

Crankhall Lane Medical Centre

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Crankhall Lane Medical Practice on 28 November 2016. Overall, the practice is rated as requires improvement.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, we found that following the investigation of a significant event in 2016 the practice did not fully implement improvements to reduce the risk of reoccurrence.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, risk assessments for Legionella, not updating fire risk assessments annually, medicine management and medicines used in the event of an emergency.
- There were systems in place for the safe recruitment of 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 said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

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

The areas where the provider must make improvements are:

- Ensure emergency medicines for use in the event of meningitis or seizure are available or document the practice rationale and risk assessment for its lack of availability.
- Ensure all patients on high risk medicines have had their regular blood monitoring completed and pathology results seen by the prescribing GP prior to the reissue of prescriptions.
- Introduce a system which follows NHS Protect Security of prescription forms guidance.
- Document the process to demonstrate how the practice implements and shares National Institute for Health and Care Excellence (NICE) best practice guidance and the Medicines and Healthcare products Regulatory Agency (MHRA).
- Update the practice fire risk assessment.
- Ensure data sheets are available for the Control of Substances Hazardous to Health (COSHH) products used within the practice.
- Complete a Legionella risk assessment.
- Ensure follow up activity is completed fully for all significant events.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

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 requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, we found that following the investigation of a significant event in 2016 the practice did not fully implement improvements to reduce the risk of reoccurrence, although the lessons learned were communicated widely.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, risk assessments for Legionella, not updating fire risk assessments annually, medicine management and medicines used in the event of an emergency.
- There were systems in place for the safe recruitment of staff.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- QOF results for 2015/16 showed that the practice had achieved 92% of the total number of points available.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or slightly lower than local CCG and national averages in most areas. The practice were aware of the areas they needed to improve upon which included recording accurate data codes into the practice electronic system.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff had received an appraisal within the last 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

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 higher than others for

Good



Summary of findings

several aspects of care with the practice nursing and reception staff but findings were lower for the GPs. The practice had implemented an action plan within their business plan to improve to address the feedback received.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 2.2% of patients on the practice list as carers, which included young carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- Most patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered extended opening hours between 6.30pm and 7.30pm on Fridays.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There were disabled facilities and translation services available, but no hearing loop.
- 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.
- The practice worked with the local community to provide support and signposting.

Good



Are services well-led?

The practice is rated as requires improvement for being well led.

- The practice had developed a business plan, which aimed to reflect the vision and values of the practice and drive forward changes required. There was no ongoing monitoring of the

Requires improvement



Summary of findings

progress of the business plan with actions taken. The documented plan did not address the practice's current reliance of locum GPs and the potential impact on the practice sustainability.

- There were some systems for identifying, recording and managing risks, issues and implementing mitigating actions. However, there were some exceptions which included for example, a lack emergency medicines for use in the event of meningitis or seizure, no system which followed NHS Protect Security of prescription forms guidance, no fire risk assessment update since 2014, no data sheets for the Control of Substances Hazardous to Health (COSHH) products used within the practice, no Legionella risk assessment, and a lack of follow up activity in respect of a reported and investigated significant event in 2016.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular minuted meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The GPs 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.
- The practice proactively sought feedback from staff and patients, which it acted on.

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 older people. The provider was rated as requires improvement for safe and well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a named accountable GP for patients aged over 75 years with urgent appointments available the same day.
- Patients had access to telephone appointments with the GP if requested.
- Care plans were in place and agreed for those patients identified as being at high risk of admission / re-admission.
- The practice provided a GP service to patients at local care homes.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe and well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice employed a regular locum practice nurse at the time of the inspection in light of staff long-term leave.
- Performance rates for the diabetes related indicators were lower than local and national averages. For example, the practice had achieved 68 of the percentage points available for patients with diabetes, compared with the CCG average of 88% and national average of 90%.
- The practice hosted a specialist diabetes clinic with a secondary care consultant, which included diabetic eye screening.
- The percentage of patients with asthma, who had an asthma review in the preceding 12 months, was 72%, which was slightly

Requires improvement



Summary of findings

lower than the CCG average of 75% and national averages of 76%. Clinical exception reporting was also higher at 15%, compared with the CCG average of 5% and national average, 8%.

- Longer appointments and home visits were available when needed.
- All these 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.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe and well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- 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.
- Patients told us that children and young people were treated in an age-appropriate way.
- The practice's uptake for the cervical screening programme was 66%, which was lower than the CCG average of 80% and national average of 82%. However, the practice had reported lower exceptions of 4%, when compared with the CCG average of 8% and national average, 6%, meaning more patients had been included. There was an effective system in place for recording, monitoring and chasing up of cervical screening results. The GP partners were aware of these results and the practice was proactive in encouraging patients to attend for screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held regular minuted meetings with health visitors where they discussed any safeguarding concerns.
- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 96% and five year olds from 91% to 100%. The practice were aware that one immunisation figure was not recorded in the 12-month-old age range, namely, Infant Meningitis C. The practice assured us that

Requires improvement



Summary of findings

they would review their vaccine data to establish if there had been any electronic coding issues. Otherwise, the practice had an effective system in place to follow up children who failed to attend for their immunisations.

- The practice identified and provided information and support to young carers.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safe and well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- 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 telephone consultations, appointment text message reminders and by requesting an electronic password from the practice, patients could access appointments online.
- The practice provided a range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended opening hours between 6.30pm and 7.30pm on Fridays, which included this group of patients.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe and well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability. The practice provided carer support, sign posting, information packs, completed a carers register, and displayed information on their notice board.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Requires improvement



Summary of findings

- 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. Some staff had completed additional training such as Understanding Vulnerable Communities.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe and well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- Performance for mental health related indicators showed the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 87.5%. This was slightly below the CCG average (91%) and national average 89%. However, the practice reported no exceptions, which was lower than the CCG exception reporting average of 15% and the national average of 13% meaning more patients had been included.
- Seventy-three per cent of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months. This was lower than the CCG average and national average of 84%. However, we saw that the dementia blood test QOF results were at odds with an audit the practice had completed in dementia and the improvements they had made. The GP partner told us they would review these figures in the next phase of their dementia audit.
- The practice regularly worked with multi-disciplinary 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice worked with local community support and signposting.

Requires improvement



Summary of findings

- The practice referred patients to psychological and counselling services including that of child and adolescent mental health services (CAMHS) and staff had completed Understanding Vulnerable Communities training.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages with the exception of telephone access to make an appointment. Three hundred and fifty-four survey forms were distributed and 116 were returned. This represented a 33% return rate.

- 68% of respondents described their overall experience of this GP practice as good compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 85%.
- 59% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 64% national average of 78%.
- 80% of respondents found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.

- 74% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 85%.

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 36 comment cards, all of which were positive however, three patients gave mixed comments, two were about difficulties gaining an appointment and one about their negative experience with a specific GP. Patients told us staff were respectful, caring, kind, compassionate and treated them with dignity and respect. We spoke with a member of the patient participation group during the inspection and they reported they were satisfied with the care received and the PPG had found staff to be friendly, professional, caring, polite and gave them enough time during consultations.

Areas for improvement

Action the service MUST take to improve

Ensure emergency medicines for use in the event of meningitis or seizure are available or document the practice rationale and risk assessment for its lack of availability.

Ensure all patients on high risk medicines have had their regular blood monitoring completed and pathology results seen by the prescribing GP prior to the reissue of prescriptions.

Introduce a system which follows NHS Protect Security of prescription forms guidance.

Document the process to demonstrate how the practice implements and shares National Institute for Health and Care Excellence (NICE) best practice guidance and the Medicines and Healthcare products Regulatory Agency (MHRA).

Update the practice fire risk assessment.

Ensure data sheets are available for the Control of Substances Hazardous to Health (COSHH) products used within the practice.

Complete a Legionella risk assessment.

Ensure follow up activity is completed fully for all significant events.

Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

Crankhall Lane Medical Centre

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 adviser.

Background to Crankhall Lane Medical Centre

Crankhall Lane Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider in Crankhall Lane, Wednesbury, West Midlands. The practice area is one of deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. The practice is a member of NHS Sandwell and West Birmingham CCG. At the time of our inspection, the practice had 3,700 patients.

There are a higher proportion of patients aged 65 years and older registered with the practice (15% compared with the local CCG practice average, of 12.5%). The percentage of patients whose working status is described as unemployed is 14%, which is higher than the local CCG average of 12.5% and the national average of 5%. The percentage of patients with a long-standing health condition is 61% when compared with the local CCG average and national average, 54%. These statistics could mean an increased demand for GP services.

The practice is open between 8.30am and 6.30pm Monday to Friday with extended hours available Fridays until 7:30pm. The practice does not routinely provide an

out-of-hours service to their own patients but patients are directed to the out of hours service NHS111 when the practice is closed. Patients can book appointments in advance.

The practice staffing comprises of:

- Two GP partners (one male, one female)
- Three locum GPs
- Two female practice nurses
- One healthcare assistant
- A practice manager
- Six receptionist/administrative staff and a data summariser and a domestic staff member working a range of hours.

The practice holds a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. They also provide some Directed Enhanced Services, for example, they extended hours and identify patients who are at high risk of avoidable unplanned admissions. The practice provides a number of services, for example long-term condition management including asthma, diabetes and high blood pressure. The practice offers NHS health checks and smoking cessation advice and support.

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

Detailed findings

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We also spoke with a member of the patient participation group (PPG). We carried out an announced inspection on 28 November 2016. During our inspection we:

- Spoke with a range of staff including GPs, nursing and administrative staff, spoke with a member of the PPG and with patients who used the service.
- 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 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
- 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 Care Quality Commission at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff we spoke with were aware of their individual responsibility to raise concerns appropriately. On receipt of a significant event, the practice management team investigated the occurrence and shared learning with practice staff through practice meetings.

- Over a 12-month period from May 2015 to May 2016, the practice had recorded three significant events. We saw that when significant events were raised in 2015 the occurrence was investigated thoroughly and measures were put in place to minimise the opportunity of less positive events reoccurring. The significant event recording forms used at the practice supported the recording of 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).
- The practice had carried out a thorough analysis of these significant events in 2015, identified, and acted on common themes. For example, following a power cut the practice ensured that torches were available in all rooms for staff to use and there had been two further reviews to ensure these were still in place.
- However, we found an incident in 2016 where following an investigation the practice did not fully implement the required actions to ensure emergency medicines were available for use in the event of a patient seizure.

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 the risk of abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from the risk of 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 GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on

safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Meetings were held regularly between the practice and health visitors to discuss children who had safeguarding needs.

- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role. Clinical staff and non-clinical staff who chaperoned 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. The healthcare assistant had recently taken the role of infection control lead with support from the clinical team. There was an infection control protocol in place and staff had received in house training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, the practice had not ensured that data sheets were available for the Control of Substances Hazardous to Health (COSHH) products used within the practice.
- The arrangements for managing medicines, including vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, there was a lack of systems and processes in place for repeat prescribing and review of those patients on some high-risk medicines.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw that the practice had been effective in reducing their antibiotic prescribing rate following an audit on antibiotic usage and the practice planned to complete a second audit.
- Blank prescription forms and pads were securely stored but there were no formal systems in place to monitor their use. The practice had not implemented NHS Protect systems for prescription security. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references and the appropriate DBS checks. There was a system in place for monitoring and checking the professional registration of GPs and nurses.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had completed a fire risk assessment but this had not been reviewed annually, the last review was dated 2014. The practice had carried out regular fire evacuation drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Regular infection control audits were carried out and clinical staff were immunised against appropriate vaccine preventable illnesses.
- Two of the practice staff had completed Legionella training in reducing Legionella risk however; the practice had no written risk assessment for Legionella in place. (Legionella is a bacterium, which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

The practice had most of the arrangements in place to respond to emergencies and major incidents.

- There was a panic button and/or instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had 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 held in the practice and all the staff we spoke with knew of their location. We saw that all these medicines were in date. However, there were no medicines available to respond to patients at risk of meningitis or to a seizure. The practice had no documented risk assessment or rationale as to why these medicines were absent.
- 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 to refer to.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' 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.

- 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 computer searches of patient records. There was however, no documented process for disseminating and implementing best practice guidelines such as NICE to all clinical staff working at the practice. During the inspection, we found that there were informal systems in place and evidence of the patient searches the practice had completed in response to changes in guidelines.

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 results published in October 2016 for 2015/16 showed that the practice had achieved 92% of the total number of points available which was slightly lower than their 2014/15 results of 94%.

QOF data from 2015/16 showed:

- The percentage of patients with asthma, who had an asthma review in the preceding 12 months, was 72%, which was slightly lower than the CCG average of 75% and national averages of 76%. Clinical exception reporting was higher at 15%, compared with the CCG average of 5% and national average, 8%.
- Performance for mental health related indicators showed for example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 87.5%. This was slightly below the CCG average (91%) and national

average 89%. However, they had no exception reporting, which was lower than the CCG average of 15% and the national average of 13% meaning more patients had been included.

- Performance rates for the diabetes related indicators were lower than the local and national averages. For example, the practice had achieved 68% of the percentage points available for patients with diabetes, compared with the CCG average of 88% and national average of 90%.
- 73% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months. This was lower than the CCG average and national average of 84%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review in the preceding 12 months was 88%; this was in line with the CCG average of 88.5% and lower than the national average of 90%.

We discussed the QOF results with one of the GP partners, with particular reference to the practices exception reporting in some areas within QOF. The practice thought this to be related to electronic coding errors. For example, we saw that the dementia blood test QOF results were at odds with the audit the practice had completed in dementia and the improvements they had made. The partner told us they would review these figures in the next phase of their dementia audit.

There was evidence of quality improvement including clinical audit:

- The practice showed us two clinical audits that had been completed in the last two years. These were completed audit cycles where the improvements made were implemented and monitored.

Findings were used by the practice to improve services to patients. For example, the practice had completed an audit on dementia screening of at risk patients in 2015 and 2016. The practice decided to review their 'at risk' patients to see if they had been screened using an appropriate screening tool. The results showed that in 7% of cases they had screened patients and of those screened they had used an appropriate screening tool. Following the audit, they implemented an action plan and cascaded this to staff. The

Are services effective?

(for example, treatment is effective)

practice repeated the audit and their findings showed that screening was completed for 80% of those reviewed and 100% of these had included the use of the appropriate screening tool.

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 and a GP locum pack. These covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and patient confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw that nursing staff had completed courses for the management of long-term conditions such as diabetes and some staff had completed Understanding Vulnerable Communities training.
- 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- We saw minutes, which demonstrated that the practice had established regular meetings with the health visiting service to share information relating to children with identified safeguarding concerns.
- The practice shared information with the out of hours service for patients nearing the end of their life and if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

Consent to care and treatment

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

- Staff we spoke with 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.
- There was a policy in place to provide guidance to staff in obtaining consent.

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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice offered a smoking cessation service and signposted patients to appropriate services.

The practice's uptake for the cervical screening programme was 66%, which was lower than the CCG average of 80% and national average of 82%. However, the practice had reported lower exceptions of 4%, when compared with the CCG average of 8% and national average, 6%, meaning more patients had been included. There was an effective system in place for recording, monitoring and chasing up of cervical screening results. The GP partners were aware of

Are services effective?

(for example, treatment is effective)

these results and the practice was proactive in encouraging patients to attend for screening. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from NHS England for the period 1 April 2015– 31 March 2016 showed childhood immunisation rates for the vaccinations given. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 96% and five year olds from 91% to 100%. The practice were aware that one immunisation figure was not recorded in the 12-month-old age range,

namely, Infant Meningitis C. The practice assured us that they would review their vaccine data to establish if there had been any electronic coding issues. Otherwise, the practice had an effective system in place to follow 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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains or screens 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 meaning 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 a member of the patient participation group (PPG). They told us they felt valued by the practice who listened and acted on their concerns and suggestions. All the patients we spoke with said they were satisfied with the care they received and thought staff were friendly, professional, caring, polite and gave them enough time during consultations.

We received 36 Care Quality Commission comment cards, which were also positive about the standard of care received. The majority of patients told us staff were respectful, caring, kind, compassionate and treated them with dignity and respect.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The GP results were lower when compared to the local and national averages for its satisfaction scores on consultations. For example:

- 71% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and national average of 89%.
- 75% of respondents said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 91% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 70% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.

However, the results were higher for that of the practice nursing staff:

- 93% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average, 91%.
- 98% of respondents said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG averages of 96% and national average, 97%.

The reception staff results were higher than the CCG and in line with the national average:

- 86% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 81% and national average of 87%.

The practice had acknowledged the patient feedback and the improvements needed and planned to take action. This included GPs documenting and taking more time to listen and to explain tests and results.

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.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results for the GPs were lower than the local and national averages and the nurse results were higher than the local and national averages. For example:

- 67% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.

Are services caring?

- 66% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 84% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

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 an easy read format for patients with a learning disability.

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 practice's computer system alerted GPs if a patient was also a carer. The practice had identified 82 patients as carers (2.2% of the practice list). Written information was available to direct carers to the various avenues of support available to them and they had provided young carer support information. The practice offered support and flu vaccinations to their registered carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them and if appropriate signposted them to the local bereavement service.

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.

- The practice offered extended opening hours between 6.30pm and 7.30pm on Fridays.
- There were longer appointments available for patients with a learning disability and patients with several long-term conditions.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Appointments were offered during quieter times to meet the needs of patients who required them for example, anxiety/social phobia and patients with poor mental health.
- The practice was proactive in offering telephone consultations with GPs, appointment text message reminders and, by requesting an electronic password from the practice, patients could access appointments online..
- The practice hosted a specialist diabetes clinic with a secondary care consultant, which included diabetic eye screening.
- The practice provided phlebotomy services (blood taking).
- There were disabled facilities and translation services available.
- Car parking at the practice was limited.
- The practice provided patients with appointment text reminders.
- Access to psychological and counselling services were provided at the practice.
- The practice offered access to a Healthy Lifestyle service as well as NHS Health checks for 40 -74 year olds.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday and from 8.30am to 7.30pm on Fridays. The practice did not routinely provide an out-of-hours

service to their own patients but patients were directed to NHS111 when the practice was closed. Patients could book appointments in advance and through the practice on-line appointment system.

Results from the national GP patient survey published in July 2016 showed patient satisfaction with how they could access care and treatment was comparable with local and national averages with the exception of the practice opening hours.

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 80% 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%.
- 67% of respondents described their experience of making an appointment as good compared with the CCG average of 62% and the national average of 73%.

We received two mixed comments from patients on the day of the inspection about the difficulty in getting through to the practice on the telephone and appointments. In response to patient feedback, the practice had altered their afternoon telephone line access and had a reception staff member available to take calls throughout the day to enable easier access for patients.

Listening and learning from concerns and complaints

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 in the practice leaflet.

We looked at three of the complaints received in 2015/16 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 from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to provide a high quality, safe and effective services and environment for their patients. Staff we spoke with on the day of our inspection knew and understood these values. The practice had a business plan, which outlined their plans for a 12-month period. This included four themes; a supportive team, patient partnership, cost effectiveness and the generation of income. For example:

- Involve patients in the practices development and encourage patient feedback.
- Improve the patient experience, including communication about clinical patient care.
- Participate in the new primary care commissioning framework.
- Develop and maintain skills within the practice team
- Audit systems and activity to determine cost effectiveness

The business plan however did not address the practice workforce issues in the absence of both GP partners. One of the GP partners described the actions they had taken to reduce disruption to patient services and staffing, which was to continue to use their regular locum staff to enable continuity of care to their patients.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There had been disruption to what had been a stable staff team, due to unforeseen circumstances. The regular locum staff were familiar with the day-to-day running of the practice, and one of the GP partners provided support despite being on leave. This support included for example the ongoing review of patient pathology results.
- Practice specific policies were implemented and were available to all staff.

- Continuous clinical and internal audit was used to monitor quality and to make improvements.

There were systems for identifying, recording and managing risks, issues and implementing mitigating actions, with some exceptions which included:

- A lack emergency medicines for use in the event of meningitis or seizure, and no risk assessment or rationale completed.
- Some patients on high-risk medicines requiring regular blood monitoring had repeat prescriptions issued by GPs without sight of the pathology results.
- NHS Protect Security of prescription forms guidance not being followed.
- No documented process following searches completed to demonstrate how the practice implements and shares National Institute for Health and Care Excellence (NICE) best practice guidance and the Medicines and Healthcare products Regulatory Agency (MHRA) alerts including searches and any action taken.
- No fire risk assessment update since 2014.
- No data sheets for the Control of Substances Hazardous to Health (COSHH) products used within the practice.
- A lack of a Legionella risk assessment.
- A lack of follow up activity in respect of a reported and investigated significant event in 2016.

Leadership and culture

One of the GP partners in the practice remained on long-term leave and the other partner had commenced maternity leave at the time of the inspection. The partner on maternity leave attended the practice inspection. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and the practice manager were approachable and 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. The practice had encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things

Are services well-led?

Requires improvement 

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

went wrong with care and treatment, they gave affected people reasonable support and a written apology and kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff spoke positively about the support provided by the management.

- Staff told us the practice held a variety of regular meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We saw that practice learning and training away events had been held to encourage staff to share their views and expectations of the practice.

- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and all members of staff were able 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 patient participation group (PPG) actively engaged with the practice and met quarterly.
- The practice had gathered feedback from 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. Staff told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Not assessing the risk to service users and doing all that is practicable to mitigate any such risks. For example;</p> <ul style="list-style-type: none">• No fire risk assessment update since 2014.• No data sheets for the Control of Substances Hazardous to Health (COSHH) products used within the practice.• No Legionella risk assessment.• A lack of completion of follow up activity in respect of a reported and investigated significant event in 2016.