

Heathview Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Heathview Medical Practice was formed following a merger between Dr Faisal Yunas and Anchor Medical Centre in November 2015. In November 2016, there was a second merger which saw Heathview Medical Centre merge with Dosthill Surgery.

We previously carried out an announced comprehensive inspection of Dr Faisal Yunas on 7 March 2016 (at the time of inspection, the registration process with the Care Quality Commission (CQC) to change the name to Heathview Medical Practice had not been completed). The practice was rated as requires improvement for providing safe services and good for providing effective, caring, responsive and well led services. The inspection report can be found by selecting the 'all reports' link for Dr Faisal Yunas on our website at www.cqc.org.uk.

We previously carried out an announced comprehensive inspection of Dosthill Surgery on 28 September 2015; we found three breaches of legal requirements. As a result, we issued two warning notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safe care and treatment.

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Good governance.

We also issued a requirement notice in relation to:

- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Fit and proper persons employed.

We undertook an unannounced focussed inspection on 17 March 2016 to follow up on the warning notices. Further concerns were identified and the practice was required to complete an urgent response to demonstrate that these concerns had been addressed. A weekly report was sent to the CQC between 17 March 2016 and 23 May 2016 to demonstrate that improvements have been sustained. We undertook another announced comprehensive inspection on 23 May 2016 to check that the practice now met legal requirements. The practice was rated as requires improvement in safe, effective, caring and responsive, and inadequate in well-led. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dosthill surgery on our website at www.cqc.org.uk.

Summary of findings

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.

We undertook a further announced comprehensive inspection of Heathview Medical Practice on 3 May 2017 to check that action had been taken to comply with legal requirements relating to providing safe and well led services. Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and there had been significant improvements in reporting and recording significant events.
- The practice had clearly defined systems to minimise risks to patient safety.
- Staff were aware of and seen to be providing treatment in line with current evidence based guidance.
- Clinical staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. The provider had a training programme that included all staff. We saw that training requirements had been completed or planned.
- Results from the national GP patient survey published in July 2016 for both Heathview Medical Practice and Dosthill Surgery showed below average scores when patients were asked if they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. Verbal complaints were recorded but not collated therefore missed opportunities to further improve care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff spoke positively about the support from the new management team. Leadership within the nursing team was being addressed at the time of the inspection.
- 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. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Review the system for managing alerts to include a check that appropriate action has been taken.
- Implement systems to record verbal complaints so that trends can be identified.
- Add alerts to the records of the parents and siblings of children with a child protection plan in place.
- Consider role-specific training for the infection prevention control leads.
- Implement effective systems to ensure items such as syringes, dressings and dressing packs are in date.
- Ensure that fridges used to store medicines can provide data for the minimum and maximum temperatures.
- Implement processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.
- Implement a cohesive system for following up non-attenders for cancer screening.
- Review the availability of protected learning time available to allow for members of staff to complete training.
- Explore how the patient feedback can be improved, most notably in response to the consultations with GPs.
- Review the process for recording verbal complaints to allow trends to be identified and actioned.

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.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. There had been improvements in the monitoring and auditing of infection control but an effective system to ensure items such as syringes, dressings and dressing packs were in date was not in place.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- Medicines were stored securely and were all found to be in date. However one of the fridges did not have a minimum and maximum temperature recorder to provide the data on temperature in between checks.
- Prescriptions forms and pads were securely stored and an effective system that tracked their usage minimised the risk of fraud.
- Informal systems to review nurse/patient consultation and prescribing records to ensure the competence and safety of nurses employed to work at the practice were in place.
- Required recruitment checks had been made before a member of staff was employed to work at the practice but this did not include an assessment of their physical or mental health.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Non-verified data from the Quality and Outcomes Framework showed that the provider had made significant improvements in patient outcomes. Overall performance was comparable to historic local and national averages.
- Staff were aware of current evidence based guidance.
- Completed audit cycles had been carried out to demonstrate quality improvement.

Summary of findings

- Staff had the skills and knowledge to deliver effective care and treatment.
- The practice had an induction programme for all newly appointed staff and a training programme for existing staff. However, there had been limited opportunities for new members of staff to complete training. The management acknowledged that they needed to review this to support new staff into the practice with protected learning time.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services including the out of hours service, district nursing and integrated local care teams.
- Cancer screening data was below local and national averages. There were systems in place to follow up non-attenders but these were not cohesive.
- The practice had identified their most frail and older patients and those with complex needs. The practice carried out monthly reviews for this group of patients, and their carers, to reduce avoidable hospital admissions and attendances to A&E.

Are services caring?

GOOD

Good



The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016 showed patients rated the practice below others for most aspects of care. However, this data was a reflection of the previous provider's performance. Data for the new provider was not yet available.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 180 patients as carers (1.5% of the practice list). Annual flu immunisation was offered to carers but there was no call/recall system to invite carers in for annual health checks.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical

Summary of findings

Commissioning Group to secure improvements to services where these were identified. For example, the practice had identified their 2% most vulnerable patients and supported them through care plans to ensure their social and medical needs were met to avoid unplanned hospital admissions.

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients feedback on the appointment system was mixed. The provider had identified improvement in the appointment system as a priority. Additional clinical staff had been recruited aimed at increasing the number of appointments available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the four examples we viewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff. However there was no systematic approach to record and act on verbal complaints.

Are services well-led?

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

- The practice had set aims and objectives to deliver high quality care and promote good outcomes for patients.
- The practice did not have a written business plan but the GP partners met weekly and minuted the meetings for non-attending partners. These meetings encompassed both short and long-term objectives.
- The practice had invited the NHS England Supporting Change in General Practice team to support the merger.
- There was a clear leadership structure and staff felt supported by the management.
- The practice had policies and procedures to govern activity.
- An overarching governance framework continued to be developed to implement an integrated, cohesive approach across all three sites.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- A diary of clinical education events had been arranged and offered to other practices in the surrounding area.
- The provider was aware of the requirements of the duty of candour.

Good



Summary of findings

- A culture of openness and transparency was encouraged in the practice. The practice had systems in place to manage notifiable safety incidents, share the information with staff and ensure appropriate action was taken.
- The practice proactively sought feedback from patients and we saw examples where feedback had been acted on. The practice engaged effectively with the patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Patients aged 75 years or over had been written to advise them of a named GP and were invited annually to attend for a health check. (There were 640 patients on the register, 66% had been completed)
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up older patients discharged from hospital and liaised with GPs and district nursing staff so that patients' care plans were updated to reflect any extra needs.
- The practice identified older patients who needed palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.

People with long term conditions

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

Good



- Patients at risk of hospital admission were identified as a priority.
- 85% of patients at Heathview Medical Practice with chronic obstructive pulmonary disease (COPD) had had a review undertaken including an assessment of breathlessness using a recognised scale in the preceding 12 months. This was lower than the CCG average of 91% and the national average of 90%.
- 74% of patients at Dosthill Surgery with chronic obstructive pulmonary disease (COPD) had had a review undertaken including an assessment of breathlessness using a recognised scale in the preceding 12 months. This was lower than the CCG average of 91% and the national average of 90%.
- The percentage of patients at Heathview Medical Practice with diabetes, on the register, whose last measured total cholesterol was within recommended limits, was 77%. This was comparable to the CCG and national averages of 80%.

Summary of findings

- The percentage of patients at Dosthill Surgery with diabetes, on the register, whose last measured total cholesterol was within recommended limits, was 72%. This was lower than the CCG and national averages of 80%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems and procedures in place to safeguard children from the risk of abuse. Safeguarding meetings were held six weekly.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child development clinics.
- Alerts were placed on patient records to make staff aware of children who had a child protection plan in place. Alerts were in place to inform staff of the parents of children with a child protection plan in place.
- On the day appointments were available for children.
- There was a system in place to follow up children who did not attend (DNA) for hospital appointments. GPs sent tasks to receptionists for DNAs.
- A contraception service was offered and condoms were available free of charge from the practice.
- Access was available to male and female clinicians on request (both the locum and salaried GPs were female).

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to respond to patients' needs. Extended opening hours were available at the practice and telephone consultations were available for working age people.
- 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.
- The provider offered NHS Healthchecks but had only completed 61 out of an eligible population of 2,472 in the previous 12 months. The provider was aware of this performance and highlighted it as a priority over the next 12 months.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- Support had been given to asylum seekers, homeless people and vulnerable migrants. For example; two patients on the homeless register were supported by signposting to services, assisted in form filling and offered same day appointments.
- A translation service was available, hearing loops at each reception and the building had disabled facilities.
- There was a register of 58 patients with learning disabilities, 30 had received health checks in 2015/16 (a total of 18 out of 39 were completed on Dosthill patients, and 12 of 19 carried out on Heathview patients). A patient call/recall system had been introduced following the merger.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- The practice had identified a higher percentage of their patients as having dementia (1%) when compared to the national average (0.4%).
- The practice carried out advance care planning for patients living with dementia.
- The practice hosted an in-house clinic from a dementia consultant.
- 83% of patients at Heathview Medical Practice diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was lower than the Clinical Commissioning Group (CCG) average of 88% and national average of 84%.
- 74% of patients at Dosthill Surgery diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was lower than the CCG average of 88% and national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 84% of patients at Heathview Medical Practice with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was lower than the CCG and national averages of 89%.
- 96% of patients at Dosthill Surgery with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was higher than the CCG and national averages of 89%. However the exception reporting rate of 47% was significantly higher than the CCG average of 16% and national average of 13% meaning fewer patients had been included.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Staff were aware of where to refer patients for supporting services. For example, the early intervention team for patients who experienced psychotic symptoms.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results most recently published in July 2016 provided data on the individual practices prior to the merger. Therefore responses for Dosthill patients were not included in the Heathview results.

The data for Heathview Surgery showed the practice overall performance was below local and national averages. Three hundred and one survey forms were distributed and 103 were returned. This represented a return rate of 34%

- 77% of patients described their overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) average of 87% and the national average of 85%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 62% 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 82% and the national average of 78%.

The data for Dosthill Surgery showed the practice was performing below local and national averages. Two hundred and eighty-seven survey forms were distributed and 116 were returned. This represented a return rate of 40%

- 75% of patients described their overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 62% 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 82% and the national average of 78%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 10 comment cards which were overall positive about the standard of care received. Patients told us staff were respectful, caring, helpful and treated them with dignity and respect. One patient commented that the signage at the front of the building could be improved to advise patients that they were in the correct building.

During the inspection we spoke with the chairperson of the Patient Participation Group (PPG) who was also a patient at the practice. They told us that they were satisfied with the care they received and thought staff were very helpful, polite, professional. Patients said they felt listened too and that their needs were understood. They were positive about the changes since the merger and complimented the GP partners on their attendance and support for the patient group.

Heathview Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor and a nurse specialist advisor.

Background to Heathview Medical Practice

Heathview Medical Practice is registered with the CQC as a partnership provider in Tamworth, Staffordshire. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

Over a two year period three GP practices merged to form Heathview Medical practice. One of the practices had previously been placed into special measures. Heathview Medical Practice now has the main surgery at Glascote Heath Centre and two branches, one in Wilnecote and a second in Dosthill.

Glascote Health Centre is a purpose built building owned by NHS Properties. Wilnecote and Dosthill buildings are owned by one of the GP partners. At each site, all rooms are situated on the ground floor of the building and consist of a reception area, treatment rooms and consultation rooms. There is a pharmacy at the Dosthill site that is unaffiliated to the provider and partners. The practice has level access from the car park and is accessible for wheel chair users; there is a disabled toilet facility at each site.

The practice area is one of lower deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. However, two of the three sites are based in low socio-economic areas. At the time of our inspection the practice had 12,000 patients. Demographically the population is 90% white British with the remaining patients being Asian and mixed race. The practice age distribution is similar to the national and CCG area in all age groups. The percentage of patients with a long-standing health condition is 56% which is comparable with the local CCG average of 55% and national average of 53%. The practice is a training practice for GP registrars and medical students to gain experience and higher qualifications in general practice and family medicine.

The practice staffing comprises of:

- Six GP partners (all male) 4.2 whole time equivalent (WTE)
- A salaried GP (female) (0.4 WTE) and a long-term Locum GP (female) working a varied pattern (0.6 WTE).
- An advanced nurse practitioner (ANP) (0.8 WTE)
- Three practice nurses (1.5 WTE)
- Two healthcare assistants (HCA) (1.6 WTE)
- A regional manager (0.7 WTE)
- Three site managers (2.8 WTE)
- Sixteen members of administrative staff working a range of hours (10.9 WTE).

The practice is open between 8.30am and 6pm Monday to Friday. On a Thursday afternoon, the Wilnecote site remains open when the Dosthill and Glascote Health Centre sites close at 2pm. On a Thursday afternoon, all telephone calls are diverted to Wilnecote. Telephone consultations are available and extended hours appointments are offered between 6.30pm and 7.30pm on a Monday at Glascote Health Centre and between 6.30pm and 8pm on a Wednesday at Wilnecote Surgery. Appointments can be pre-booked up to four weeks in

Detailed findings

advance and urgent appointments are available for those that need them. The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

Why we carried out this inspection

We carried out an announced comprehensive inspection of Dr Faisal Yunas on 7 March 2016 (at this stage the registration process with the Care Quality Commission to change the name to Heathview Medical Practice had not been completed). The practice was rated as requires improvement for providing safe services and good for providing effective, caring, responsive and well led services. The inspection report can be found by selecting the 'all reports' link for Dr Faisal Yunas on our website at www.cqc.org.uk.

When we carried out an unannounced comprehensive inspection of Dosthill Surgery on 28 September 2015, we found three breaches of legal requirements. As a result, we issued two warning notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safe care and treatment.
- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Good governance.

We also issued a requirement notice in relation to:

- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Fit and proper persons employed.

We undertook an unannounced focussed inspection on 17 March 2016 to follow up on the warning notices. Further concerns were identified and the practice was required to complete an urgent response to demonstrate that these concerns had been addressed. A weekly report has been sent to the Care Quality Commission (CQC) since 17 March 2016 to demonstrate that improvements have been sustained. We undertook another announced comprehensive inspection on 23 May 2016 to check that the practice now met legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dosthill surgery on our website at www.cqc.org.uk.

Following the merger of Heathview and Dosthill Practices, we undertook a further announced comprehensive inspection of Heathview Medical Practice on 3 May 2017 to check that action had been taken to comply with legal requirements relating to providing safe and well led services.

How we carried out this inspection

Before the inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced comprehensive inspection on 3 May 2017. During our inspection we:

- Spoke with a range of staff including five out of the six GP partners, the nurse practitioner, practice nurses, health care assistants and administrative staff. We also spoke with the chair of the patient participation group (PPG).
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public 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

Detailed findings

- 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

The practice operated an effective system to report and record significant events.

- Staff knew their individual responsibility, and the process, for reporting significant events.
- We reviewed a sample of the seven documented significant events raised in the last three months and found that they had been thoroughly investigated. When required, action had been taken to minimise reoccurrence and learning had been shared within the practice team to improve processes to prevent the same thing happening again.
- We reviewed safety records, minutes of meetings and asked staff about the measures in place within the practice to promote patient safety. We saw that significant events were discussed as a standing item within practice and clinical meetings, or sooner if required.
- The practice also monitored trends in significant events and evaluated any action taken. A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing information and an apology when things go wrong.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Following an alert being received the practice checked to ensure that patients were not affected by the medicines or

equipment involved. Alerts were communicated at clinical meetings and sent to each clinician by email. However, the system did not include any review to ensure that appropriate action had been taken.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children from the risk of abuse. These arrangements reflected relevant legislation and local requirements. Arrangements were in place to safeguard vulnerable adults from the risk of abuse. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Policies were accessible to all staff and staff knew where to find them. There was a lead member of staff for safeguarding.
- Alerts were placed on patient records to make staff aware of children who had a child protection plan in place. However alerts were not in place to inform staff of the parents of children with a child protection plan in place.
- Staff demonstrated they understood their responsibilities and most had received training on safeguarding children and vulnerable adults relevant to their role. However, seven members of staff who had been employed for more than a month had not received training in safeguarding vulnerable adults. In the week after the inspection, the provider sent evidence to confirm that staff members had successfully completed this training. GPs were trained to child safeguarding level three and the GPs provided safeguarding reports where necessary for other agencies. Systems to follow up children who failed to attend for hospital appointments were in place.
- A notice in the waiting room and in consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules in place and the cleaning contract was carried out by a third party.
- The Health Care Assistants had recently been appointed as joint infection prevention and control (IPC) clinical leads. There was an IPC protocol, regular IPC audits and most staff had received up to date training. An action plan was put in place following the most recent IPC

Are services safe?

audit and most actions had been completed to address any improvements identified. However we found that nationally recognised guidelines were not always followed. For example, we found a sharps bin that had been in use for longer than three months, storage of sharps bins was not always out of reach of children, we found syringes, dressings and dressing packs that were out of date and cupboards in the nursing room were not always locked and had not been risk assessed.

- A protocol was in place for GP bags to be used on home visits. An empty 'home visit bag' was kept in the reception and it was the responsibility of the visiting GP to take their own equipment and any medication required having triaged the visit request. A risk assessment had been carried out for emergency medicines required for home visits.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. We checked two patients on lithium and three patients on methotrexate. All were monitored regularly within the recommended time frames.
- There was a system in place for tracking the use of prescription pads throughout the practice however we saw that prescriptions used in printers were left in locked rooms.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines against a patient specific prescription or direction from a prescriber. One of the practice nurses had qualified as an independent prescriber and could therefore prescribe medicines for clinical conditions within their expertise. Nurses had access to the on call GP at all times to discuss any prescribing issues and we saw evidence in a patient's record that this had taken place. There was a formal system in place to review nurse/patient consultation records or audit their practice to monitor the safety of their prescribing.

- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- The temperatures of the medicines fridges were monitored. However one of the thermometers only did not have the facility to record minimum and maximum temperatures. Therefore the practice could not monitor temperatures between manual checks. The provider told us that they would install a new thermometer following the inspection.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment for permanent staff. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. All clinical staff and staff that acted as chaperones had received a DBS check. We saw that there were references to demonstrate conduct in previous employment.

Monitoring risks to patients

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

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were no designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

Are services safe?

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff had received annual basic life support training. There were three new members of staff who had started in the last month who had the training planned.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which

provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).

- Emergency medicines were available and were stored securely. Each consultation room had an emergency medicines box, all the medicines we checked were in date
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GP we spoke with was aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. We saw that:

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The nurses completed templates that were based on nationally recognised guidelines that included the British Thoracic Society (BTS) guideline on the management of asthma.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/16 showed Heathview Medical Practice had achieved 94% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 96% and national average of 95%. Their clinical exception rate was 5% which was lower than the CCG and the national rates of 10%. The most recent published results for 2015/16 showed Dosthill Surgery had achieved 83% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 96% and national average of 95%. Their clinical exception rate was 9% which was lower than the CCG and the national rates of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Data from 2015/16 showed for Heathview Medical Practice showed:

- 84% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was lower than the CCG and national averages of 89%. Their exception reporting rate of 4% was lower than the CCG average of 16% and national average of 13% meaning more patients had been included.
- 83% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was lower than the CCG average of 88% and national average of 84%. Their exception reporting rate of 25% was higher than the CCG average of 4% and national average of 7%. Non-verified data for 2016/17 showed 72% had been completed.
- 78% of patients with asthma, on the register, had an asthma review in the preceding 12 months that included an assessment of asthma control. This was comparable with the CCG average of 77% and the national average of 76%.
- 85% of patients with chronic obstructive pulmonary disease (COPD) had had a review undertaken including an assessment of breathlessness using a recognised scale in the preceding 12 months. This was lower than the CCG average of 91% and the national average of 90%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was within recommended limits, was 77%. This was comparable with the CCG average national averages of 80%. Non-verified data for 2016/17 showed 71% had been completed.

Data from 2015/16 for Dosthill Surgery showed:

- 96% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was higher than the CCG and national averages of 89%. Their exception reporting rate of 47% was higher than the CCG average of 16% and national average of 13% meaning fewer patients had been included. We looked at non-verified data for 2016/17 and saw an improvement in the performance; 92% of patients diagnosed with a mental health condition had a comprehensive, agreed care plan documented in their record with an exception rate of 5% meaning more patients had been included.

Are services effective?

(for example, treatment is effective)

- 74% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was lower than the CCG average of 88% and national average of 84%. Their exception reporting rate of 5% was comparable to the CCG average of 4% and national average of 7%. Non-verified data for 2016/17 showed 72% had been completed.
- 70% of patients with asthma, on the register, had an asthma review in the preceding 12 months that included an assessment of asthma control. This was lower than the CCG average of 77% and the national average of 76%.
- 74% of patients with chronic obstructive pulmonary disease (COPD) had had a review undertaken including an assessment of breathlessness using a recognised scale in the preceding 12 months. This was lower than the CCG average of 91% and the national average of 90%. Non-verified data for 2016/17 showed 88% had been completed.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was within recommended limits, was 72%. This was lower than the CCG average national averages of 80%.

At our previous inspection at Dosthill Surgery on 17 May 2016, QOF data for 2014/2015 showed that the practice was performing below both local and national averages. QOF data for 2015/16 showed there had been little improvement in these figures since our last inspection. For example:

- The performance for diabetes related indicators was 73%. This was higher than the 70% at our previous inspection but remained lower than the CCG average of 91% and national averages of 90%. However, we reviewed current non-verified QOF data on the practice's computer system and saw there had been an improvement in 2016/17 to 79%.
- The overall QOF performance of 83% was below the CCG average of 96% and national average of 95%. However, we reviewed current unverified QOF data on the practice's computer system and saw there had been a significant improvement in 2016/17 when the provider had achieved an overall score of 92%.

Since our last inspection, the practice had implemented software to support the management of patients on blood thinning medication. We saw evidence that the 112 patients on the medication were well managed and regularly monitored.

The GP partners had undertaken a review of all Dosthill patients following the merger. This included a check of the last set of blood results and blood pressure reading to ensure that appropriate clinical care and management had been identified and offered based on these investigations, a review of the last set of clinical documents to ensure appropriate action has been taken and a medication review when required. A total of 60% of the patients had been reviewed at the time of the inspection, the remainder were planned to be completed by July 2017.

We reviewed two clinical audits commenced in the last year that had been carried out by the practice. These were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, having found a small number of patients on a higher dose of a statin when taking with a medication used to treat high blood pressure, an audit was carried out to review a Medicines and Healthcare products Regulatory Agency (MHRA) safety alert from 2012 for lipid-regulation drugs and ensure prescribing guidelines were being followed. The audit confirmed that 10% of the patients on both medications were not on adequate treatment and an improvement of 6% was made as a result of the audit. A second cycle audit was planned to be undertaken within the next 12 months.

The nurses were involved in clinical audits. These included supporting a GP with an audit of colorectal referrals in the last 12 months and monthly audits of diabetic patients and non-attenders on the chronic obstructive pulmonary disorder (COPD) register.

Effective staffing

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

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

Are services effective?

(for example, treatment is effective)

of staff to complete training. The management acknowledged that they needed to review this to support new staff into the practice with protected learning time.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, long term conditions such as diabetes and high blood pressure monitoring.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff told us that there had been limited time allowed for them to complete this training. There had been some improvement in the support provided to nursing staff, for example practice nurses were encouraged to attend clinical meetings held weekly. All staff had either received or had planned an appraisal within 12 months of the most recent merger.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However the programme needed completion following the recent addition of new staff.

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.
- We found that the practice shared relevant information with other services in a timely way. For example, when referring patients to other services and sharing information about patients nearing the end of their life with the out of hours service.

Staff worked together and with other health and social care professionals to understand and meet the range and

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- 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.
- We saw that written consent was obtained for the insertion of intrauterine contraceptive devices and joint injections. This was clearly document in the sample of patients' records we reviewed.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those who had recently suffered bereavement.
- The practice had identified their most frail and older patients and those with complex needs. The practice carried out monthly reviews for this group of patients, and their carers, to reduce avoidable hospital admissions and attendances to A&E.
- Literature available in the waiting area signposted patients to services offered in the community, For example, a drop in wellbeing and cancer support centre and a South Staffordshire sexual health service.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 82% and the national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 64% of eligible women aged 50-70 years had been screened for breast cancer in last 36 months. This was

Are services effective?

(for example, treatment is effective)

lower than the CCG average of 74% and the national average of 73%. Fifty-one per cent of eligible persons aged 60-69 years had been screened for bowel cancer in last 30 months. This was lower than the CCG average of 61% and the national average of 58%. The practice were aware of the performance and nurses had systems in place to follow up on non-attenders. However the systems used were not cohesive as nursing staff continued to use their own systems that had been in place prior to the most recent merger.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Data from NHS England experimental statistics 2015/16 showed uptake

rates for the vaccines given were comparable to CCG/ national averages. For example, childhood immunisation rates for children two years was 90% and five year olds ranged from 91% to 100%. The practice nurses followed up children who failed to attend for their immunisations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. In the last 12 months 215 patients had been invited and 43 had attended.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

We received 10 comment cards which included mixed comments about the standard of care received. In seven out of the 10 cards, patients told us staff were sympathetic, respectful, caring, helpful and treated them with dignity and respect. Two of the comments cards contained negative comments on the appointment system and one patient felt that the signage at the entrance could be improved following the merger.

We spoke with a member of the Patient Participation Group (PPG) who was also patient at the practice. They told us that since the merger, patients said they felt listened to and the new management team had taken time to attend PPG meetings and were committed to making improvements.

Results from the national GP patient survey published in July 2016 from patients at Heathview Medical Practice scored the practice slightly below average for its satisfaction scores on consultations with GPs. For example:

- 81% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national averages of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 91% 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%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

However the responses were more positive when asked about the nursing staff. For example:

- 97% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 99% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

Results from the national GP patient survey published in July 2016 showed patients at Dosthill Surgery who responded scored the practice below average for its satisfaction scores on consultations with GPs and nurses and helpfulness of the reception staff. For example:

- 75% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national averages of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 87% 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%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 87% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 74% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The provider was aware of the feedback and had incorporated improvements into their plans for the

Are services caring?

practice. The GP partners explained that initial work focussed on carrying out clinical reviews on all of the Dosthill patients and establishing a governance structure that would identify and support future improvements.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey published in July 2016 showed patients at Heathview Medical Practice felt that the GPs could improve the patient involvement in planning and making decisions about their care and treatment. Results were generally lower than local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG and national averages of 86%.
- 72% 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%.

However the responses were more positive when asked about the nursing staff. For example:

- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG national averages of 90%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG national averages of 85%.

Results from the national GP patient survey published in July 2016 showed patients at Dosthill Surgery felt that the GPs could improve the patient involvement in planning and making decisions about their care and treatment. Results were generally lower than local and national averages. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG and national averages of 86%.
- 65% 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%.

However the responses were more positive when asked about the nursing staff. For example:

- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG national averages of 90%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, a service to support patients whose first language was not English was available and each site had a hearing loop for patients with a hearing impairment. We saw that personalised care plans were in place for those patients at increased risk of hospital admission.

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 support groups was also available on the practice website. The provider offered support to isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 180 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them such as the Carers Association for South Staffordshire (CASS). Carers were invited for annual flu vaccinations but there was no recall system to invite them for an annual health check.

The provider told us that their philosophy not to intrude when families of patients had suffered a bereavement. However we were told that GPs contacted the families in some cases to offer support. Information leaflets for a local bereavement counselling service were available in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

A recent merger had trebled the size of Heathview Medical Centre. The practice took on a larger practice that had been placed into special measures by the Care Quality Commission. This merger took place in November 2016, and the original Heathview partners were two thirds through a process of checking each new patient to understand and meet the needs of its population:

- There were 58 patients registered with the practice who had a learning disability and 30 were provided with an annual health check in 2016/17. The practice told us that a systematic patient call and recall system was to be implemented for 2017/18 aimed at improving the uptake.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice had access to an acute visiting service (AVS). Referrals could be made into the AVS following a GP review of each individual request.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. Multi-disciplinary meetings were held monthly at the practice to provide co-ordinated care for these patients. The practice had systems in place to alert the out of hours service if they had any concerns regarding a patient receiving end of life care.
- Same day appointments were available for children and those patients identified as the most vulnerable patients registered with the practice.
- Extended opening hours for working age patients were available and telephone consultations were provided if required.
- The GPs worked in partnership with the health visiting service, to provide routine child development checks and immunisations.
- The practice offered near patient testing and control for patients receiving a medicine to prevent the formation of blood clots.

- There were accessible facilities, which included a hearing loop, and interpretation services (the GPs were multilingual, and combined, could speak seven foreign languages). The entrance doors were automatically operated.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday except for Thursday afternoons when the Dosthill and Glascote Health Centre sites closed at 2pm. On a Thursday afternoon, all telephone calls were diverted to Wilnecote. Appointments were available between 9am and midday every morning and between 3pm to 6pm each afternoon. Telephone consultations were available and extended opening hours were offered on a Monday evening between 6.30pm and 7.30pm at Glascote Health Centre and on a Wednesday between 6.30pm and 8pm at Wilnecote Surgery. Appointments could be pre-booked up to four weeks in advance and urgent appointments were available for those that needed them. The practice had opted out of providing cover to patients in the out-of-hours period. During this time services were provided by Staffordshire Doctors Urgent Care, patients accessed this service by calling NHS 111. Online access to book appointments and order repeat prescriptions was available to those patients who had registered to use the service.

Results from the national GP patient survey published in July 2016 showed that Heathview Medical Centre patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 77% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG national averages of 85%.
- 98% of patients said their last appointment was convenient compared with the CCG and national averages of 92%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 54% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

Results from the national GP patient survey published in July 2016 showed that Dosthill Surgery patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 67% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 88% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and national averages of 85%.
- 86% of patients said their last appointment was convenient compared with the CCG and national averages of 92%.

However, patient satisfaction rates were significantly below average in two questions relating to access:

- 62% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 52% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

The practice had a system to assess:

- If a home visit was clinically necessary.
- The urgency of the need for medical attention.

A review of the appointment system had been undertaken and the provider had concluded that the clinical skill mix could be improved to increase patient access. Recruitment of a salaried GP and an Advanced Nurse Practitioner (ANP) had taken place, and a second ANP was due to start the week after we inspected. There was further recruitment of clinicians planned to improve patient access. In addition the practice had started a survey with support from the

patient participation group (PPG) to quantify the GP consultations that could be managed by nurses or healthcare support workers. In order to improve telephone access, the practice was considering the possibility of a walk-in sit and wait clinic.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website, in the practice leaflet and in a dedicated complaints leaflet.

The practice had a written policy for handling complaints and a nominated individual to manage the complaints process. The practice had received four complaints since the most recent merger. We looked at a summary of these complaints and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, there was a complaint regarding the lack of appointments and attitude of a staff member from a patient when making a follow-up appointment. The practice revised the letter sent out to patients requesting a further appointment and changed their working practice to implement a follow up call from the practice to any patient who required an urgent follow-up.

Staff we spoke with told us that verbal complaints would be recorded on the patient notes. However, there was no systematic approach to recording or escalating these complaints so that an analysis of trends could be carried out or an individual verbal complaint followed up when appropriate.

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 developed clear aims and objectives to deliver high quality care and promote good outcomes for patients.

- The provider has prioritised stabilisation following the merger. The GP partners told us that they have prioritised the short term needs with patient safety and the centralisation of all functions into the Glascote Health Centre building. We were told that the next priority was an improvement in access combined with a review of the appointment system.
- The aims and objectives were evidenced through minuted meetings held weekly between the GP partners. Where appropriate the objectives had been discussed at team meetings. Staff told us that they were made aware of what the aims and objectives once decided.
- The practice did not have a written business plan which reflected the practice's values but we saw minutes of meetings held by the partners weekly that addressed both short-term objectives specific to the merger and long-term objectives, for example, a review of access.
- The practice used social media and patient newsletters to improve the interface with patients.
- The provider was an accredited teaching practice for medical students, GP registrars and foundation doctors. The practice planned to extend this and was upskilling partners who were not accredited GP trainers.

Governance arrangements

We saw that the practice had taken action to establish an overarching governance framework to support the delivery of safe and good quality care. The new governance framework included:

- Weekly management meetings.
- Weekly partner meetings.
- Monthly senior management meetings.
- Weekly clinical meetings (GPs, nurses and healthcare assistants).
- Practice meetings every six weeks.
- Protected learning time every four weeks.

These meetings were minuted and staff told us that the minutes were circulated to those unable to attend.

Agendas were sent out in advance and standing agenda items included significant events, safeguarding and clinical alerts.

At our inspection of Dosthill Surgery on 17 May 2016 we found that the clinical governance arrangements were not sufficient enough to ensure effective and safe governance. When risks were identified the practice did not always mitigate them. At this inspection we found that:

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Risks identified in the legionella and fire risk assessments had been mitigated.
- Significant events and complaints were appropriately recorded, investigated and learning from them shared with staff. Annual audits of significant events and complaints had identified trends that the practice had responded to. The minutes of meetings we reviewed demonstrated that significant events and complaints were standard agenda items allowing lessons learnt to be shared with staff.
- An infection control audit had been completed and an action plan implemented.
- Staffing levels and the clinical skill mix had been reviewed to maximise best use of GP and nurse time.
- A programme of clinical and internal audit was used to monitor quality and to make improvements. Second cycles had been completed to demonstrate the changes made had improved outcomes for patients.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. We saw that the future GP partners had developed an action plan to ensure GPs and nurses had lead roles in key areas such as the Quality and Outcomes Framework (QOF) indicators. We saw in practice meeting minutes that this had been implemented.
- The new administrative management team consisted of site managers for each of the three sites reporting into a regional manager.
- The practice had invited the NHS England Supporting Change in General Practice team to support improvements within the practice

Are services well-led?

Good 

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

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. This provided an opportunity for the partners to prioritise the areas of the practice which needed urgent action.

Leadership and culture

All of the GP partners we spoke with were positive about the working relationships formed following the merger. The original Dosthill GP partners were positive about the new working relationship and said that the merger had provided much needed support. Staff told us the partners were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff told us the GP partners encouraged a culture of openness and honesty. From the sample of significant events and complaints we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal or written apology.
- The practice kept written records of verbal interactions as well as written correspondence. However there was no systematic approach to ensure that verbal interactions had been actioned when appropriate.

One of the GP partners had been appointed the educational lead. A calendar of education events had been collated and attendance offered to other practices in the area. Consultants had been arranged to speak on specialist areas that included dementia diagnosis and depression.

There had been an improvement in the support provided to nursing staff, for example practice nurses were been encouraged to attend clinical supervision, weekly clinical meetings and monthly multidisciplinary team meetings. The practice nurses did not have a lead and there were no regular nurse meetings. However, the nurses and healthcare assistants had allocated GP mentors and the

there was plans to implement a governance structure for the nursing team to include the healthcare support workers. There was a clear leadership structure in place and non-clinical staff felt supported by the management:

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and community matrons to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Regular practice meetings had been introduced since our previous inspections in 2016. Staff spoke positively about the introduction of these meetings and said that although a lot of change had taken place as a result of the merger, information was communicated in a timely manner when decisions had been reached.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected and valued and. Staff were involved in discussions about how to run and develop the practice, and there were plans for members of staff to work across the three sites to encourage an integrated cohesive approach.

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

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

- Patients through the patient participation group (PPG). The chairperson told us that the patient group had been reinvigorated since the merger and a quarterly newsletter introduced. The group planned to conduct a survey on appointments to support the planned changes to the current system.
- Through surveys such as the GP national patient survey and complaints received.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Patient feedback through the NHS Choices website.