

Drs Allen and Shevket

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Allen and Shevket (Woodland Surgery) on 7 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Information about safety was recorded, monitored and reviewed and the results shared with staff including lessons learned.
- Risks to patients were assessed and well managed. These included staff recruitment procedures, health and safety precautions, ensuring sufficient staffing was in place to meet patient needs. There was adequate medical equipment and medicines available if a patient presented with a medical emergency.
- Clinical staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had received role appropriate training to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patient feedback we reviewed showed patients were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. National patient survey data showed that patients consistently rated the services above local and national averages.
- Information about services and how to complain was available and easy to understand. Where necessary improvements were made to the quality of care as a result of complaints and concerns.
- All patients said they found it easy to make an appointment and there was continuity of care, with all urgent appointment requests accommodated the same day.
- The practice was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

There was an area where the provider should make an improvement:

- Continue to identify and support carers.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. Staff knew of the incident reporting system and documentation from incident reports supported this assurance process.
- Risks to patients were assessed and well managed and these were re-visited when their circumstances changed. This included health and safety arrangements.
- There was an infection control protocol in place and infection control audits were regularly undertaken.
- There were safe systems for prescribing of medicines and they were regularly reviewed.
- There were recruitment policies and procedure in place to ensure patients safety was protected. We were shown evidence where senior staff had adhered to the policies and procedures.
- Staffing levels were regularly monitored to ensure there were enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and local guidelines were used routinely for assessments and treatments.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were the same as or above the national averages.
- Patient's needs were assessed and care was planned and delivered in line with current evidence based practice and legislation.
- Patients who were at high risk of unplanned hospital admission and those with complex needs had been assessed and regularly reviewed.
- Staff had received training appropriate to their role and potential enhanced skills had been recognised and training put in place.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to provide up to date, appropriate and seamless care for patients.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data published in July 2016 from the National GP Patient Survey showed that patient satisfaction was above the local and national averages regarding care.
- Patients we spoke with told us they were satisfied with their care and some said it was excellent. Comment cards we received showed patients were treated with compassion and dignity.
- Staff ensured that patients' dignity and privacy were protected and patients we spoke with confirmed this.
- Patients had their care and treatment explained to them and they told us they were involved with decisions about their treatment including their children.
- We saw that staff treated patients with kindness and respect and maintained confidentiality.
- Carers were encouraged to identify themselves to enable staff to direct them to appropriate levels of support. A GP had taken the lead for identifying carers.
- Information for patients about the services available to them was easy to understand and accessible.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Most patients told us it was easy to make pre-bookable appointments. We were informed that the number of pre-bookable appointments were due to increase in January 2017.
- All patients spoken with and some comment cards received told us that they were very satisfied with the daily open (no appointment) sessions that the practice operated.
- During weekends patients could book appointments at another local practice who had access to patient's records.
- Staff had good working relationships with other healthcare and social care providers and patients were referred or signposted to them.
- The practice had good facilities and was well equipped to treat patients and meet their needs including medical emergencies.
- Information about how to complain was available and easy to understand. Evidence showed that senior staff responded quickly and carried out robust investigations when issues were raised. Learning from complaints was shared with all staff and other stakeholders.

Good



Summary of findings

Are services well-led?

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

- Senior staff held meetings every six months to identify areas where improvements could be made and further develop the services in line with Government proposals.
- Staff were clear about the vision and their responsibilities in relation to this.
- There was a distinct leadership structure and staff were well supported by management with transparency at all levels.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There were policies and procedures to govern activity and these were accessible to all staff.
- Senior staff actively sought patient feedback about the services they received and where possible made changes to improve them. For example, during March 2016 a patient survey was carried out to obtain opinions about the open sessions.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice had a higher than average older population; 18% of registered patients were aged 65 or over.
- Practice staff offered proactive, personalised care to meet the needs of older patients.
- Staff kept up to date registers of patients' health conditions and information was held to alert staff if a patient had complex needs.
- Home visits were offered to those who were unable to access the practice and patients with enhanced needs had prompt access to appointments. Practice nurses visited these patients and carried out reviews of long term conditions and provided treatments such as wound care.
- Practice staff worked with other agencies and health providers to provide patient support.
- Older patients were offered annual health checks and where necessary, care, treatment and support arrangements were implemented.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions had structured annual reviews to check that their health and medicine needs were being met. Where necessary reviews were carried out more often.
- Clinical staff worked with health and social care professionals to deliver a multidisciplinary package of care.
- Clinical staff reviewed patients within three days of their discharge from their unplanned admission to hospital and developed care plans for them.
- Where necessary patients in this population group had a personalised care plan in place and they were regularly reviewed.

Good



Summary of findings

Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Alerts were put onto the electronic record when safeguarding concerns were raised.
- Out of school hours appointments were provided. The practice operated open access (no appointment) sessions every weekday morning from 8.30am until 10am and from 4pm until 6pm each evening except Wednesdays
- By pre-bookable appointments patients could be seen at another local practice during weekend mornings. The practice had access to patient's records to ensure they received appropriate assessments and treatments.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Childhood vaccinations were above or in line with local and national averages.

Good



Working age people (including those recently retired and students)

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

- Telephone consultations were available for those patients who found it difficult to attend the practice or if they were unsure whether they needed a face to face appointment.
- Online services were available for booking appointments and ordering repeat prescriptions.
- The practice recently introduced a 'drop in' session (no appointment needed) each Wednesday lunchtime when patients could attend for phlebotomy (taking blood).
- Health promotion advice was available and there was a full range of health promotion material available in the practice.
- Practice nurses carried out NHS health checks for patients aged between 40 and 74 years; 201 had been completed since the beginning of April 2016.
- Staff actively encouraged patients to attend for health screening, such as, breast and bowel cancer. The attendance for breast screening was above the local and national averages.
- Staff encouraged patients well in advance of the forthcoming autumn flu vaccination clinics to promote good attendance.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those who had a learning disability. All 36 patients in this group had received annual health checks.
- Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- There was a process in place to signpost vulnerable patients to additional health and support services.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- There was a clinical lead for dealing with vulnerable adults and children.
- Vulnerable patients were referred to a local befriending/ well-being service through two local providers; Health Exchange for the over 60s and Gateway for the wider population.
- The practice kept a register of the 1.2% of patients who were carers. In September 2016 a formal means of identifying carers was introduced. Clinical staff offered them guidance, signposted them to support groups and offered them flu vaccination each year.

Good



People experiencing poor mental health (including people with dementia)

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

- 100% of patients who experienced poor mental health had received a mental and physical health check during 2015-2016 and had been involved in developing their care plans. This was above local and national averages.
- Those patients who find it stressful to attend the practice during peak times were offered either a quiet waiting area or to be seen in between session times. Those who were unable to attend the practice were offered home visits and phlebotomy.
- There was a designated lead GP for patients who experienced poor mental health.
- Practice staff regularly worked with multi-disciplinary teams in the case management of patients who experienced poor mental health, including those with dementia.

Good



Summary of findings

- Referrals to other health professionals were made when necessary. For example, the mental health team. Staff also signposted patients to social care services such as; Age UK and the local authority.
- Staff had a good understanding of how to support patients with mental health needs including those with dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing above local and national averages. A total of 235 surveys had been distributed and there had been 104 responses, this equated to a 44% response rate and approximately 2% of the practice total population.

- 97% of patients found it easy to get through to this surgery by phone compared with the CCG average of 70% and the national average of 73%.
- 96% of patients found the receptionists at this surgery helpful compared with the CCG average of 86% and the national average of 87%.
- 85% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 97% of patients said the last appointment they got was convenient compared with the CCG average of 90% and the national average of 92%.

- 58% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

During our inspection we spoke with six patients. All patients we spoke with told us they were satisfied with the care and treatment they received. Most patients told us the standard of care was excellent. Most patients told us it was easy to make pre-bookable appointments and provided very positive feedback about the open sessions.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards and all indicated that patients were positive about the standard of care they received. Most patients described their care as excellent. They also described staff as professional, helpful and friendly.

Areas for improvement

Action the service SHOULD take to improve

- Continue to identify and support carers.

Drs Allen and Shevket

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Drs Allen and Shevket

Drs Allen and Shevket (Woodland Surgery) provides primary medical care to 5,940 patients. The number of registered patients fluctuates between 5,900 and 6,100. The practice has a large boundary covering Northfield and Longbridge areas of Birmingham. The practice holds a General Medical Services (GMS) contract, a nationally agreed contract commissioned by NHS England. The practice had a slightly higher than average registered female patients aged between 40 and 54 and 85+ years or above.

The practice is managed by four GP partners (three male, one female) who are supported by three salaried GPs. There are two practice nurses who carry out reviews of patients who have long term conditions such as, diabetes. They also provide cervical screening and contraceptive advice. There is one health care assistant (HCA) who carries out duties such as, phlebotomy (taking blood), and flu vaccinations. The practice manager is assisted by a senior administrator, an apprentice secretary, two reception supervisors, three receptionists and an apprentice receptionist.

The practice employs an IT specialist twice a year to check that the correct codes have been applied to patients' files.

The practice is a designated training practice for trainee GPs known as registrars. These are qualified doctors who are learning the role of a GP. There is one registrar working at the practice. The practice also has placements of medical students.

The practice offers a range of services for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, minor surgery, injections and vaccinations.

The practice is open from 8.30am until 6pm each weekday with the exception of Wednesdays when it closes at 4pm. Between 1pm and 4pm child health clinics are held with health visitors and midwives. Prescriptions can be collected, there is a phlebotomy clinic and other reception services are available. The phone lines close at 1pm with a message to call the out of hours' provider.

Appointments times vary between GPs:

- From 8.30am until 10am patients can attend without an appointment and wait to be seen. Patients can request which GP they wished to be seen by.
- From 4pm until 6pm patients can attend without an appointment and wait to be seen. Patients can request which GP they wished to be seen by. All patients who arrived are seen. This service is not available on Wednesdays.
- Pre-bookable appointments are available from 8.30am until 6pm with the exception of Wednesday afternoons.

Extended hours are:

- Patients can book an appointment to be seen at another local (hub) practice every Saturday and Sunday morning. The practice has access to patient's records to enable appropriate assessments and treatments to be given.

Detailed findings

The practice operates a telephone system for patients who wish to hold clinical discussions or to receive a test result. Routine appointments can be pre-booked up to six weeks in advance in person, on line or by telephone.

The practice has opted out of providing GP services to patients out of hours. During these times GP services are provided currently by Badger an out of hours' service commissioned by the NHS Clinical Commissioning Group (CCG). When the practice is closed, there is a recorded message giving out of hours' details. The practice leaflet includes contact information and there are out of hours' leaflets in the waiting area for patients to take away with them.

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.

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.

How we carried out this inspection

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

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

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

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

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 7 December 2016. During our inspection we spoke with a range of staff including three GP partners, a practice nurse and a health care assistant, the practice manager, a reception supervisor, one receptionist and a secretary. We spoke with six patients who used the service and five Patient Participation Group (PPG) members who were also registered patients. We observed how people were talked with and reviewed how personal care and treatment was provided. We reviewed 35 comment cards where patients shared their views and experiences of the service provided.

Are services safe?

Our findings

Safe track record and learning

The practice demonstrated an effective system for reporting and recording significant events and we saw examples which had been reported, recorded and shared with some staff.

- 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 for them to commence recordings.
- There had been 15 significant events recorded from June 2015 to August 2016. The practice had carried out a thorough investigation of the significant events and took appropriate action when necessary. These had been reviewed regularly and shared with relevant staff to identify trends or if further action was required.
- When there were unintended or unexpected safety incidents, patients received reasonable support, clear information, a verbal and written apology and were told about any actions taken.
- Safety was monitored using information from a range of sources, including the Medical and Healthcare products Regulatory Agency (MHRA) alerts and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and provided an accurate overview of safety.
- Patient safety alerts were sent to all relevant staff and if necessary actions were taken in accordance with the alerts such as; individual reviews of patients who may have been prescribed a particular medicine. We saw that prescribing changes had been made where necessary following an alert to protect patients from inappropriate treatment.
- We reviewed safety records and incident reports and saw that appropriate actions had been taken to minimise risks to patients. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, practice staff had identified some delays when patients required an acute prescription. The practice introduced a system for receptionists to ring pharmacies to arrange immediate dispensing and delivery of medicines to patients.

Overview of safety systems and processes

We saw that the practice operated a range of risk management systems for safeguarding, health and safety and medicines management.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals who were responsible for investigating allegations. There was a lead member of staff for safeguarding and all GPs had received appropriate (level three) training. All other staff had received training that was appropriate to their role. GPs attended safeguarding meetings when possible and when requested, provided reports for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. Staff demonstrated they understood their responsibilities in relation to safeguarding processes. We saw documentation which confirmed that appropriate action had recently been taken where concerns were identified.
- A notice was displayed in the waiting room and in each consulting room and in the patient information pack, advising patients of their right to have a chaperone. All staff who acted as chaperones had been trained for the role and had undergone a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Three non-clinical staff were permitted to act as chaperones and they had received appropriate training. Staff we spoke with demonstrated that they would carry out the role appropriately.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The lead nurse was the infection control lead and liaised with the local infection prevention teams to keep up to date with best practice. All staff had received training in infection control and regular refresher training to keep them updated. There was an infection control protocol in place for staff to follow. An infection control audit was carried out annually; any actions identified were addressed by the

Are services safe?

relevant staff member. The latest audit was dated September 2016. The practice had used an NHS audit tool and we saw that it was comprehensive. We saw that cleaning schedules were in place.

- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Patients who received high risk medicines were monitored at recommended intervals by blood test results and health reviews to check that the medicine dosage remained appropriate. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Specific Directives (PSDs) permitted the healthcare assistant (HCA) to administer medicines by injection and vaccinations.
- 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. Practice staff had access to written policies and procedures in respect of safe management of medicines and prescribing practices. When hospitals requested a change to a patient's prescription, the changes were checked by a GP for accuracy before the prescription was issued to the patient.
- We reviewed three personnel files including the file for the most recently appointed practice nurse. We found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. We saw that appropriate checks were carried out when the practice used locum GP cover and that a role specific induction was provided.
- There were systems in place to ensure test results were received for all samples sent for analysis and the practice followed up patients who were referred as a result of abnormal results. GPs used an internal buddy service to ensure test results were seen during their absence.

Monitoring risks to patients

- There were procedures in place for the monitoring and management of risks to patient and staff safety. A health and safety policy was available to all staff. There were up to date fire safety risk assessments, staff carried out regular fire drills and weekly fire alarm testing.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), clinical waste and legionella. (Legionella is a term used for a particular bacteria which can contaminate water systems in buildings.)
- Staff told us the practice was well equipped. We saw records that confirmed equipment was tested and regularly maintained. Medical equipment had been calibrated in accordance with the supplier's instructions.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All staff absences were covered by other staff re-arranging or working extra shifts and re-organising patient's appointments. This included GPs; we were told that locum GPs were rarely used.

Arrangements to deal with emergencies and major incidents

Appropriate arrangements were in place to deal with emergency situations.

- All clinical and non-clinical staff received regular basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks and these were checked regularly.
- 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. A significant event informed us that staff had recently administered emergency medicines appropriately.
- Extra oxygen and emergency medicines were also available within the minor surgery room to promote a prompt response during a medical emergency.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure

Are services safe?

or building damage. The plan included emergency contact numbers for staff. Copies of this were held off site to eventualities such as loss of computer and essential utilities.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and sample checks of patient records.
- An enhanced service included all patients who had unplanned hospital admissions and ensured they were reviewed within three days of discharge and where necessary care plans put in place to reduce the risk of re-admission.
- Regular meetings were held with the multidisciplinary team where very ill patients were discussed and their care need reviewed to promote seamless care and treatment.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Comparisons were also made with the local Clinical Commissioning Group (CCG). The practice's overall QOF achievement for 2015-2016 was 97%.

Exception reporting is the exclusion of patients from the list who meet specific criteria. For example, patients who choose not to engage in screening processes or accept prescribed medicines. The overall practice exception rating was 5% compared with the CCG and national averages of 9%.

QOF data published in October 2016 showed the practice was performing in line with CCG and national averages;

- The review rate for patients who experienced poor mental health was 90%; which was comparable with the CCG average of 91% and the national average of 88%. The practice exception rating was 0% compared with the CCG average of 6% and the national average of 10%.
- Performance for chronic obstructive airways disease (COPD) related indicators were 92%; the CCG average was 92% and the national average 90%. The practice exception reporting rate was 1% compared with 7% for the CCG and 11% nationally.
- Performance for asthma was 77%; which was comparable with the CCG average of 76% and the national average of 75%. The practice exception rating was 1% compared with the CCG average of 3% and the national average of 8%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90 mm Hg or less was 84%; which was comparable with the CCG average of 83% and the national average of 84%. The practice exception reporting rate was 1% compared with the CCG average of 3% and the national average of 4%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c (glucose blood test) is 64mmol/mol or less in the preceding 12 months (01/04/2014-31/03/2015) was 78%; which was comparable with the CCG average of 77% and the national average of 78%. The practice exception reporting rate was 5%; compared with the CCG of 12% and national average of 12%.

Clinical audits had been carried out and demonstrated relevant changes had been made that led to improvements in patient care. Audits were planned to be repeated to demonstrate that improved patient care was provided. They included:

- An audit was dated 2015-2016 regarding prescribing of medicines for patients who were obese with a Body Mass Index (BMI) of 30 or more. The results of the audit were shared with other GPs. A re-audit dated October 2016 confirmed that 54% of the patients had been counselled regarding weight loss and smoking cessation.
- Another audit undertaken in July 2016 concerned compliance of prescribing a specific medicine in line

Are services effective?

(for example, treatment is effective)

with NICE guidelines. The results were presented to other GPs. A re-audit carried out in October 2016 had resulted in a 24% improvement in compliance with NICE guidelines.

- An on-going audit was carried out following all patients who had received minor surgery. This was to check for post procedural complications. There had been none to date.

The practice had a lead GP for patients who experienced poor mental health. Referrals to other health professionals were made when necessary. For example, the mental health team. Staff also signposted patients to social care services such as; Age UK and the local authority. The practice was participating in a local improvement scheme to improve patient access to psychological therapies (IAPT). This involved monitoring patients through the referral and signposting processes until their appointments.

Vulnerable patients were actively referred to local befriending/well-being services through two local providers. Patients aged 60 years or more were referred to Health Exchange and other patients to Gateway for the wider population.

Effective staffing

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

- The practice had an induction programme for newly appointed staff that was role specific. This included a dedicated induction for locum GPs. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, policies and procedures and confidentiality.
- The practice had a training programme in place and extra courses were provided that were relevant to specific roles to enhance staff skills. For example, the health care assistant (HCA) had been assessed as competent to administer flu vaccinations.
- The learning needs of staff were identified through a system of 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 on-going support during sessions, one-to-one meetings, coaching and

mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months and this included setting professional targets.

- The practice held quarterly protected learning time sessions when all staff discussed clinical issues, safeguarding, patient care, operational matters and received training from external professionals.

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.

- Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and the out of hours care team.
- Practice staff had a close working relationship with other health professionals. For example, district nurses, health visitors and a local hospice.
- Care plans were in place for patients who had complex needs and these were regularly updated. The assessments and care planning included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that these patients were discussed during the multi-disciplinary team meetings.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance, although we noted one exception.

- All 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

Are services effective?

(for example, treatment is effective)

to consent in line with relevant guidance. Younger patients we spoke with told us they were treated in an age appropriate way, their health condition explained to them and they gave consent for treatment.

- When consent was obtained, it was recorded in patient records. We were provided with templates used to record patient consent, for example, when contraceptive implants were fitted.

Supporting patients to live healthier lives

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

- These included patients who received palliative (end of life) care, carers of patients, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to relevant services.
- Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.
- The uptake for the cervical screening programme was 79% which was comparable with the CCG average of 80% and the national average of 82%. The practice exemption rate was 3% compared with the CCG average of 11% and national average of 6%.
- Patients who had not attended reviews were followed up and contacted and asked to make an appointment. Patients who had mobile phones received text message reminders about their appointments.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening:

- Data showed us that:
- 75% of eligible female patients had attended for breast screening during a 36 month period which was higher than the CCG average of 67% and comparable with the national average of 72%.

56% of eligible patients had undergone bowel screening in the last 30 month period which was higher than with the CCG average of 46% and comparable with the national average of 58%.

- Newly registered patients received health checks and their social and work backgrounds were explored to ensure holistic care could be provided. If they were receiving prescribed medicines from elsewhere these were also reviewed to check they were still needed.
- Childhood immunisation rates for the vaccinations given were comparable with or above the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% which was comparable with the CCG average of 91% to 96% and the national average of 73% to 95%. Practice data for five year olds was from 89% to 95% which was comparable with the CCG average of 82% to 96% and the national average of 81% to 95%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and the NHS health checks for patients aged 40–74 years. The practice had carried out 201 health checks since April 2016. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Piped music was played in communal areas to enhance privacy.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 35 Care Quality Commission comment cards we received were positive about the service patients 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 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. All patients we spoke with told us that staff were courteous and helpful.

Results from the National GP Patient Survey published in July 2016 showed how patients felt about how they were treated regarding compassion, dignity and respect. The practice was above the CCG and national averages for several of its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared with the CCG average of 88% and the national average of 89%.
- 96% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and the national average of 95%.

- 91% of patients said the last GP they saw or spoke with was good at treating them with care and concern; compared with the CCG average of 83% and the national average of 85%.
- 92% of patients said the nurse was good at listening to them compared with the CCG average of 89% and the national average of 91%.
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke with compared with the CCG average of 96% and the national average of 97%.
- 99% of patients said the last nurse they spoke with or saw was good at treating them with care and concern compared with the CCG average of 88% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

Results from the National GP Patient Survey published July in 2016 showed above average satisfaction about their involvement in planning and making decisions about their care and treatment. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%.
- 98% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 85%.

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

- We saw a range of health promotion advice and leaflets about long term conditions were in the waiting area that provided patients with information and support services they could contact.
- The practice leaflet provided information about the operations of the practice and the practice website

Are services caring?

provided information on how to treat minor ailments. The practice had produced leaflets in a range of different languages to assist those patients whose first language was not English.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about counselling services offered within the practice was available on the practice website. GPs offered relatives/carers support and if necessary an appointment was offered if they were not registered with the practice.

The practice's computer system alerted GPs if a patient was also a carer. However, two months prior to the inspection practice staff noted that there was no coding system for carers. At that time only 48 (0.8%) carers were been identified and a coding system was commenced. A GP had taken the lead to make improvements. At the time of the inspection 69 carers had been identified this equated to 1.2% and all clinical staff were continuing with the searches. Clinical staff offered support and guidance to carers and signposted them to a range of support groups such as; Age UK and the Alzheimer's Society. Carers were offered influenza vaccinations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Face to face appointments were available with a GP or practice nurse and advice by telephone.
- There were longer appointments available for patients with a learning disability and patients with other long-term conditions.
- If required patients who experienced poor mental health were given appointments outside of the clinical sessions to reduce their stress levels.
- Daily open sessions were provided and patients who attended and all were seen.
- Urgent access appointments were available for children and those with serious or complex medical conditions. These patients were seen on the day even if the clinical sessions were fully booked.
- Letters and text reminders were sent to patients when their health review was due. Patients received text messages to remind them of their pending appointment.
- GPs readily accommodated patients who felt that they could not access the practice by carrying out home visits.
- The practice nurses carried out home visits for reviews of long term conditions as well as to care homes for any registered patients. The healthcare assistant (HCA) also carried out these visits to provide phlebotomy (blood taking) services.
- External professionals held a regular substance misuse clinic at the practice. They were assisted by a practice GP.
- The practice employed an IT specialist twice a year who reviewed records to ensure that appropriate patient coding was applied.

- Clinical staff specialised in various long term conditions so that patients received up to date and appropriate care.
- Regular meetings took place to discuss and plan care for vulnerable patients and those with complex needs.
- Patients who were at risk of unplanned admission to hospital were closely monitored.
- There was access for patients with a disability and translation services were available. The practice leaflet had been converted to a number of different languages.
- GPs provided assessments and treatment for a number of supported living housing facilities as well as the local YMCA which, is also used as a hostel for people who were released from prison.

Access to the service

The practice was open from 8.30am until 6pm each weekday with the exception of Wednesdays when it closed at 4pm. Between 1pm and 4pm child health clinics were held with health visitors and midwives. Prescriptions could be collected, there was a phlebotomy clinic and other reception services were available. The phone lines closed at 1pm with a message to call the out of hours' provider.

Appointments times varied between GPs:

- From 8.30am until 10am patients could attend without an appointment and waited to be seen. Patients could request which GP they wished to be seen by.
- From 4pm until 6pm patients could attend without an appointment and waited to be seen. All patients who arrived were seen. Patients could request which GP they wished to be seen by. This service was not available on Wednesdays.
- Pre-booked appointments were available from 8.30am until 6pm with the exception of Wednesday afternoons.

Extended hours were:

- Patients could book an appointment to be seen at another local (hub) practice every Saturday and Sunday mornings. The practice had access to patient's records to enable appropriate assessments and treatments to be given.

Are services responsive to people's needs?

(for example, to feedback?)

The practice operated a telephone system for patients who wished to hold clinical discussions or to receive a test result. Routine appointments could be pre-booked up to six weeks in advance in person, on line or by telephone.

Results from the National GP Patient Survey published July 2016 showed significantly high levels of patient satisfaction with how they could access care and treatment. For example:

- 97% of patients said they could get through easily to the surgery by phone; compared with the CCG average of 69% and the national average of 73%.
- 83% of patients said they were able to get an appointment to see or speak with a nurse or GP; compared with the CCG average of 70% and the national average of 76%.
- 85% of patients described their experience of making an appointment as good; compared with the CCG average of 70% and the national average of 73%.
- 91% of patients reported they were satisfied with the opening hours; compared with the CCG average of 77% and national average of 79%.

In March 2016 the practice conducted a patient survey regarding the open sessions. The result showed that 147 patients out of 150 respondents wanted to retain the open sessions. The results of the survey were on display in the waiting area.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available on the practice's website, in the practice leaflet and at reception.

- The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to and was available in five languages. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint. There was a named lead for dealing with complaints.
- The practice kept a complaints log and there had been 15 formal complaints received during 2015-2016. These included responses to NHS Choices comments made by patients. We saw that complaints had been dealt with in an effective and timely way. Explanations were given to patients.
- Complaints were discussed with staff during meetings to enable them to reflect upon them and any actions taken to reduce the likelihood of future incidents. Complaints were reviewed regularly during staff meetings to ensure that actions had been effective.

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

Senior Staff held meetings every six months to discuss ways of improving patient care and how to implement Government changes.

- An application had been made to the CCG for the practice to move to larger premises. Clinical staff shared the eight clinical rooms and we saw that the waiting area was crowded.
- Clinical staff were working towards provision of educational sessions for patients regarding management of their long- term conditions.

Governance arrangements

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

- There was a staffing structure in place and staff were aware of their own roles and responsibilities. Clinical staff had allocated lead roles and had received relevant training for them. Staff worked as a team and supported each other in achieving good patient care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals disseminated best practice guidelines and other information.
- A range of meetings were held throughout the practice and the minutes of these shared with other staff to ensure that a streamlined service was provided to patients. It was an opportunity to suggest improvements and staff told us that senior staff listened and where possible implemented changes.
- Practice specific policies were implemented and were available to all staff.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Clinical audits were undertaken to improve and monitor quality of patient care.

- The practice manager had implemented many improvements to the practice. For example, improvement in staff skills through teaching and improvements to the premises.

All staff spoken with had a comprehensive understanding of the governance arrangements and performance of the practice. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and practice manager.

Leadership and culture

On the day of the inspection the GP partners demonstrated they had the experience, capacity and capability to run the practice to promote high quality care.

- They prioritised safe, high quality care. All staff we spoke with during the inspection demonstrated that they made positive contributions towards a well- run practice. On-going service improvements and compassionate care was provided. The partners were visible in the practice and staff told us they were approachable at all times and encouraged honesty.
- The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents practice staff gave affected people reasonable support, information and if necessary, written apology.

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

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

- It had an established Patient Participation Group (PPG) and liaised via email. PPGs are groups of patients registered with a practice who work with the practice to improve services and the quality of care. We spoke with five members of the PPG who told us that practice staff communicated well with them and listened to any concerns that were raised.

Are services well-led?

Good 

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

- Information was gathered from patients and staff through meetings and appraisals about issues, concerns or where improvements could be made. Staff members were asked to comment before the changes were implemented.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, developing educational sessions to help patients in understanding their long term conditions.