Patients taking warfarin had their blood monitored at the local anti-coagulation clinic. The results were forwarded to the practice prior to prescribing the warfarin.

Systems were in place for conducting medicine reviews as required. We saw that patients with long term conditions had their medicine reviewed every six to 12 months dependent upon the patient's condition.

Cleanliness and infection control

We observed the clinical areas to be visibly clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves and aprons were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. Other infection control measures included the use of spill kits and clearly labelled sharps bins.

Blood or bodily fluids such as vomit or urine could generate spills and as such needed to be treated to reduce the potential for spread of infection with patients, staff or other visitors. We saw that spill kits were available. We saw that the purchase of new spill kits was discussed at a practice meeting. Staff were aware where spill kits were stored and when they should be used. This helped to ensure that any potentially infectious substances were attended to by staff in a timely and effective manner.

The practice nurse and the GP were the leads for infection control and had provided advice to staff on the practice's infection control policy and carried out staff training. The practice nurse had completed a risk assessment regarding hand washing. Staff had been given a guidance sheet on hand washing and the practice nurse had assessed all staff on their hand washing techniques. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

Systems in place to demonstrate that clinical equipment in use was cleaned on a regular basis were not robust. We saw a cleaning schedule and comprehensive cleaning records which showed that equipment was cleaned on a two monthly basis. The practice nurse told us that she also cleaned equipment on an ad hoc basis between patient consultations, however there were no records to demonstrate this.

The practice had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). The practice manager had undertaken a risk assessment for legionella and we saw records that confirmed the practice was carrying out regular checks in line with their policy to reduce the risk of infection to staff and patients. However, systems in place were not robust. Records seen did not clearly demonstrate which water outlet was being tested, water outlets were not being tested frequently and temperatures recorded presented a scald risk. The thermometer being used to monitor water temperatures was not fit for purpose. Following the inspection we received email confirmation from the practice manager that appropriate action had been taken to address the issues identified. For example, we saw a purchase order for an appropriate thermometer, the legionella policy had been amended and recorded that water was to be tested on a monthly basis, caution hot water signs were to be displayed by hand washing sinks and the hot water temperature adjusted to reduce the risk of scalding.

Arrangements were in place for the storage and the disposal of clinical waste and sharps. Sharps boxes were dated and signed to help staff monitor how long they had been in place and were sealed shut when they reached maximum capacity. A poster regarding needle stick injury was on display giving directions to staff of the action to take in case of a needlestick injury.

We saw that clinical waste bags were stored in a carpeted room prior to disposal. One of the bags seen had been hand tied and not closed with a tag. We were told that this bag was not full and would be topped up with waste at the end of each day. If spillage of the contents of these bags occurred when filling them, appropriate cleaning to prevent spread of infection would be difficult on the carpeted floor. A contract was in place for the disposal of clinical waste.

We saw evidence that the lead had carried out infection prevention and control audits and external audits had been conducted by the infection control nurse from the

Requires improvement

Are services safe?

NHS Sandwell Clinical Commissioning Group (CCG). We saw that an action plan had been completed and some action taken to address issues identified. Other action was still to be taken to meet issues identified. For example the practice should develop a sharps risk assessment and provide training to staff where needle safe devices are in use.

We saw that the immunisation history of staff was recorded in their personnel files and we were told that all clinical staff had received the necessary immunisations. Immunisation of healthcare workers is important as it may protect the individual from an occupationally acquired infection and also protects patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical appliances were routinely tested and displayed stickers indicating the last testing date which was May 2015. We were told that where items had failed the portable appliance test PAT they were repaired or destroyed. A schedule of PAT testing and equipment calibration was in place. PAT testing is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. We saw evidence of calibration of relevant equipment, for example weighing scales, blood pressure measuring devices and the fridge thermometer

Staffing and recruitment

Evidence was available to demonstrate that there was very little staff turnover at the practice. There was a vacancy currently for a member of administrative staff for nine hours per week and the practice manager was in the process of advertising for this post.

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. We were told that clinical staff had the appropriate checks through the Disclosure and Barring Service (DBS). These checks identified whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. DBS checks had not been undertaken for administrative staff who carried out chaperone duties.

Following this inspection the practice manager sent us a risk assessment which identified the need for DBS checks to be undertaken. The practice manager confirmed that DBS checks would be undertaken with immediate effect.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. We were told about the systems in place to ensure that the practice was sufficiently staffed at all times including during annual leave, sick leave or staff training. All administration staff would be expected to cover each other's annual leave. We were told that staff must book their annual leave in advance to ensure cover arrangements were in place. No cover had been arranged to cover the annual leave of the practice nurse. We were told that urgent appointments would be booked with the GP and other appointments would be booked when the nurse returned from annual leave. When the GP took annual leave this would be covered by a locum GP or a GP from one of the two neighbouring practices with which Park House surgery had close links.

Monitoring safety and responding to risk

The systems in place to manage and monitor risks to patients, staff and visitors to the practice were not effective. We saw that regular checks of the building, medicines management and equipment took place which helped to identify risks to patients and staff and enable action to be taken. The practice also had a health and safety policy and there was an identified health and safety representative.

A general workplace risk assessment had been undertaken. This included, for example assessing the risk of slips, trips and falls, and of fire. We saw that some risks had been identified and mitigating actions recorded to reduce and manage the risk. However the risk assessment had not covered all areas of the practice and considered all risks to patients, staff and visitors. We saw some information regarding storage of substances hazardous to health, however there was no control of substances hazardous to health (COSHH) risk assessment or product information sheets.

Requires improvement

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice's arrangements to manage emergencies were not robust. Records showed that all staff had received training in basic life support, however there was no emergency equipment such as oxygen and a defibrillator available.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest and anaphylaxis. Anaphylaxis is a sudden allergic reaction that can result in rapid collapse and death if not treated. The practice did not routinely hold stocks of medicines for the treatment of suspected bacterial meningitis. Processes were in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

We were told that there was no emergency oxygen on the premises and no automated external defibrillator (AED). (A portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The practice manager had completed a document which they felt demonstrated that the lack of emergency equipment presented a low risk to patients. The document seen was not a risk assessment and had not clearly demonstrated the level of risk or how any risk present would be reduced. Following our inspection the practice manager forwarded further information to demonstrate their knowledge of the emergency services available to them. However, oxygen is considered essential in dealing with certain medical emergencies (such as acute exacerbation of asthma and other causes of hypoxemia) and without oxygen the practice were unable to demonstrate they were equipped for dealing with emergencies. Hypoxemia occurs when the body does not have enough oxygen.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

The practice had carried out a fire risk assessment in 2015 that included actions required to maintain fire safety. Records showed that staff were up to date with fire training. An annual fire drill was conducted as part of fire training but no other fire drills took place. Following completion of the practice's fire risk assessment, two new fire extinguishers and a fire alarm were purchased. Records seen demonstrated that this equipment was tested regularly by the practice manager.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment and examples were seen in audits undertaken and patient notes. The GP told us that they opportunistically accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. The practice nurse told us that NICE guidelines were sourced by herself externally to the practice. The practice manager told us that NICE guidelines could be easily downloaded from the website and disseminated to staff. However, currently the systems in place to ensure that all staff systematically received updates regarding best practice and clinical guidelines were not robust. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

We saw that patients were reviewed to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services. Feedback from patients confirmed they were referred to other services or hospital when required.

Patients with long term conditions had their care reviewed by the GP and a case manager. A case manager is a healthcare professional who provides services to assist patients with complex health conditions to achieve a better quality of life. The GP felt that the case manager was important in the delivery of care to patients at the practice. Meetings were held on a weekly basis with the case manager. Weekly visits were also undertaken by the GP and case manager to the local care home. A new case manager had been employed and was starting on 3 June 2015 to work three days per week with the practice. The case manager would help to plan patient discharges from hospital, updating the GP with information as required.

Performance data available showed us that the practice's performance for antibiotic prescribing was comparable to similar practices in the local area. The practice referral rates to secondary and other community care services were mostly in line with local rates.

The GP told us they lead in specialist clinical areas such as diabetes and the practice nurse supported this work, which allowed the practice to focus on specific conditions. The practice nurse had a special interest in respiratory medicine. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital. Emergency admissions for 19 ambulatory care sensitive conditions was similar to expected regarding in comparison with the national average. These are chronic conditions that can be appropriately managed in the primary care setting such as pneumonia, influenza and congestive heart failure.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice showed us six pieces of information which they considered to be clinical audits which had been undertaken in the last two years. Three of these contained survey information rather than clinical audit information. These three pieces of information did not demonstrate any improvements to patient care. Three were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. For example, changes were made to patients' medicine following audit of a medicine taken by diabetic patients.

The practice also 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 voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually. This practice was not an outlier for any QOF (or other national) clinical targets, It achieved 100% of the total QOF target in 2014, which was above the national average of 94.2%. Specific examples to demonstrate this included:

Good

Are services effective?

(for example, treatment is effective)

- Performance for diabetes related indicators was similar to the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average
- Performance for mental health related and hypertension QOF indicators was similar to the national average.
- The dementia diagnosis rate was comparable to the national average

The practice was aware of all areas of their performance in comparison with national or clinical commissioning group (CCG) figures. Some action had been taken to ensure that the practice remained in line with local and national averages. For example, a dementia identification audit had been undertaken to improve dementia detection and 10 patients were identified that were not already on the practice's dementia register.

The practice nurse delivered the childhood vaccination programmes. The most recent data available to us showed that the practice was in line with the local CCG rate for childhood vaccinations. The practice was also in line with uptake rates for cervical cytology and currently 85% of eligible patients had undertaken cervical cytology screening. The practice nurse had systems in place to follow up patients who did not attend screening or immunisations. We saw that patients were sent letters and received telephone contact to remind them of the need to visit the practice.

The practice had made use of the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. Age Well were also invited to attend multi-disciplinary team meetings. Age Well assess patients, offer advocacy services and signpost them to other services. Age Well is a membership organisation for anyone aged 50 and over.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending courses such as annual basic life support, fire safety and manual handling. The GP was up to date with their yearly continuing professional development requirements and had been revalidated during 2014. (Every GP is appraised annually and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Staff told us that they all had annual appraisals. We saw the appraisal documentation for two members of staff. Systems were in place to ensure that staff were able to discuss their jobs, performance and learning and development needs. Learning and development plans were in place and action plans documented.

Staff files we reviewed showed that where poor performance had been identified appropriate action had been taken to manage this.

The practice nurse had a job description outlining their roles and responsibilities. Records seen provided evidence that they were trained appropriately to fulfil these duties. For example, on administration of childhood immunisations.

We were told that the locum GPs were used at the practice to cover any of the GPs leave. We saw information provided by the locum agency prior to any locum working at this practice. This included references, training details, evidence of criminal records checks and medical defence union information. The practice also had a 'locum pack' which contained useful information to be used by locum GPs whilst working at the practice. Information included useful telephone numbers, copies of some policies and procedures and information regarding the computer system in use.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from these communications. Out-of hours reports, 111 reports and pathology results were all seen and actioned by a GP on the day they were received. However, we were told that if the GP was on annual leave, the practice manager would review this information and identify any that required

urgent action. Following our inspection we received email confirmation that the practice's policy regarding this had changed and locum GPs would now review this information when the GP was on leave.

The practice held multidisciplinary team meetings on at least a quarterly basis to discuss patients with complex needs. For example, those with multiple long term conditions and those with end of life care needs. These meetings were attended by district nurses, community matrons and palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well. Care plans were in place for patients with complex needs and shared with other health and social care workers as appropriate.

District nurses visited the practice regularly and fed back any issues to practice staff. District nurses also completed the flu vaccinations for housebound patients. The district nurse we spoke with confirmed that systems were in place to ensure that practice patients received the flu vaccination. We were told that the practice had a good working relationship with district nurses and that multi-disciplinary team meetings were held.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. We saw evidence there was a system for sharing appropriate information for patients with complex needs with the ambulance and out-of-hours services.

The practice had signed up to the electronic Summary Care Record and this was now fully operational. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems in place to provide staff with the information they needed. The system in use enabled staff to look at information regarding hospital admission, clinical correspondence and test results. This intranet site provided GPs and practice staff with clinical information for patients seen at Sandwell and West Birmingham Hospitals. An electronic patient record was also used by all staff to coordinate, document and manage patients' care. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

The practice manager told us about the arrangements in place for communication with district nurses and health visitors which included attendance at multi-disciplinary meetings on a quarterly basis. We were told that health visitors attended the practice on a regular basis to collect information regarding newly pregnant mothers, newly registered children, details of children who do not attend (DNA) childhood immunisations or any DNA appointments regarding children. This helped to ensure that relevant information was forwarded to the appropriate people such as health visitors for follow up.

Consent to care and treatment

Clinical staff we spoke with were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. These staff understood the key parts of the legislation and were able to describe how they implemented it in their practice for adults who lacked capacity to make decisions. They also knew how to assess the competency of children and young people regarding their ability to make decisions about their own treatments. Clinical staff understood the key parts of legislation of the Children's and Families Act 2014 and were able to describe how they implemented it in their practice.

Care plans were in place for patients with learning disabilities and those with dementia. Patients were involved in agreeing these care plans and a section was available stating the patient's preferences for treatment and decisions. However, systems in place to demonstrate that these care plans were reviewed on a regular basis were not robust. The practice was not able to provide data to demonstrate how many of these care plans had been reviewed within the last 12 months.

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the discussion about the relevant risks, benefits and possible complications of the procedure. In addition, the practice obtained written consent for significant minor procedures and all staff were clear about when to obtain written consent.

Health promotion and prevention

Good

Are services effective?

(for example, treatment is effective)

The practice nurse encouraged the parents of children who were newly registered to make an appointment so that they could inform them of the services offered at the practice. This included a walk in baby clinic and childhood immunisations. The immunisation status of children would also be checked during that meeting.

Health promotion and advice leaflets and various pieces of useful information about local services were available in the waiting rooms. The practice did not offer smoking cessation clinics, patients who required this service were referred to a local service. The practice nurse offered advice regarding diet and exercise and patients could be referred to a local 'one stop clinic' for healthy lifestyle advice.

We were told that patients with a learning disability were offered a physical health check with the GP. We saw that blood tests were completed as required. However, appropriate codes had not been applied to computerised records to demonstrate that patients had received a full annual health check.

Sandwell and West Birmingham CCG commissioned an external company to undertake NHS Health Checks to practice patients aged 40 to 75 years. This included identifying patient's risk of obtaining cardio vascular disease. Where risk factors were identified at the health check further investigations were scheduled with the GP or the practice nurse.

The practice manager was responsible for ensuring that those patients who required 24 hour blood pressure monitoring undertook this. Issues identified following this would be forwarded to the GP.

The practice's new patient questionnaire asked patients to identify if they were also a carer of a patient. This would help the practice to provide the necessary support to the carer, such as support group or health promotion advice. However at the time of our visit, the practice had not developed a register of carers. Following this inspection, the practice manager informed us by email that they had identified those patients registered at the practice who were also carers and had set up a carers' register.

The practice's performance for the cervical screening programme was 91.6%, which was above the national average of 81.89%. The practice had systems in place to follow up patients who did not attend screening appointments. The practice nurse had responsibility for following up patients who did not attend. We saw evidence that patients were contacted by telephone and sent letters and alternative appointments made.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was in line with or slightly below average for the majority of immunisations where comparative data was available. For example:

- Flu vaccination rates for the over 65s were 66.09%, and at risk groups 44.4%. These were similar to national averages.
- Childhood immunisation rates for the vaccinations given to under two's ranged from 53.3% to 96.2% and five year olds from 73.3% to 100%. These were slightly below CCG averages.

There was a clear policy for following up non-attenders by the practice nurse.

The practice nurse has been involved in organising a food fare and practice patients were invited. Money was raised for the coeliac society and local pharmacists and dieticians from three hospitals were involved in this event.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2014 national patient survey. The evidence seen showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice was rated 'among the best' for patients who rated the practice as good or very good. The practice was also above average for its satisfaction scores on consultations with doctors. For example:

- 93.1% said the GP was good at listening to them compared to the CCG average of 82.6% and national average of 87.2%.
- 87.9% said the GP gave them enough time compared to the CCG average of 80.5% and national average of 85.3%.
- 94.5% said they had confidence and trust in the last GP they saw compared to the CCG average of 88.9% and national average of 92.2%

Patients completed CQC comment cards to tell us what they thought about the practice. We received 13 completed cards and all were positive about the service experienced, however three patients also commented that it could be difficult to get in touch with the practice over the telephone. Patients said they felt the practice offered an excellent service and staff were polite, helpful and caring. They said staff treated them with dignity and respect. We also spoke with three patients on the day of our inspection and two members of the patient participation group (PPG) over the telephone before our inspection. All told us they were satisfied with the care provided by the practice, we were told that the GP and practice nurse were excellent and all staff were polite, friendly and respected their privacy and dignity.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The layout of the reception area made confidentiality difficult to maintain, however we were told and saw that only one patient at a time approached the reception desk. This prevented patients overhearing potentially private conversations between patients and reception staff. However, only 77% of respondents to the national patient survey said they found the receptionists at the practice helpful compared to the CCG average of 83.5% and national average of 86.9%. The results of the Friends and Family test (FFT) for December 2014, January and February 2015 also identified that five percent of respondents were unhappy with the attitude of reception staff. The practice manager had developed an action plan and taken action to address this issue. For example, reception staff had been trained on problem resolution, problem handling and good telephone manner.

Reception staff told us that the practice had a zero tolerance for abusive behaviour. There was no notice in the patient reception area informing patients of this, however we were told that a notice had been in place previously. Receptionists spoken with could not recall any potentially difficult situations at the practice or issues in which the zero tolerance policy had to be initiated.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:

- 80.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78.8% and national average of 82%.
- 82.3% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 71.2% and national average of 74.6%.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt

Good

Are services caring?

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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. We were told that the GP also spoke Punjabi and could communicate with Punjabi speaking patients.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77.3% and national average of 82.7%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff provided help and support, were very thorough and caring.

The practice had developed a 'carers' corner' in an area of the first floor of the practice. There were various information leaflets and notices which told patients how to access a number of support groups and organisations. This information helped carers understood the various avenues of support available to them. There was a seating area in the carers' corner so that patients could sit and read the information available. At the time of our inspection, the practice's computer system had not alerted GPs if a patient was also a carer. However, following our inspection, the practice manager forwarded an email to confirm that they had run an audit of carers at the practice and an alert had been put on the computerised records of each carer identified. This helped the practice identify carers and ensured that they were offered extra support, flexibility with appointments or to ensure vaccinations were offered to carers to try to keep them healthy.

Staff told us that if families had suffered a bereavement they were sent a condolence card from staff at the practice. We were told that patients would be offered an appointment with the GP, referred to the 'wellbeing hub' and would be given advice on how to find a support service such as CRUSE or Sandwell Bereavement Services. CRUSE is a bereavement charity who provide support following the death of someone close.

The practice nurse discussed the systems in place to encourage patients to be involved in their care. We were told that patients were referred to the 'expert patient' programme which was working well for those patients referred. The expert patient programme is a self-management program for people living with a chronic (long-term) condition. The aim is to help patients manage their condition, improve their quality of life and increase their confidence.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. There was no female GP at the practice, however chaperones were offered to patients and all staff had undertaken chaperone training.

The practice were responsive to the needs of its patient population. Longer appointments were available for people who needed them. For example, the practice's computer system alerted staff if a patient's first language was not English, patients with learning disabilities or complex mental health needs so that double appointments could be offered. Patients were able to speak with the GP over the telephone who would decide whether the patient needed to have an appointment. Home visits were also undertaken by the GP and patients were able to make appointments with a named GP or nurse.

Antenatal care was provided at the practice each week by midwives. There were also patients registered at the practice with palliative care needs. The practice manager reported a good relationship with health visitors and district nurses and multidisciplinary meetings were held every three months to discuss patient and their families care and support needs. We were told that district nurses and health visitors called into the practice between meetings to discuss patient care if needed.

Systems were in place to assess and manage the care of patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). In-house services were provided for patients with diabetes. This service included input from a consultant and nurse specialists with insulin initiation being available. An in-house spirometry service was provided included diagnosis and screening. (Spirometry is a test that can help diagnose various lung conditions, most commonly COPD).

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available for patients with learning disabilities or other patients as required. Staff told us that they did not have any patients who were of "no fixed abode" but would see someone if they came to the practice asking to be seen and would register as a temporary patient so they could access services and ensure that any urgent needs would be met. The majority of the practice population were English speaking patients but access to telephone translation services were available if they were needed.

Park House Surgery was located in a detached house which had been adapted to provide general medical services to the local population. Entrance to the practice was via steps which may make access to the premises difficult for those patients in a wheelchair or with mobility difficulties. However, reception staff told us that if they witnessed anyone having difficulty entering the premises they would provide support. The consulting rooms were located on the ground floor and accessible for patients with mobility difficulties. There was no disabled toilet facilities or hearing loop. The waiting area had space for wheelchairs and prams. The GP told us that they were merging with two other local practices in the near future and a new building had been approved which would meet the requirements of the disability discrimination act.

Access to the service

The practice opening times were 8.30am until 1pm on Tuesday morning and 9am until 1pm on Wednesday and Thursday morning. The practice was open all day on a Friday from 8.30am until 5.15pm. Afternoon opening times were from 4pm until 6.30pm on a Tuesday and Thursday. The practice was closed on a Wednesday afternoon. Extended opening hours were provided on a Monday from 9am until 7.45pm. When the surgery was closed during the daytime, patients were able to contact an alternative service who provided cover for the practice during this time.

Patients were able to book appointments in person at the practice, over the telephone or on-line. One third of available appointments were able to be booked in advance with the remaining two thirds available to be booked on the day. A small number of appointments were available to be booked on line each day. Staff we spoke with felt that this system worked well. The practice used a system that enabled them to effectively manage patient demand by the GP talking to all patients that required an appointment.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Patients were assessed on a clinical priority basis. This system was used to reduce inappropriate patient usage of emergency and secondary care admissions and out-of-hours facilities. For example, each day the practice had some appointment slots reserved for same day urgent appointments. Once these appointments were booked, the GP would hold a telephone consultation with the patient and book an appointment for them as required.

We were told about the systems in place to assist those patients who worked during normal office hours to access the service. This included extended opening hours on a Monday evening, use of on-line booking, telephone consultations and text message reminder for appointments and test results.

The practice did not have a website. The practice manager told us that the CCG had advised them that work was underway to develop websites that were more uniform across the CCG area.

There were arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, the answerphone message directed patients to call 111. Following our inspection, the practice manager confirmed that the answer machine message had been amended to give information on the appropriate telephone number that patients should ring depending on the circumstances, including the out-of-hours service.

Home visits were made to patients who required this service each day when the practice was open. The GP also visited a local care home on a specific day each week.

The patient survey information we reviewed showed patients responded positively to questions about access to appointments and generally rated the practice well in these areas. For example:

- 76% were satisfied with the practice's opening hours compared to the CCG average of 74.2% and national average of 75.7%.
- 63.1% feel that they don't normally have to wait too long to be seen compared to the CCG average of 46.8% and national average of 57.8%.
- 70.1% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 53.8% and national average of 65.2%.
- 78.6% said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77.4% and national average of 85.4%.

The results of the Friends and Family Test (FFT) for December 2014, January and February 2015 had been collated and the results analysed. (The Friends and Family Test asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care). Five percent of patients who responded to the survey commented that they struggled to get through to the practice on the telephone line. The practice manager had implemented an action plan and taken action to address the issues raised. For example, staff were to promote on line booking of appointments and to ensure that the second telephone line was switched on when sufficient staff were available to answer calls.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice. Reception staff spoken with were aware who was responsible for handling complaints and were aware where complaint leaflets were located.

We saw a poster on display in the waiting area telling patients to speak with the practice manager if they had any concerns or complaints. A complaints and comments leaflet gave detailed information to help patients understand the complaints system and contact details if patients wished to complain to another authority such as the Clinical Commissioning Group (CCG) or NHS England. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We saw that complaints were a standard agenda item and any new or ongoing complaints were discussed during these meetings. Where complaints had been received we saw that brief details of the complaint and the action taken to address the issues raised were discussed. Concerns recorded on the NHS choices website were also discussed during the practice meeting. We looked at nine complaints received from July 2014 to April 2015 and found that

Good

Are services responsive to people's needs?

(for example, to feedback?)

records of complaints were detailed including any notes made of investigations and responses sent to the complainant. However, there was limited evidence of reflection or learning following complaints received.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff spoken with felt that the health and wellbeing of patients was at the heart of everything that they did. The GP discussed the future changes planned for the practice and all staff and PPG members were aware of these planned changes. We saw that future plans were discussed at PPG and practice meetings.

We saw that a copy of the practice charter was on display in the waiting room. This document records the responsibilities of the GP such as to treat patients with respect and courtesy and the responsibilities of the patient, for example to attend appointments.

The GP told us that he was the lead for a project to get NHS approval for a new medical centre which would involve the amalgamation of this and two other local practices under one contract. The practice had applied for and been granted NHS England General Practice Infrastructure Funds and were planning to move into new premises within the next 18 months. In order to achieve this the practice had carried out a detailed review of their population. The practice had identified that there was a higher than average elderly population in the area and had plans to develop targeted support to prevent illnesses and improve people's health. They planned to ensure the elderly members of the community received appropriate review and intervention to maintain their independence and where possible ensure that these patients remained at home.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. All of the policies and procedures we looked at had been reviewed annually and were up to date. The practice manager was responsible for human resource policies and procedures. We reviewed a number of these policies, for example staff recruitment and whistleblowing which were in place to support staff. An electronic staff handbook was available to all staff. Staff spoken with were aware of the location of policies and confirmed that they were easily accessible

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the GP was the lead for safeguarding. Staff we spoke with were clear about their roles and responsibilities and said that they would speak to staff with the lead roles if they needed any help or advice.

The practice did not have robust arrangements in place for the identification and management of risk regarding the premises, equipment or infection control. We identified weaknesses regarding the reporting of and learning from significant events and complaints, and the lack of systems in place to ensure staff received updates regarding best practice and clinical guidelines.

All staff had undertaken information governance training within the last 12 months.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The practice had achieved 100% of QOF targets.

The practice also had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. For example, a dementia identification audit. The practice had identified patients that were missing from their dementia register. Placing these patients on the dementia register helped the practice to provide timely treatment, to give information about other forms of support available and to enhance the patient's quality of life.

Evidence from other data sources, including incidents and complaints was used to identify areas where improvements could be made. Additionally, there were processes in place to review patient satisfaction and that action had been taken, when appropriate, in response to feedback from patients or staff.

The practice had not completed the information governance toolkit. (The IG Toolkit is an online system which would enable the GP practice to assess themselves against Department of Health Information Governance policies and standards).

Leadership, openness and transparency

The GP was visible in the practice and staff told us that they were approachable and always take the time to listen to all

Are services well-led?

Good

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

members of staff. All staff were involved in discussions about how to run the practice and how to develop the practice. Staff were encouraged to identify opportunities to improve the service delivered by the practice.

We saw from minutes that full practice team meetings were held bi-monthly. Clinical staff meetings were also held separate to the practice meetings. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.

The practice had a whistle blowing policy which was available to all staff on the computer desktop. Whistleblowing is when staff report suspected wrong doing at work referred to as 'making a disclosure in the public interest'.

Seeking and acting on feedback from patients, public and staff

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG), surveys and complaints received. The practice had an active PPG which met every two months. Posters were in place in the waiting area advertising the PPG and encouraging patients to join. The practice manager told us that they were continually recruiting for new members and we saw a leaflet which encouraged patients to be virtual members if they were unable to attend meetings. We were told that the GP attended meetings as often as they could and practice staff provided support to the group, writing minutes and agendas. PPG members we spoke with told us that the practice were open and honest during meetings and listened and acted upon suggestions made. The PPG were in the process of developing a satisfaction survey but no surveys had been conducted by the PPG as yet. . (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

We also saw evidence that the practice had reviewed its results from the national GP patient survey undertaken in September 2014 to see if there were any areas that needed addressing. We saw that action had been taken to address issues raised. For example, 24% of patients were unhappy with the practice's opening hours. The practice had applied for and received funding to be able to open on a Saturday. GPs from three local surgeries were providing a Saturday surgery at Park House Surgery with access available to patients from all three practices Evidence seen demonstrated that the practice were actively encouraging patients to be involved in shaping the service delivered at the practice.

The practice had analysed the results of the Friends and Family Test (FFT) for December 2014, January and February 2015 and developed an action plan. Comments recorded related to the ability to get through to the practice over the telephone, availability of appointments and attitude of reception staff. Appropriate action had been taken to address these issues and therefore improve patient outcomes.

We were told that the practice manager and GP had an 'open door' policy meaning that staff could speak with them at any time. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff said that they felt involved and engaged in the practice to improve outcomes for both staff and patients.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training. We looked at two staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training.

The practice had completed three audits where the practice was able to demonstrate the changes resulting since the initial audit. For example, changes were made to patient's medicine following audit of a medicine taken by diabetic patients. Three other pieces of information submitted were not considered to be clinical audits and did not demonstrate any improvements to patient care.

The practice had completed reviews of significant events and other incidents and shared these with staff via meetings to ensure the practice improved outcomes for patients. Although there was evidence to show learning from significant events and alerts there was no evidence of this for complaints received and there was no annual review of significant events or complaints to identify any themes or trends.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How we found the regulation was not being met. We found the provider had not provided care and treatment in a safe way for service users by: The proper and safe management of medicines. Assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated Assessing the risks to the health and safety of service users of receiving the care or treatment. Regulation 12 (1)(2)(a)(b)(e)(f)(h)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How we found the regulation was not being met We found the provider had not ensured that the information specified in Schedule 3 was available. Regulation 19(1)(a)