

# Church Road Surgery

## 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Church Road Surgery on 29 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed. The practice had not carried out fire and health and safety risk assessments. However, following the inspection the practice was able to demonstrate that they had been carried out.
- Administration staff who carried out the role of a chaperone had not undergone a DBS assessment and a risk assessment was not in place. Following the inspection the practice had submitted evidence to confirm DBS checks on all staff were now being undertaken.
- 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.
- The practice had a healthcare assistant (HCA) who was a qualified holistic therapist. Patients with mental health needs, those that had suffered bereavement and carers were referred to the HCA for holistic therapy such as relaxation, Reiki and reflexology.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named 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.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

- There was a focus on continuous improvement. One of the GP partner had taken part in a minor surgery pilot and another GP partner was involved in regional development of stroke prevention.

The areas where the provider should make improvement are:

- Ensure all staff have the necessary knowledge and understanding to adequately fulfil the role of a chaperone.

- Ensure practice website and the information leaflet details in regards to opening and clinic times are aligned.
- Review the systems and process in place to manage risk in the practice, for example in relation to chaperoning, health and safety and fire safety.

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?

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had not carried out fire and health and safety risk assessments or risk assessments in relation to the role of a chaperone. However, following the inspection the practice was able to demonstrate that action had been taken to address this.

Requires improvement



### Are services effective?

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had carried out four clinical audits which had been completed in the last 12 months. Three of these were completed audit cycles where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. The practice held in-house protected learning time meetings every month for training and development needed to ensure delivery effective service to patients.
- The practice held weekly meetings where the community matron also attended.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

- Data from the national GP patient survey showed patients rated the practice above other local practices within the CCG.

Good



# Summary of findings

- 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 was available, easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We spoke with one patient who was also a carer. They told us that they had been referred to the healthcare assistant who was a holistic therapist for relaxation therapy.

## Are services responsive to people's needs?

Good



- 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. For example, the practice was taking part in the primary care commissioning framework (PCCF) and as part of this was expected to offer various services such as giving priority to carers and management of unplanned care.
- Patients were able to access appointments and services in a way and at a time that suited them. Patients we spoke with told us 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff members we spoke with were clear about the vision and their responsibilities in relation to it.
- The practice had a number of policies, procedures and systems to govern activity and held regular practice meetings.

## Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. 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. The patient participation group was active.
- The practice had achieved training practice status helping qualified doctors complete the final stages of their GP training, and had a strong focus on continuous learning and improvement at all levels. One of the GP partner had taken part in a minor surgery pilot and another GP partner was involved in regional development of stroke prevention.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The consultation rooms were all located on the ground floor. A hearing loop was also available at the practice.
- There were longer appointments available for older patients.
- Patients were able to book telephone consultations with the GP.

### People with long term conditions

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Weekly meetings were held and where the community matron attended to ensure better management of patients with long term conditions.
- Overall performance for diabetes related indicators was 99%. This was above the CCG average of 85% and the national average of 89%.
- The practice had set up a pre-diabetic register and identified patients at higher risk of developing diabetes in order to support and provide advice to patients on changes to prevent diabetes developing.
- A consultant diabetes specialist held clinics for the most complex patients.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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.

# Summary of findings

## Families, children and young people

Good



- 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 82%, which was above the CCG average of 80% and comparable to the national average of 82%.
- Appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.
- We saw positive examples of joint working with midwives and health visitors.

## Working age people (including those recently retired and students)

Good



- 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 offered extended hours on a Mondays and Wednesdays until 7pm to accommodate working patients who could not attend during normal opening hours.
- The practice offered holistic services with the healthcare assistant who was a holistic therapist. A patient we spoke with told us they were a carer and they were referred to the healthcare assistant for holistic therapy.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances including those with mental health and learning disability.
- Translation services were available.
- There were longer appointments available for patients with complex needs such as those with dementia or a learning disability.
- There were lead staff members for safeguarding and we saw evidence to show that staff had received the relevant training.



# Summary of findings

- The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff members we spoke with were able to demonstrate that they understood their responsibilities with regards to safeguarding.

## People experiencing poor mental health (including people with dementia)

- The practice held a register of patients living in vulnerable circumstances including those with mental health and learning disability.
- Translation services were available.
- There were longer appointments available for patients with complex needs such as those with dementia or a learning disability.
- There were lead staff members for safeguarding and we saw evidence to show that staff had received the relevant training.
- The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff members we spoke with were able to demonstrate that they understood their responsibilities with regards to safeguarding.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local averages and below national averages. Of the 361 survey forms that were distributed 94 were returned. This represented 2% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the local Clinical Commissioning Group (CCG) average of 60% and the national average of 73%.
- 64% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.
- 66% 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 64% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Patients commented that all staff were always polite and courteous and they had received excellent care from the doctors.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice took part in the friends and family test. Results from the July 2016 survey showed that 33 patients were extremely likely to recommend the practice to friends and family. Another nine patients were likely to recommend the practice. One patient stated that they would neither likely nor unlikely recommend the practice and three patients stated they were unlikely to recommend the practice to friends and family.

# Church Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Church Road Surgery

- Church Road Surgery is located in Aston, Birmingham and has approximately 4800 registered patients.
- The practice is led by two GP partners (both male) and two other salaried GPs (both female). There is also a female practice nurse, a practice manager, a healthcare assistant (who is also a holistic therapist) and an IT manager. The team also consisted of administration/reception staff.
- The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.
- The practice was open between 8am and 6.30pm Monday to Friday. It offered extended opening on Monday's and Wednesdays until 7pm. In addition to pre-bookable appointments that can be booked three months in advance, urgent appointments are also available for people that need them.
- The practice has opted out of providing out-of-hours services to their own patients and this service is provided by BADGER (Birmingham and District General Practitioner Emergency Room). Patients are directed to this service on the practice answer phone message.
- The practice is in an area that is within the highest levels of social and economic deprivation.

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 September 2016. During our visit we:

- Spoke with a range of staff including the GP partners, the practice nurse, the practice manager and reception staff.
- We also spoke with patients who used the service.
- Spoke with members of the patient participation group (PPG).
- 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?

# Detailed findings

- Is it well-led?

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events which was supported by a comprehensive policy.

- The two GP partners were designated lead and accountable for incidents. There was an incident reporting form available and facilitated the reporting, investigation and identification of learning. The practice had documented 11 incidents in the last 12 months and we saw evidence that learning had been discussed with all staff members in weekly meetings.
- The practice also used an electronic system to share incidents with the Clinical Commissioning Group (CCG). We saw evidence that incidents were shared with the CCG and we were told that the GPs preferred to use the electronic system for serious clinical incidents or those that involved other services. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw an example where the practice had apologised to a patient after an incident and had made changes to improve service.

Safety alerts were received by the practice manager and the GPs. If searches on the patient system were required as a result of patient safety alerts the IT manager usually conducted them. We saw example of a recent search carried out by the practice and where action had been taken as a result.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

- There was a lead GP for safeguarding Children and another GP lead for safeguarding adults. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. One of the GP leads also delivered talks to other GPs (out of hours) on safeguarding. GPs were trained to child protection level 3. We saw evidence where a safeguarding concern had been raised following an incident. The practice held monthly health visitor liaison meeting where all patients subject to safeguarding were discussed.
- A notice in the waiting room advised patients that chaperones were available if required. The practice nurse and the Healthcare Assistant (HCA) acted as chaperones. When the practice nurse or the HCA were unavailable, administration staff undertook this role. We spoke with two administration staff who confirmed that they had previously acted as chaperones. However, from our discussion they were unable to demonstrate adequate knowledge of the role of a chaperone. Furthermore, as they had not 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), there had been no risk assessment completed. Following the inspection, the practice was able to demonstrate that applications had been submitted to ensure all staff had received a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice carried out minor surgery and we saw that an audit carried out by an external agency in March 2015 showed that the practice had achieved an overall compliance of 100%.

## Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice was fully engaged with the medicines management team at the CCG who carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw these were monitored through quarterly practice reports. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. Disclosure and Barring Service (DBS) were in place for all clinical staff files we looked at. .

### Monitoring risks to patients

Most risks to patients were assessed and well managed.

- The practice had a health and safety policy detailing the GP partners as overall responsibility. The practice manager was the designated safety officer with the responsibility for overseeing, implementing and monitoring health and safety procedures in the practice. We saw evidence that an external health and safety organisation had attended the practice to offer help and advice. We saw templates to carry out risk assessments were available. However, a health and safety risk assessment had not been carried out. Following the inspection the practice submitted evidence to demonstrate that a health and safety risk assessment had been completed.
- The practice carried out weekly fire alarm tests and we saw records that confirmed three monthly fire drills

were carried out. However, a fire risk assessment had not been completed although information and a template on how to undertake a risk assessment were available. Following the inspection the practice was able to demonstrate that a fire risk assessment had been carried out.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for reception and administration staff. All clinical staff had set clinical times and the practice had access to locum staff. However, we were told that the practice had not used locum GPs during the past two years.

### Arrangements to deal with emergencies and major incidents

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

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The business contingency plan stated that they would use a portakabin in the event they could not use the practice building and we saw contact details were available if needed. The practice manager told us that they also had a verbal agreement with two other nearby practices to use their site and we saw details to these were in the business contingency plan.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. We saw examples of NICE guidelines that were made available to relevant staff members.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We saw examples of audits where the practice monitored that these guidelines were followed.

### 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 were 99% of the total number of points available. This was above the local CCG average of 93% and the national average of 95%. The overall exception reporting at 9% was similar to the local CCG and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Overall performance for diabetes related indicators (99%) was better in comparison to the CCG average of 85% and the national average of 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100%. This was better than the CCG average of 89% and the national average of 90%. The exception reporting at 4% was better than the CCG average of 12% and the national average of 13%.

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face meeting in the preceding 12 months was 92%. This was above the CCG average of 84% and the national average of 84%. The exception reporting was 0% and below the CCG average and national average of 8%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years of which three were completed audits where the improvements made were implemented and monitored. For example, the practice had carried out a nutritional supplement audit and an audit on repeat prescribing. We saw they were thorough with full analysis and demonstrated improvements. The practice also shared findings of audits with the local commission group.
- The practice had also carried out pain management audit. Relevant patients were referred to the healthcare assistant who was also a holistic therapist to enable them to manage pain.

### Effective staffing

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had lead on areas such as mental health. For example, one of the GP partner had a diploma in mental health and held dedicated mental health clinics.
- Staff made use of e-learning training modules and also received face to face training. The practice had achieved training practice status helping qualified doctors to complete the final stages of their GP training. The practice also engaged in the training of final year undergraduate medical students. All clinical staff had regular protected learning time for training and development needed to ensure delivery of an effective service to patients.
- 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, we looked at the staff file that had recently been recruited and did not see a record of induction.



# Are services effective?

## (for example, treatment is effective)

However, we spoke with another staff member who confirmed that they had undertaken the induction with the new staff member. The practice manager told us that the new staff member had just finished their three months trial and had their competency checked and therefore may have taken the document home. They were not available on the day of the inspection.

- Staff received regular reviews, annual appraisals and regular supervision. The GPs were up to date with their yearly continuing professional development requirements and had been revalidated. The nurse confirmed they were supported with their continual professional development and attendance to mandatory 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 and discussion at practice CPD 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. For example, the learning goal identified for the nurse in their last appraisal was to attend a spirometry certificate course.
- 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

We saw evidence that multi-disciplinary team meetings took place on a monthly basis with regular representation from other health and social care services. The practice also held weekly meeting where the community matron attended.

The practice had a well maintained patient risk register and minutes of meeting we looked at showed that these vulnerable patients were discussed regularly with a multidisciplinary team. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

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. Information was shared with out of hours services in regards to patients on Do Not Attempt Resuscitation (DNAR) orders as well as with community teams.

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. The practice had a system for handling pathology results and the GP partners checked all results. In the event of an abnormal result patients were called or a sent letter and we saw there was an audit trail to confirm this.

### 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. Staff files looked at confirmed that they had received formal training and our discussion with staff demonstrated that they were fully aware of different consent issues and different contexts. For example, when providing care and treatment for children and young people.
- One of the GP partners carried out minor surgery and we saw evidence that written consent was sought and a copy was given to the patient.

### 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 had a healthcare assistant who was a holistic therapist and a hypnotherapist. They offered various therapies such as smoking cessation advice, reflexology, Reiki, Indian head massage as well as other relaxation techniques. Patients experiencing mental health issues such as stress, depression and anxiety



# Are services effective?

## (for example, treatment is effective)

were referred to the healthcare assistant. One patient we spoke with was a carer and they told us that they were referred to the healthcare assistant for holistic therapy in relaxation after seeing their GP.

- The practice maintained a variety of registers such as patients with a learning disability, dementia, patients receiving end of life care, carers or patients at high risk of developing diabetes.
- Diabetes clinics were held weekly by the one of the GP partners and the practice nurse had both obtained specialist qualifications.
- The practice had set up a pre-diabetic register and identified patients at higher risk of developing diabetes in order to support and provide advice to patients on changes to prevent diabetes developing.
- Hypertension clinics were held weekly.
- Antenatal clinic was held weekly with the midwife at the practice.
- The practice held weekly meetings attended by all clinical staff and the community matron to discuss all issues including patients needing extra support.

The practice's uptake for the cervical screening programme was 82%, which was above the CCG average of 80% and comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Data we looked at showed that the practice was below average compared to national screening programmes for

bowel and breast cancer. The practice average for bowel cancer screening (screened in last 30 months) was 44% and was slightly lower than the CCG average of 46% and lower than the national average of 58%. The practice had taken an active step to ensure bowel cancer awareness by sending reminder letters. We were told that for those that had not responded, further letters with sample bottles to encourage uptake were sent. Alerts were put on the patient records system so that GPs could encourage the patients to uptake screening. The practice had conducted an audit which demonstrated that more patients had completed the bowel screening programme in 2015-16 compared to 2014-15.

For breast screening (in last 36 months), the practice average was 60% and below the CCG average of 66% and the national average of 72%. There was an information screen in the waiting area that encouraged screening for cancer.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 98% and five year olds from 81% to 99% (with the exception of meningitis C). The CCG average for under two year olds ranged from 89% to 94% and for five year olds from 57% to 95%.

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 courteous and very helpful to patients and treated them with dignity and respect.

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

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The results show the practice were in line with the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 91% of patients 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%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.

- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86 and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. We saw that care plans were detailed and personalised and one of the GP partner was approaching the CCG to share the care planning template the practice had developed.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were not significantly different from the local CCG and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 79% of patients 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%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The practice provided facilities to help patients to 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.
- An automatic appointment checking in screen was recently installed. It was available in six languages including English. A GP partner told us that as a trial only six languages had been installed and these were prioritised according to patient population such as

## Are services caring?

Arabic, Romanian, Polish as well as Kurdish. Some of the staff were able to speak some of the South Asian languages therefore not installed on the screen. However, plans were to add further languages after the initial trial/ test period.

- A hearing loop was also available and the practice was accessible by patients who used a wheelchair.

### **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 72 patients as carers (1.5% of the practice list). There was a dedicated notice board for carers and encouraged patients to register if they were a carer. The notice board and the practice website directed carers to the various avenues of support available to them. The practice was proactive in responding

to the needs of carers. There was a carers lead and all carers were offered an annual health check and flu vaccination. We saw evidence that carers were being followed up and letters were being sent out to offer these services.

We spoke with one patient who was also a carer. They told us that they had been referred to the healthcare assistant who was a holistic therapist. They told us that they were feeling anxious and the GP referred them to the HCA for relaxation therapy. We were told that the funding to offer this service was from the CCG and currently the practice was trying to secure more funding.

Staff told us that if families had suffered bereavement, the practice sent out a sympathy card and the practice manager showed us the cards they sent out. Their usual GP contacted and signposted them to other support services such as CRUSE and Healthy Minds. They also referred patients to the healthcare assistant who provided holistic therapy such as relaxation, anxiety and bereavement. We were told that the GPs also attended funerals.

# 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. For example, the practice was taking part in the primary care commissioning framework (PCCF) and as part of this was expected to offer various services such as giving priority to carers and management of planned (access) and unplanned care. The aim of the PCCF was to help develop general practice and deliver improvements in clinical outcomes for patients.

The practice offered clinics with a consultant diabetes specialist from the local hospital for the most complex cases. This was a CCG funded initiative. Data provided by the practice showed that its spending on diabetes prescribing was lowest compared to other practices. However, its patient outcome was one of the highest.

- The practice offered extended opening on Mondays and Wednesdays from 6.30pm to 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or those that needed a translator.
- 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, the elderly (over 65 years of age) and those patients with medical problems that require same day consultation.
- Telephone triage and advice was available.
- Text message reminders of appointment times were in place to try and reduce non-attendance rates
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- The premises were suitable for children and babies and baby changing facilities were available.
- There were disabled facilities, a hearing loop and translation services available.
- There was a marked parking bay for the disabled near the practice.
- All consultation took place on the ground floor.

- One of the GP partners offered weekly clinics to monitor patients on anticoagulants at the surgery rather than attend hospital outpatients.
- The practice healthcare assistant offered holistic therapy and the practice used holistic approaches to help patients better their manage pain.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available between 8am and 12pm, with the exception of Tuesdays when appointments were not available between 9am to 10pm due to internal multidisciplinary meetings. Afternoon appointments were available from 4.30pm until 6.30pm with additional afternoon surgeries on Mondays and Fridays commencing at 1.30pm. Extended extended opening was offered on Mondays and Wednesdays until 7pm. The practice was open between 8am and 6.30pm Monday to Friday. It offered extended opening on Monday's and Wednesdays until 7pm.

We were told that the practice was open until 6.30pm on Thursdays and this was reflected in the practice leaflet. However, on the practice website the surgery hours were advertised until 12pm suggesting that there were no clinics available.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 83 % of patients said they could get through easily to the practice by phone compared to CCG average of 60% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- There was a telephone triage system for those patients wanting to be seen on the same day
- Home visits were available if needed

# Are services responsive to people's needs?

(for example, to feedback?)

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

## **Listening and learning from concerns and complaints**

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 posters were displayed in the reception waiting area to help patients understand the complaints system. Information leaflets were also available in the practice waiting area to further help patients.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled. We saw the practice was open and transparent with dealing with the complaint and we saw an example where the practice had apologised to the patient following their complaint.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver a high standard of care in a friendly environment.

- This was displayed in the practice website and leaflet.
- Staff we spoke with knew and understood the values that underpinned this.

### Governance arrangements

The practice had a 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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. For example, QOF achievements were discussed at regular team meetings. This was led by the IT manager responsible for ensuring QOF achievement.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing most risks. We noted that some risks had not been managed on the day of the inspection. However, the practice responded following the inspection to address the concerns identified.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear documented leadership structure in place and regular team meetings were held. The partners acknowledged that team building required further support and improvement and informed us that they were taking steps to address this.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, we spoke with a PPG member who told us that they had suggested the practice should hold a Macmillan coffee morning two years ago. We saw evidence that this was now being held and the patient confirmed that this was in its third year.
- The practice aimed to attract members to the PPG that reflected the demography of the patient population. To achieve this it planned to hold events such as those related to Eid and Diwali. A PPG member we spoke with told us that they had fed this back to the practice and had discussed this in a previous meeting.
- The reception desk opened into the waiting area and the PPG had asked to have greater confidentiality in the reception area. We saw that notices were put on the reception desk advising patients to keep back from the reception desk if discussion were taking place with other patients. The practice had also installed a screen

# Are services well-led?

Good 

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

in different languages to enable patients to register for appointments so that they were not queuing up at reception. We saw that the screen had been placed away from the reception area inside the entrance porch.

- Patients had also feedback that they wanted a disabled car parking space and we saw that this had been actioned.

## Continuous improvement

The practice had achieved training practice status supporting qualified doctors to complete the final stages of their GP training. The practice also engaged in the training of final year undergraduate medical students. Both GP partners and another salaried GP were trainers and all clinical staff had protected learning time.

There was a focus on continuous learning and improvement at all levels within the practice. The practice took part of local pilot schemes to improve outcomes for patients. For example, one of the GP partners carried out minor surgery and had taken part in a pilot scheme. This was funded by the CCG and a consultant attended the practice to offer more complex minor surgery in the practice and the GP partner assisted. The procedures being carried out would not be part of the normal GP training.

Another GP partner was involved in a national development of stroke prevention looking at use of new medicines for the treatment of Atrial Fibrillation (AF). They were also CCG Clinical lead for Cardiology, Anticoagulation, Pathology and Non Obstetric Ultrasound.