

Dr Roshan Khuroo

Quality Report

Stockland Green Primary Care Centre,
Erdington, Birmingham B23 6DJ
Tel: 0121 465 2888
Website: www.drkhuroospractice.co.uk

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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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



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 Dr Roshan Khuroo's practice in Erdington, Birmingham on 19 January 2017. Overall the practice is rated as requires improvement.

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. The practice had identified, recorded and analysed significant events in order to identify areas of learning and improvement and so mitigate the risk of further occurrence.
- Arrangements were in place to safeguard children and vulnerable adults from abuse, and local requirements and policies were accessible to all staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment, however results from the GP survey were lower for several aspects of care in comparison to local and national averages.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it difficult to make an appointment and access the service via the telephone and the GP national patient survey reflected these comments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment.
- The practice worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Staff spoke positively about the team and about working at the practice
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

There were areas of practice where the provider should make improvements:

- Encourage patients with learning disabilities to attend annual reviews.
- Encourage patients to attend national screening programmes and review current processes to promote the benefits of regular reviews.

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?

Good



- There were systems to monitor safety. These included systems for reporting incidents, significant events which included positive learning events, near misses, as well as comments and complaints received from patients. The practice had monthly meetings to discuss lessons learnt and implement action plans. Risk assessments were in place. This included health and safety risk assessments.
- There was an effective system in place to ensure all alerts were reviewed and acted on appropriately, including alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice had a system in place for monitoring the use of blank prescription forms and processes were in place for handling repeat prescriptions, this included the monitoring and prescribing of high risk medicines. We saw evidence that an audit had been completed during October 2016 and December 2016 to identify patients on high risk medicines, to ensure guidelines were being followed and patients were being monitored regularly.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- When things went wrong patients received a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- We observed the premises to be clean and tidy and we saw completed cleaning specifications to demonstrate that the required cleaning had taken place for each area of the practice.

Are services effective?

Requires improvement



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice's uptake for the cervical screening programme was 60%, which was lower than the national average of 82%. Additional nursing sessions had been added on Saturdays to accommodate working mothers and data provided by the practice since the inspection showed 65% of patients had attended for cervical screening.
- The practice took an active approach to joint working and engaged well with other health professionals.
- Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the CCG and national averages. The most recent published results (2015/16) were 92% of the total number of points in comparison to the CCG and national average of 95%.

Are services caring?

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. For example, 57% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- The practice had reviewed the results of the national GP survey and had carried out an inhouse survey to gain further feedback from patients. An action plan was in place.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment; however the results of the national GP survey did not reflect this.
- Information for patients about the services available was easy to understand and accessible.
- There were 70 patients on the practices register for carers; this represented 1.6% of the practice. Young carers were included in the register. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

Requires improvement



Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it difficult to make an appointment with the GP and accessing the service by telephone. The practice had acted on feedback received and had installed a new phone system in April 2016, an inhouse survey was completed by the practice which during October 2016 to December 2016 which showed 78% of patients had answered positively in getting through to someone on the phone, which was higher than the GP national patient survey results of 27%.
- There were longer appointments available at flexible times for people with a learning disability and for patients experiencing poor mental health. Same day appointments were also available for children and those who needed to see a doctor urgently.
- There were disabled facilities and translation services available. The practice had a hearing loop in place and alerts were added to patients' records.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff spoke positively about the team and about working at the practice.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The GP provider 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

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and meetings were held every six months. We saw evidence to confirm that the last meeting had been held in November 2016.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of effective, caring and responsive services, this affects all six population groups, however we did see areas of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included blood tests and vaccinations for those patients who were unable to attend the practice.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- The practice worked closely with multidisciplinary teams so patients' conditions could be safely managed in the community.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for effective, caring and responsive services, this affects all six population groups, however we did see areas of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators (2015/16) was 85% which was lower than the CCG average of 91% and national average of 90%.
- Longer appointments and home visits were available when needed and patients unable to attend the practice, received reviews at home.
- One of the nurses had trained as a specialist practitioner and could prescribe a range of medicines within their role as lead for chronic disease management.
- All patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We saw evidence that meetings were held every six weeks.

Requires improvement



Summary of findings

- The provider offered services to support the diagnosis and monitoring of patients with long term conditions such as ambulatory blood pressure monitoring, 24 hour echocardiograms (ECG) and spirometry. Health promotion support was also available, for example smoking cessation was offered by the health care assistant.

Families, children and young people

The practice is rated as requires improvement for effective, caring and responsive services, this affects all six population groups, however we did see areas of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children. The practice held safeguarding meetings every three months with the health visiting team.
- We saw positive examples of joint working with midwives and health visitors. The midwife provided antenatal care every week at the practice.
- Childhood immunisation rates for under two year olds were lower than the national average. The practice had achieved 83% to 85% for three of the four indicators, which was lower than the national target of 90% and 91% for the fourth indicator. Immunisation rates for five year olds ranged from 85% to 97% compared to the national average of 88% to 94%.
- The practice's uptake for the cervical screening programme was 60% which was lower than the national average of 82%. Additional nursing sessions had been added on Saturdays to accommodate working mothers and data provided by the practice since the inspection showed 65% of patients had attended for cervical screening.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for effective, caring and responsive services, this affects all six population groups, however we did see areas of good practice.

Requires improvement



Summary of findings

- 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. This included smoking cessation advice by the health care assistant.
- The practice offered extended opening hours on Saturday mornings and a phlebotomy service that started at 8am once a week to benefit patients of a working age.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for effective, caring and responsive services, this affects all six population groups, however we did see areas of good practice .

- The practice held a register of patients living in vulnerable circumstances including with a learning disability. The practice offered longer appointments for patients with a learning disability. Data provided by the practice showed that of the 34 patients who were on the learning disability register, 24 had received their annual health checks. The practice sent regular appointments. Since the inspection further data provided by the practice showed six patients had attended their annual health check and two patients had been invited to attend a review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and held meetings with the district nurses and community teams every three months.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted GPs if a patient was also a carer. There were 70 patients on the practices register for carers; this was 1.6% of the practice list. There was supportive

Requires improvement



Summary of findings

information in place for carers and the practice website encouraged patients to advise the practice if they were carers. The practice offered annual reviews and flu vaccinations for anyone they had identified as a carer.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for effective, caring and responsive services, this affects all six population groups, however we did see areas of good practice.

- The latest published data from the Quality and Outcomes Framework (QOF) of 2015/16 showed 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Data supplied by the practice showed 66 patients were on the mental health register and 43 had received a medication review in the past 12 months.
- Staff had a good understanding of how to support patients with mental health needs and dementia and a counselling service was held every fortnight to support patients.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages for some areas of care. Three hundred and sixty four forms were distributed and 79 were returned. This represented 2% of the practice list.

- 27% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 54% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 43% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were positive about the standard of care received, but reviews about accessing the service were negative. Comments included a good service, but difficult getting appointments and getting through on the telephone.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable and caring, but one patient also commented on issues with telephone access. Results from the Friends and Family Test from January to December 2016 showed 75% of patients were extremely likely or likely to recommend the practice to others.

Areas for improvement

Action the service **SHOULD** take to improve

- Encourage patients with learning disabilities to attend annual reviews.
- Encourage patients to attend national screening programmes and review current processes to promote the benefits of regular reviews.

Dr Roshan Khuroo

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 Dr Roshan Khuroo

Dr Roshan Khuroo's practice, is based at Stockland Green Primary Care Centre in Erdington, an area of the West Midlands. The practice is situated in a purpose built health centre and shares the ground floor with two other GP practices. A range of community services are also based at the centre including district nurses and health visitors. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes.

The practice provides primary medical services to approximately 4,300 patients in the local community. The practice has a lower than average number of older patients with 7.8% of patients aged 65 years and over, compared to the national average of 17%. The practice is run by a sole practitioner GP (female), with the support of a long term GP locum (male). The nursing team consists of one advanced nurse practitioner, one practice nurse and one health care assistant. The non-clinical team consists of administrative and reception staff and a practice manager.

Based on data available from Public Health England, the practice is in an area with high levels of social and economic deprivation. The practice is ranked as a deprived area compared to England as a whole and ranked as one out of 10, with 10 being the least deprived.

The practice is open to patients between 8.30am and 6.15pm Mondays, Tuesday, Thursday and Fridays and 8.30am to 1.15pm Wednesday. Extended hour appointments are available between 10am and 12pm on Saturday. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. When the practice is closed, primary medical services are provided by Birmingham & District General Practitioner Emergency Rooms Group (BADGER), an out of hours service provider and NHS 111 service and information about this is available on the practice website.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 January 2017. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, health care assistant, practice manager and reception/administration staff.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.'

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach for reporting incidents and significant events, staff told us they were encouraged to report any significant events and near misses and were aware of the process for doing so. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events, incidents, safety alerts, comments and complaints and these were a regular standing item on the monthly staff meeting agenda. We reviewed minutes of meetings where these were discussed. We reviewed 10 significant events that had occurred between January 2016 and September 2016. We saw evidence of repeat incidents with prescriptions being issued and given to the wrong patients. The practice had investigated the incidents and to prevent further occurrence had initiated a system to ensure all personal details of patients were checked before prescriptions were issued and we saw evidence to confirm that the incidents had been discussed with staff at staff meetings.

All alerts including Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were received by the GP. A system was in place to ensure all alerts were reviewed, actioned and discussed with the practice team at staff meetings.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children. Staff had received safeguarding training for vulnerable adults and children and GPs were trained to child safeguarding level three.
- There was a notice in the waiting room to advise patients that chaperones were available if required. Staff who acted as chaperones had received the appropriate training. Staff carrying out this role had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and annual infection control audits were undertaken. The last audit had been completed in May 2016 and the practice had achieved 98%. An action plan was in place and we saw evidence to confirm that the identified actions had been acted on. The practice held a register of staff immunisation for Hepatitis B, and other recommended immunisations such as mumps and rubella (MMR) vaccines.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, recording, handling, storing, and disposal). The practice had a system in place for the monitoring the use of blank prescription forms and processes were in place for handling repeat prescriptions. This included the monitoring and

Are services safe?

prescribing of high risk medicines. We saw evidence that an audit had been completed during October 2016 and December 2016 to identify patients on high risk medicines, to ensure guidelines were being followed and patients were being monitored regularly. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (A PGD is a set of instructions detailing conditions under which prescription medicine can be supplied to patients without a prescription). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The vaccination fridge temperatures were recorded and monitored in line with guidance by Public Health England.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service, proof of identification and references.

Monitoring risks to patients

Risks to patients were assessed and appropriately managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and health and safety risk assessments had been completed, the last risk assessment was dated May 2016. The practice had up to date fire risk assessments and fire drills were completed every six months. We found that fire alarms were tested on a weekly basis.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The last legionella risk assessment had been completed in August 2016.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission. The practice also reviewed their patient's attendances at the local Accident and Emergency departments.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/16) showed the practice had achieved 92% of the total number of points available; this was comparable to the CCG and national averages of 95%. Exception reporting was 10% which was comparable to the CCG and national average exception reporting rate of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was 85% which was lower than the CCG average of 91% and the national average of 90%. Exception reporting rate was 13% which was comparable to the national average of 12%.

- Performance for mental health related indicators was 80% which was lower than the CCG average of 92% and the national average of 93%. Exception reporting rate was 7%, which was lower than the national average of 11%.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was 100% which was higher than the CCG average of 97% and the national average of 96%. Exception reporting rate was 18%, which was higher than the national average of 13%.

There was evidence of quality improvement including clinical audit.

- We saw evidence that clinical audits that had been undertaken in the last 12 months, we reviewed one of the audits to see what improvements had been implemented. For example, the practice had participated in an audit following NICE guidelines on Vitamin D prescribing in patients who were pregnant. The aim of the audit was to investigate if patients who were pregnant had been prescribed a Vitamin D supplement to reduce vitamin deficiency. The first cycle of the audit identified 40 patients were currently pregnant and none had received Vitamin D supplements. The GP met with the midwife to discuss the importance of Vitamin D in pregnancy and for women who were breastfeeding. The midwife and GP contacted the 40 patients and on the second cycle of the audit 21 patients had commenced Vitamin D. The practice continues to monitor uptake and encourage patients to take the vitamins.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. This included the CCG scheme, Aspiring to Clinical Excellence (ACE) foundation and excellence schemes. The aim of the scheme was to enable the CCG to work with GPs to develop practices and deliver improved health outcomes for patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Appraisals had been completed for all staff. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: fire safety awareness, basic life support, safeguarding, infection control and information governance.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice implemented the principles of the gold standards framework (GSF) for end of life care. This framework helps doctors, nurses and care assistants provide a good

standard of care for patients who may be in the last years of life. GSF meetings took place every six weeks to discuss the care and support needs of patients and their families and we saw minutes in place to support this.

The practice took an active approach to joint working and engaged well with other health and social care services. For example, meetings with health visitors were held every three months to ensure a co-ordinated approach to the care of children and to discuss children with specific needs or concerns.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The waiting room gave information on how to access various services including mental health services and safeguarding contact numbers.

The practice's uptake for the cervical screening programme was 60%, which was lower than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available, but told us they had difficulties in getting patients to attend appointments. However, additional nursing sessions had been added on Saturdays

Are services effective?

(for example, treatment is effective)

to accommodate working mothers and data provided by the practice since the inspection showed 65% of patients had attended for cervical screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged patients to attend national screening programmes for bowel and breast cancer by following up patients who did not attend appointments. Results were lower than the CCG and national averages. For example,

- 63% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 69% and the national average of 72%.

- 35% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 50% and the national average of 58%.

Childhood immunisation rates for under two year olds were lower than the national average. The practice had achieved 83% to 85% for three of the four indicators, which was lower than the national target of 90% and 91% for the fourth indicator. Immunisation rates for five year olds ranged from 85% to 97% compared to the national average of 88% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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

The feedback received from the comment cards and by patients we spoke with on the day, showed patients felt they were treated with compassion, dignity and respect. However, satisfaction scores on consultations with GPs from the National GP survey were lower than the CCG and national averages. For example:

- 68% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 64% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 76% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 57% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

For consultation with nurses, the satisfaction scores showed:

- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 98% of patients said they had confidence in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.

The practice satisfaction scores for helpfulness of reception staff showed:

- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients scored lower to questions about their involvement in planning and making decisions about their care and treatment with the GP. For example:

- 53% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.

Scores for nurses showed:

- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets were available in the reception area and waiting room. These provided patients with information on how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 70 patients as

carers, which represented 1.6% of the practice list. There was supportive information in place for carers as well as information available through the practice website. The practice offered annual reviews and flu vaccinations for anyone who was a carer.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card and advice on support services available.

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.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Appointments could be booked over the telephone, face to face and online.
- Clinical staff carried out home visits for patients and immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- There were longer appointments available at flexible times for patients when needed, these were also offered to patients with a learning disability, carers and to patients experiencing poor mental health.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a variety of services including cervical screening, minor surgery and phlebotomy.

The practice displayed limited health care information in the practice waiting room; this was due to the restrictions of space within the waiting room which was shared by two other practices. The practice website signposted patients to information on support services and helpful resources such as travel advice and immunisations.

There were translation services available and hearing loops in place. There were accessible facilities for patients with mobility needs and a room available for patients if they needed to speak to a receptionist privately.

The practice offered a range of services to support the diagnosis and management of patients with long term conditions. For example the practice offered ambulatory blood pressure monitoring, 24 hour echocardiograms (ECG) and spirometry.

Access to the service

The practice was open between 8.30am and 6.15pm Mondays, Tuesday, Thursday and Friday and 8.30am to 1.15pm on Wednesday. Appointments were from 9.30am to 12.15pm every morning and 3.30pm to 6pm Monday, Tuesday, Thursday and Friday. There were no afternoon appointments available on Wednesday. Extended hour appointments were offered between 10am to 12pm on Saturday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them on the day. The practice had a text messaging service to remind patients of their appointments.

Results from the national GP patient survey had showed that patient's satisfaction with how they could access care and treatment were much lower than local and national averages. For example:

- 49% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 27% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

Due to the ongoing concerns raised by patients about access to the service, the practice installed a new phone system in April 2016. Results from their own inhouse survey between October and December 2016 showed 78% of patients were satisfied with telephone access, which was an improvement on the GP patient survey results of July 2016. The in-house survey also showed 98% of patients were satisfied with the practice opening hours and 95% had confidence in the last GP and nurse they saw.

All of the seven patient Care Quality Commission comment cards we received were positive about the service experienced, but four of the comments were negative about access to the service and getting appointments. Patients said they felt the practice offered a good service and staff were caring.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system.

We looked at two complaints received since January 2016. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. We saw in the meeting minutes that learning was shared and where required action was taken to improve safety.

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 vision and strategy to provide primary health care to patients. We spoke with three members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. This was reflected in feedback received from patients and in the way comments, concerns and suggestions were responded to.

The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy, but was not effective in managing risks. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Practice specific policies were implemented and were available to all staff, staff were aware of key policies including whistleblowing and the business continuity plan.

Leadership and culture

On the day of inspection the GP told us they prioritised safe, high quality and compassionate care. Staff told us the GP and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was active and had 20 patients on the list of members, but attendance at the meetings was poor, with on average two to three patients attending each meeting. Members who did not attend were sent minutes of the meetings. The practice had acted on feedback and suggestions from the group, for example: the practice had installed a new phone system to improve patient access.
- The practice had gathered feedback from staff through staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.