

Stratford House 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	Requires improvement	
Are services safe?	Good	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Stratford House Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive follow up inspection at Stratford House Surgery on 7 September 2016. The practice was formerly known as Sparkhill Surgery until 1 August 2016 when it merged with Midlands Medical Partnership (MMP). The practice is in the process of merging and making these changes to their CQC registration.

Sparkhill Surgery was previously inspected on 3 December 2015 and placed into special measures following an inadequate rating. We found the provider to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulations breached were:

Regulation 12: Safe care and treatment

Regulation 16: Receiving and acting on complaints

Regulation 17: Good governance

Enforcement action was taken and a notice was served placing conditions on the original providers registration.

At this inspection we found the practice had made sufficient improvements. Overall the practice is rated as requires improvement.

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.
- Systems for managing patient safety had been reviewed since our previous inspection and effective systems put in place to manage risks identified. We saw significant improvements, specifically in relation to the management of medicines and infection control.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. We saw improvements in the management of patients with long term conditions.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. The skills needed to deliver care and treatment had been reviewed and where needed training put in place.

Summary of findings

- Feedback we received from patient comment cards about care and treatment was positive. However, results from the latest GP national patient survey found patient satisfaction scores for consultations, involvement in care and decisions about treatment were below CCG and national averages.
- Information about services and how to complain was available and easy to understand. Complaints were monitored and learning shared.
- Patients frequently found it difficult to make an appointment, we saw action had been taken but these had yet to clearly show improvements in patient satisfaction.
- The practice was accessible to patients and we saw improvements in the facilities available since our previous inspection.
- There was a clear leadership structure and staff felt supported by the new management structures of MMP.
- The practice had re-launched the patient participation group and had proactively sought feedback in delivering service improvements.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure systems and processes recently implemented for improving patient care and outcomes are fully embedded within the practice and sustained in the long term.
- Review systems for managing uncollected prescriptions and for maintaining accurate records of hand written prescription pads so that it is clear if any are missing.
- Ensure risk assessments are fully completed to mitigate against all potential risks and that actions have been reviewed for completion.
- Continue to improve the working arrangements with health and social care professionals in order to deliver a multi-disciplinary package of care to those with complex care needs.
- Identify systems for recording verbal complaints to support the identification of themes or trends and for service improvement.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service. However, we are aware that the provider is in the process of setting up a new registration with Midlands Medical Partnership (MMP).

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good



- There 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 an apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We saw several areas in which improvements had been made since our previous inspection. For example, in relation to infection control and the management of patients on high risk medicines.
- Risks to patients were assessed and generally well-managed, we saw evidence of risk assessments in place.

Are services effective?

Requires improvement



- Published data from the Quality and Outcomes Framework (QOF) for 2015/16 showed patient outcomes were below the national average in many areas. However, with support from MMP action taken over the last six months has led to significant improvements in patient outcome data.
- Staff assessed needs and delivered care in line with current evidence based guidance. Significant improvements had been made since our previous inspection to ensure patients received appropriate management of their long term conditions.
- Clinical audits were undertaken to demonstrate quality improvement. Although it was not always clear the purpose of them.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The skills needed to deliver the service had been reviewed.
- Staff understood the relevant consent and decision-making guidance when providing care and treatment.
- Patient information received for example, hospital discharge letter and test results were being processed in a timely way. Systems had been put in place to manage this since our previous inspection.

Summary of findings

- Since our previous inspection there had been improvements in the way in which staff worked with other health care professionals to understand and meet the range and complexity of patients' needs although further work was still required.
- The practice provided some support to help promote health, although there were areas where improvements were needed for example, national screening programmes.
- While the practice has made significant improvements since our previous inspections these have yet to be fully embedded and able to demonstrate sustainability in the long term.

Are services caring?

Good



- Data from the national GP patient survey (published July 2016) showed patients rated the practice lower than others for many aspects of care. For example in relation to patient consultations and patient involvement in decisions.
- Feedback from patients and members of the patient participation group we spoke with were positive about the care and treatment they received.
- We saw evidence of patient involvement in care planning.
- Since our previous inspection we saw improvements in the arrangements for providing emotional support for carers and those recently bereaved. Information was readily available to signpost vulnerable patients who needed support.

Are services responsive to people's needs?

Requires improvement



- Following our previous inspection in December 2015, the practice had worked with the CCG, Midlands Medical Partnership (MMP) and the Royal College for GPs to turnaround the practice and meet patient needs.
- Feedback from patients from the national GP patient survey and our patient comment cards showed access was the main issue of concern raised by patients. Actions had been taken but some were still in their infancy and had yet to demonstrate improvements in patient satisfaction.
- The practice had reviewed the facilities and was seeking to improve access for those with disabilities.
- Improvements had been made to the complaints process which had been brought in line with the wider MMP organisation. Information about how to complain was available

Summary of findings

and easy to understand and complaints were dealt with as appropriate. There was learning shared through formal complaints however the practice did not routinely make use of verbal complaints to support learning.

Are services well-led?

Good



- The partners at the practice had recently merged with Midlands Medical Partnership (MMP) which had provided them with clear leadership and support to deliver the service and promote good outcomes for patients.
- The future vision for the practice was much clearer. Staff felt there were more structure in the organisation and to their roles and that they were being well supported.
- The practice had a number of policies and procedures to govern activity which had been adopted from MMP as a member practice. The practice held regular governance meetings both internally and as part of the wider organisation.
- There was an overarching governance framework to support the delivery of the service. This included arrangements to monitor and improve quality and identify risk although it was not clear from records whether actions had been fully completed.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from patients, which it acted on through the recently re-launched patient participation group.
- Staff felt involved in changes to the practice and had opportunities to provide feedback.

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 provider was rated as requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group the care of older people. There were, however, examples of good practice.

- At our previous inspection nationally reported data for 2014/15 showed outcomes for patients with conditions commonly found in older people were lower than CCG and national averages. The latest published data for 2015/16 which related to a period prior to our first inspection in December 2015 also showed lower outcomes overall for patients than the CCG and national averages. Data available from the practice identified improvements in patient outcomes for those with conditions such as chronic obstructive pulmonary disease and osteoporosis.
- 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. Urgent appointments were available for those who needed them however, patients did not always find it easy to access the service.
- We saw evidence of multi-disciplinary team meetings with other health professionals to discuss those with complex and end of life care needs.
- The premises could be accessed by patients with mobility difficulties although areas for improvement had been identified. A hearing loop was also available.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group the care of older people. There were, however, examples of good practice.

- The management of patients with long term conditions had been a major concern at our previous inspection which had led to enforcement action being taken. However, we saw significant improvements had been made. We reviewed patient records for patients with diabetes, respiratory conditions and on high risk medicines which demonstrated patient's care needs were being met.

Requires improvement



Summary of findings

- Nationally reported data for 2015/16 showed patient outcomes for many long term conditions were below CCG and national averages. For example, As this data was prior to our first inspection in December 2015 we looked at practice data which identified significant improvements in the management of patients for long term conditions. For example, a retrospective audit evaluating the effectiveness of the diabetic recall system showed improvements in the number of patients reviewed over the last 12 months as 83% compared to 67% in the previous year.
- We saw similar improvements in other areas. Data comparing the practice with MMPs member practices showed Stratford House performing well in terms of QOF (2016/2017). For example, to date 45% of diabetes reviews had been completed compared to the MMP average of 35% and 55% of COPD reviews had been completed compared to the MMP average of 31%.
- The practice was receiving support from the MMP respiratory nurse and the practice nurse was due to commence training to undertake respiratory reviews.
- The practice had been proactively reviewing long term condition registers to ensure relevant patients had been identified.
- For those patients with the most complex needs, the GPs were working with relevant health and care professionals to deliver a multidisciplinary package of care.
- A range of services were being offered in-house for example, spirometry, ambulatory blood pressure monitoring, electrocardiographs (ECGs) and phlebotomy to support the diagnosis and monitoring of patients with long term conditions.

Families, children and young people

The provider was rated as requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group the care of older people. There were, however, examples of good practice.

- The practice worked with other health care professionals to support children at risk or disadvantaged circumstances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The premises were accessible to pushchairs and baby changing facilities were in place. Patients could request a private room for breast feeding.

Requires improvement



Summary of findings

- Six week baby checks were available at the practice.
- Cervical screening rates (2015/16) were 65% which was below the CCG average of 79% and the national average of 82%. The practice were aware they needed to now prioritise this and were reviewing data to check for accuracy and appropriate recalls in place.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group the care of older people. There were, however, examples of good practice.

- The practice was proactive in offering online services for booking appointments and for repeat prescriptions.
- The practice made use of text messaging to remind patients of their appointments.
- The practice offered NHS health checks and screening services that reflects the needs of this age group.
- Extended opening hours were not currently available.
- Patients could receive travel vaccinations that were available on the NHS at the practice and were signposted to other services for those only available privately.
- Health promotion advice was available through the wider MMP organisation but staff were not yet fully clear of what was available for patients.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group the care of older people. There were, however, examples of good practice.

- The practice had systems in place to identify patients with specific needs for example patients with no fixed abode who were registered with the practice address.
- Patient registers were maintained for those living in vulnerable circumstances for example patients with a learning disability.
- Patients with a learning disability were offered health reviews. All 20 patients on the learning disability register had been invited for a review, to date five had been completed and eight had an appointment booked. This was an improvement on our previous inspection in which no patients had been reviewed.
- The practice worked with other health care professionals in the case management of vulnerable patients.

Requires improvement



Summary of findings

- The practice provided support and signposting to those who were vulnerable for example, carers, the recently bereaved and those at risk of harm.
- 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.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group the care of older people. There were, however, examples of good practice.

- The most recently published data (2015/16) showed 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average (85%) and national average (84%). Although exception reporting was also higher than CCG and national averages.
- Data available from the practice showed the practice was currently performing well against QOF for 2016/2017 with 53% of patients reviewed compared to the MMP average of 45%. We saw comprehensive care plans in place for patients with dementia.
- Information about dementia support was displayed in the waiting area.
- Nationally reported data (2015/16) showed 62% of patients with poor mental health had an agreed documented care plan in the preceding 12 months. This was higher than the CCG average of 88% and national average of 89%.
- The practice found it difficult engaging with the mental health team but had recently met with a consultant psychiatrist to review the care of patients on their mental health register.

Requires improvement



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 in many areas, particularly those relating to access. 365 survey forms were distributed and 103 (28%) were returned. This represented approximately 1.7% of the practice's patient list.

- 27% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and national average of 85%.
- 62% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.
- 53% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 25 comment cards. The majority of patients said they were happy with the service they received and told us that staff were kind and approachable. However the main concern expressed by 13 patients was the difficulty obtaining an appointment.

We spoke with three members of the practice's patient participation group, they were positive about the practice, in particular about the recent changes that were taking place following the merger with MMP which they felt were for the better.

The latest available data from the practice for the friends and family test which invites patients to say whether they would recommend the practice to others showed 69% (June 2016), 79% (July 2016), 75% (August 2016), 86% (September 2016) and 78% (October 2016) of patients would recommend the practice compared to the MMP's average, over an 11 month period of 70%.

There had been eight comments left by patients on the NHS Choices website since our previous inspection. The NHS Choices website is where patients are invited to leave their reviews of the service, patients frequently left comments relating to difficulties accessing the service.

Stratford House 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 advisor and a practice manager specialist advisor.

Background to Stratford House Surgery

Stratford House (formally known as Sparkhill Surgery) is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice was previously inspected by CQC in December 2015 and placed into special measures following an inadequate rating. Enforcement action was taken in relation to breaches in regulation 12 Safe Care and Treatment and conditions were placed on the practice's registration. In addition the practice was also found to be in breach of Regulation 16 Receiving and acting on complaints and Regulation 17: Good governance. Following the inspection in December 2015 the practice received support through their local CCG, Midlands Medical Partnership (MMP) and the Royal College of General Practitioners to help turn around the practice and deliver improvements in the service.

Stratford House is currently registered with the Care Quality Commission to provide primary medical services. On the 1 August 2016 Stratford House merged with MMP, a group of 11 practices that provide primary medical services across Birmingham under a single GMC contract. Within this

partnership central functions and resources are shared. The practice has notified us of changes in the provider status but now needs to ensure applications are made to ensure the changes in registration are completed and accurate.

The practice is located in purpose built accommodation. There is no specific patient parking available and parking in the area can be difficult. Based on data available from Public Health England, deprivation in the area served is among the highest 10 per cent nationally. The practice has a registered list size of approximately 6,000 patients. The practice population is younger than the national average and located in an ethnically diverse area of Birmingham.

The practice is open 8.15am to 6pm daily with the exception of Wednesday afternoon when it closes at 1pm for the afternoon. Appointment times vary between clinicians and on a daily basis but are usually between 8.30am and 12pm and between 3pm and 6pm. When the practice is closed during core hours and the out of hours period services are provided by another out of hours provider (Primecare). However, in line with other MMP practices that are opted in to the out of hours contract, there are plans to change to Birmingham and District General Practitioner Emergency Room Group (BADGER). The practice does not currently offer extended opening hours although we were advised that now that they had become part of MMP patients would be able to access services at any of the practices within this partnership including extended hours, this had yet to be fully implemented.

The practice has two partners (both male), a female salaried GP has been recruited starting at the end of September 2016. In the interim additional GP support has been provided through locum GPs. There is also a practice nurse. A second practice nurse has been recruited to replace a nurse who recently retired and is due to start in October 2016. Other practice staff include a health care

Detailed findings

assistant and an administrative team led by a team leader (formerly the practice manager). The practice team is supported by the MMP management team following the merger in August 2016.

As part of the turnaround programme the practice has received support one day each week from the MMP specialist respiratory nurse to review patients.

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 7 September 2016.

During our visit we:

- Spoke with a range of clinical and non-clinical staff (including GPs, the practice nurse and health care assistant, and administrative staff). We also spoke with members of MMPs management team.
- Reviewed a sample of patient records, this was because we had previously found concerns with the care and treatment for patients with long term conditions.

- Observed how people were being cared for.
- Spoke with members of the practice's patient participation group.
- Spoke with health and care professionals who worked closely with the practice.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us relating to the running of the practice.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Since the merger in August 2016 there had been changes to the systems and processes for reporting significant events to bring the practice in line with other MMP practices. The practice had a copy of this process to follow.

- Staff told us that they were encouraged to report significant events and were able to discuss examples of reported incidents.
- There was a recording form available to staff. 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 had received an apology.
- We saw evidence that the practice carried out a thorough analysis of the significant events.

We reviewed minutes from practice meetings which showed that significant events were discussed and learning shared among staff. Now that the practice had merged with MMP the practice was required to submit any significant events to the MMP management team each month for monitoring purposes and risk rating. These were also used to share any learning among the member practices. The practice had nine documented significant events from the last month which were discussed at the MMP partners meeting and clinical governance meetings. Significant events were checked for trends and themes.

Now that the practice had merged with MMP a new system for dissemination of patients safety alerts was being introduced. These were disseminated from the central team and the practice response's to them monitored. The GPs we spoke with were able to give examples of recent safety alerts they had acted on. The practice received support from the CCG medicines team in responding to medicines safety alerts.

Overview of safety systems and processes

Since our previous inspection in December 2015 we saw improvements in the systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- 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 both in electronic form and on a dedicated noticeboard in the back office. This included information about who to contact for further guidance if staff had concerns about a patient's welfare. Safeguarding information was also available to patients in the waiting room. There were lead members of staff for safeguarding both children and adults. Staff demonstrated they understood their responsibilities and records showed they had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and the practice nurse were trained to child safeguarding level 3. There was an alert on the patient record system that notified staff if a patient was on the at risk register.
- Notices were displayed throughout the practice advising patients that chaperones were available if required. The notices were available in multiple languages. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- At our previous inspection in December 2015 we found the practice had failed to take any substantial action following two previous CCG infection control audits. The patient toilet was in need of refurbishment and the vaccination fridge had a build-up of frost. At this inspection we observed the premises to be clean and tidy and had noticed some refurbishment since our previous inspection that had taken place. Another CCG infection control audit had been undertaken in July 2016 with an overall score of 85%. We saw that actions identified from this audit were being addressed for example, the patient toilet had been refurbished and storage for personal protective equipment installed. We also noted cleaning schedules in place for the vaccine fridges where previously we had seen frost build up. This was an improvement on the findings from our previous inspection. A new cleaning contract had been put in place in line with MMP two days prior to inspection.

Are services safe?

- We saw significant improvements in the arrangements for managing medicines to keep patients safe. At our previous inspection in December 2015 we were concerned that patients on repeat prescriptions including patients on high risk medicines were not receiving appropriate monitoring and follow up. At this inspection we reviewed records for 14 patients on high risk medicines and saw that appropriate monitoring and checks were now taking place. We saw processes in place for handling repeat prescriptions and for recording uncollected prescriptions in the patient's record. However there were no systems for highlighting to the GP any uncollected prescriptions which related to specific medicines that may be essential to a patients wellbeing. We discussed this with the MMP staff who said they would be rolling out their policy to the practice on this. Blank prescription forms and pads were securely stored but the systems in place to monitor the use of hand written prescription pads did not ensure the practice would be able to identify any that might be missing. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a doctor). We saw emergency medicines and vaccines were stored appropriately and in date.
- We reviewed four personnel files for clinical and non-clinical staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We also saw evidence of checks undertaken for locum staff.
- There were procedures in place for monitoring and managing risks to patient and staff safety. We saw risk assessments relating to the premises had been undertaken with actions however, we noticed that these actions had yet to be signed off as completed.
- The practice had completed a fire risk assessment. We saw evidence of maintenance of fire equipment and equipment checks, weekly fire alarm testing, evacuation procedures displayed and staff training. The practice had undertaken two fire drills in the last 12 months.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw evidence that this had been completed within the last 12 months.
- The practice had undertaken a risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and had taken action in response to risks identified.
- At our previous inspection in December 2015 it was not clear that there was adequate staffing. Patients were experiencing difficulties accessing the service and the practice was struggling to meet patient outcome targets. At this inspection we saw improvements were being made to staffing at the practice. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Since our previous inspection in December 2015 there had been a review of staffing needs based on the practice's population size. An additional salaried GP had been successfully recruited and was due to start at the end of the month. Recruitment was also in progress for another GP for four sessions each week. In the interim the practice was using locum GP support to meet patient demand. One of the two practice nurses had recently retired and a new practice nurse had been recruited and was due to start in October 2016. In the interim the practice nurse had undertaken additional hours. There had also been a review of the practice nurses roles alongside the health care assistant to identify skills and training needed to support patient need. MMP was also loaning their lead respiratory nurse one day each week to cover reviews of patients with respiratory conditions. There was a rota system in place for the administrative team to ensure enough staff were on duty and all duties were covered.

Monitoring risks to patients

Risks to patients were assessed and generally well managed.

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- There was a system in place to alert other members of staff to any emergency in the practice.
- All staff had received annual basic life support training.
- Emergency equipment included a defibrillator and oxygen with adults and children's masks.

- Emergency medicines and equipment were easily accessible to staff in a secure area of the practice and staff knew of their location. These were regularly checked to ensure that the emergency medicines were in date and equipment was fit for use.
- At our previous inspection in December 2015 staff we spoke with were unaware of any business continuity plan in place to support the practice in the event of a major incident such as power failure or building damage. At this inspection we found a comprehensive business continuity plan in place. This included details of reciprocal arrangements with other practices should the premises become inaccessible and emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Since our previous inspection in December 2015 we found the practice had made significant improvements in improving the effectiveness of the services and improving outcomes for patients. However, much of what we saw was work in progress and systems had yet to be fully embedded in order to demonstrate sustainability in the long term.

Effective needs assessment

At our previous inspection in December 2015 we were not assured that 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. For example, our review of patient records did not demonstrate that patients with long term conditions were receiving regular reviews of their conditions and medicines.

At this inspection we saw that MMP had installed system templates for diabetes and chronic obstructive pulmonary disease. This helped ensure reviews undertaken for patients with these conditions were in line with best practice. The practice advised us that the intention was to install further templates for the management of various long term conditions once the practice moves over to the same IT system used by all other MMP practices. Although no set date has been formally agreed for the system change we were advised Stratford House has been made a priority by the CCG and it is hoped that it will take place by the end of the year.

The practice had a resource pack produced by MMP for its member practices which set out expectations for standards for clinicians when undertaking reviews of chronic diseases.

MMP held educational events which as a member of the partnership Stratford House staff attended.

Our discussions with the GPs indicated they had knowledge of NICE guidelines and discussed these with practices within MMP. Our review of patient records demonstrated incorporation of recent guidelines within clinical practice relating to asthma, COPD, hypertension, diabetes and coronary heart disease.

Management, monitoring and improving outcomes for people

At our previous inspection in December 2015 we identified significant concerns with the management of patients with long term conditions which led to enforcement action. At this inspection we found the practice had made improvements.

The practice was now reviewing information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to target areas for action and 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 for 2015/16 which related to a period prior to our first inspection in December 2015. This showed the practice had achieved 80% of the total number of points available which was significantly lower than the CCG and national average (95%). Exception reporting was (3%) which was lower than both the CCG and national average (10%).

We asked the practice about action they had taken to improve patient outcomes and QOF performance and for more recent data on progress made. We also reviewed patient records relating to the management of long term conditions.

- At our previous inspection in December 2015 we had significant concerns about the management of patients with diabetes. The practice was an outlier for diabetes related clinical targets and our review of patient records did not demonstrate patients with diabetes were being managed appropriately. This contributed to enforcement action in which we gave the practice six months to provide patients on their diabetic register with an opportunity for review. At this inspection we saw significant improvements had been made. There were 459 patients on the practice's diabetic register. All patients had received an invite for review. Practice data showed that of the patients on the register 84% had received foot checks, 85% had their blood pressure checked and 78% had received lipid checks (blood fat). We reviewed five records which confirmed a detailed and comprehensive review of the patient had been undertaken. MMP who had supported the practice in the recall of diabetic programme told us that they had worked out from the diabetes register the number of patients that needed to be recalled each month. Systems were put in place for recall and for patients to be contacted.

Are services effective?

(for example, treatment is effective)

- With support from MMP the practice had been working to improve their long term condition registers. We saw evidence of reviews of the patient record system to improve the accuracy of the registers and minimise the risk of patients being missed. This had involved searching on key words. For example, we had previously noted a low versus expected prevalence of chronic obstructive pulmonary disease (COPD). Searches undertaken had led to an increase in the number of patients on the COPD register from 20 to 30 patients.
- Other areas where the practice registers had been improved for accuracy included the osteoporosis and fragility fracture where prevalence was also low versus expected. Through searches made of the patient record system ten additional patients were identified, seven of which had been treated appropriately and three patients identified for follow up and review. Also a review of palliative care patients confirmed only one patient.
- Improvements were seen in the review of patients with respiratory conditions. These were currently being carried out by the MMP lead respiratory nurse while the practice nurse was being trained to undertake this role. Practice data showed 370 patients on the asthma register. Data for 2016/17 showed the number of patients with asthma that had been reviewed had increased from 19% to 26% (as at the end of August 2016 compared to the same time in the previous year). Similarly the number of patients with rheumatoid arthritis reviewed had risen from 23% to 48% (as at the end of August 2016 compared to the same time in the previous year).
- Practice data showed there were 370 patients on the asthma register and 71% had received a review within the last year. On the chronic obstructive pulmonary disease register there were 29 patients and 61% had received a review within the last year. We checked a sample of three clinical records for patients with asthma and three with COPD all showed a detailed and comprehensive review had been undertaken in line with current guidelines. Those undertaken by the MMP respiratory nurse in particular demonstrated a patient centred and proactive approach to care.

We saw evidence of clinical audits and benchmarking to support service improvements:

- The practice presented us with a list of clinical audits that they had completed. We found that the practice

was not clear about the definition of clinical audit. From the audits seen it was not always apparent as to the purpose of the audit and what actions had been taken to improve the service patients received. Some were surveys and data collection exercises rather than being able to actually demonstrate changes made had led to improvement and several of the audits had been undertaken in the two weeks prior to our inspection.

- We did however note from the audits presented positive reviews of patient care for example, a review of patients on disease-modifying antirheumatic drugs (DMARDs). showed patients on these high risk medicines were receiving regular monitoring.
- A retrospective audit evaluating the effectiveness of the diabetic recall system showed improvements in the number of patients reviewed over the last 12 months from 67% to 83%. The audit now needed to show that the improvements made were being sustained.
- The MMP management team carried out monthly benchmarking against QOF between member practices. For example as of September 2016 which was the first month Stratford House had been included we saw 45% of diabetes reviews had been completed compared to the MMP average of 35%, 55% of COPD reviews compared to the MMP average of 31% and 53% of dementia reviews compared to the MMP average 45%.

Effective staffing

Staff were being supported to develop their skills, knowledge and experience to deliver effective care and treatment. Systems had been adopted that were in line with MMP processes.

- The practice had an induction programme for all newly appointed staff. We spoke one new member of staff who confirmed they had received an induction and felt well supported. As part of the MMP induction process new staff now received regular reviews up to six months to check on their progress.
- There was a comprehensive locum pack for locum GPs working on a temporary basis which provided information to support them during their shift.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Staff received appraisals in which learning and development needs were identified in the past we

Are services effective?

(for example, treatment is effective)

noticed that actions identified had not always been followed through. However, as part of the merger MMP had reviewed the needs of the service and training requirements with the intention of bringing services in house. For example, the practice nurse was due to undertake training in the management of respiratory conditions while the health care assistant had completed training in diagnostic services such as ambulatory blood pressure monitoring and one of the receptionists was training in phlebotomy. Practice staff were given additional support through the wider MMP organisation which they valued.

- Staff received access to training that included: safeguarding, fire safety awareness, basic life support, information governance and health and safety. This included e-learning training modules and in-house training. We saw evidence from the staff training matrix of training being kept up to date.

Coordinating patient care and information sharing

At our previous inspection in December 2015 we were concerned that the information needed to plan and deliver care and treatment was not readily available to relevant staff in a timely and accessible way. We found a huge back log of unprocessed patient information including hospital letters and test results. At this inspection we found the back log had been cleared. A staffing rota had been put in place to ensure any written correspondence was processed in a timely manner. We spoke with a member of the administrative team who told us that they were up to date with this task. The GPs also told us that they aimed for a 48 hour turnaround in dealing with the information received. This was monitored centrally by MMP and individual GPs were sent a reminder if no action had been taken in response to information received within seven days.

At our previous inspection in December 2015 we found also found the practice did not hold regular multi-disciplinary team meetings to discuss patients with complex health needs. We received mixed feedback from the community team members about communication with the practice. At this inspection we spoke to four health professionals from the community staff teams. They were all complimentary about improvements made and found they could more easily communicate with clinicians. A practice mobile phone had been purchased so that health professionals could more easily get through to the practice. Some of the health professionals felt further improvements were still

needed but that things were moving in the right direction. For example, MDT meetings were held where healthcare professionals including health visitors, midwives, community matrons and district nurses were invited to the first part of the practice meeting. One health professional felt this made it difficult to focus on patients which needed to be discussed and that separate meetings would be more beneficial. Another said that chasing faxes sent could be time consuming with the practice sometimes saying they had not received them.

Information from the multi-disciplinary team meetings was not routinely entered into patient records. However, our review of a patient receiving palliative care confirmed the patient had received regular reviews with appropriate management with involvement of the community team and carers.

Members of the MMP management team told us that they were planning to incorporate a template for use in the practice's multi-disciplinary team meetings which would include details of the care planning.

We saw that since our previous inspection the GPs had met with the mental health team to discuss patients on their register.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw appropriate use of do not attempt resuscitation orders with palliative care patients.

Supporting patients to live healthier lives

At our previous inspection we found that the practice was not always proactive in supporting some of their more vulnerable patients. At this inspections we identified some improvements, for example:

- At our inspection in December 2015 patients registered with a learning disability were not regularly receiving

Are services effective?

(for example, treatment is effective)

health reviews. At this inspection we found of the 20 patients registered with a learning disability, all had been invited for a health review, five had been completed and eight had been booked in for review.

- We saw improvements in the care and support of patients with end of life care needs, carers and those with long-term conditions. A range of diagnostic and monitoring services were now available in-house for patients with long term conditions.
- One GP told us that they offered lifestyle advice to patients who were identified as being at risk from developing diabetes and provided smoking cessation advice.
- The practice was participating with prescription⁴exercise, a CCG led scheme promoting exercise in patients with long term conditions.

However:

- Staff we spoke with told us that they used to have a health trainer but were not sure if that facility was still available. They told us that patients requiring smoking cessation support would be signposted to another service. The practice leaflet indicated that these services would be available through the wider MMP partnership although referral processes were not yet clearly established with this practice.

The practice's uptake for the cervical screening programme (2015/16) was 65%, which was below the CCG average of 79% and the national average of 82%. The practice was

aware this was low and have highlighted this as the next area to be targeted for improvement. With support from MMP, accuracy of the practice data was being checked to ensure appropriate recalls were in place. The practice nurse maintained records to check all samples sent for cervical screening programme had been received.

Uptake of national screening programmes such as breast and bowel cancer screening was lower than both the CCG and national averages. For example data published by the National Cancer Intelligence Network (March 2015) showed females, 50-70 years, screened for breast cancer in last 36 months was 65% compared to the CCG average of 69% and national average of 72%. Persons, 60-69 years, screened for bowel cancer in last 30 months was 39%, compared with the CCG 51% and national average 58%.

Childhood immunisation rates for the vaccinations given were slightly higher than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 96% which was comparable to the CCG average of 80% and 95% and five year olds from 93% to 100% which was comparable to the CCG average of 86% to 96%.

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.
- Clinical rooms were locked by key pad systems to prevent unauthorised access during consultations.
- Reception staff told us that they would utilise a spare room if a patient wished to discuss sensitive issues or appeared distressed to discuss their needs in private.
- Staff wore name badges so that it was clear who patients were speaking with.
- Staff had also undertaken customer care training to help improve the patient experience.

However,

- The reception area was quite open and conversations could be easily heard. The practice had a back office for confidential calls.

Feedback received from the 25 completed patient Care Quality Commission comment cards and the three members of the practice's patient participation group we spoke with was mostly positive about the care received. Patients told us that once they could access the service they were satisfied with the care they received. Most patients were positive about the staff describing them as polite, kind and helpful. Patients felt they were treated with dignity and respect.

Results from the national GP patient survey (published in July 2016) showed practice scores were below CCG and national averages in relation to its satisfaction scores on consultations and helpfulness of reception staff. For example:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.

- 75% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Under the guidance of MMP the practice had re-established the patient participation group who had over three days during July 2016 undertaken an in-house patient survey. Feedback from the in-house survey had been positive about the staff but accessing appointments had been the main concern raised. An action plan had been put together which focussed predominantly on access issues.

Care planning and involvement in decisions about care and treatment

We saw evidence of personalised care plans in place. We reviewed a sample of five patients on the dementia register whose records showed evidence of comprehensive care planning.

Results from the national GP patient survey (published July 2016) showed patient responses to questions about their involvement in planning and making decisions about their care and treatment were in line with local and national averages for nurses but below local and national averages for GPs. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

Are services caring?

As the practice was undergoing significant changes following their previous inspection it is hoped action taken may impact positively on patient satisfaction.

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. Patients were made aware of this in the practice leaflet. Some staff were also able to speak languages spoken in the local community.
- Information was available in easy read for example, the practice leaflet.

Patient and carer support to cope emotionally with care and treatment

Patient information was available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 47 patients as carers (0.7% of the practice list). This was an improvement on the 12 carers identified in the previous inspection. Since our inspection in December 2015, the practice has set up a carers and bereavement board in the waiting area which provided information, signposting patients to various avenues of support available to them. A carers pack was also available which patients could take away which provided information on local services and how the practice could help them in line with MMP processes.

Staff told us that if families had suffered bereavement a letter was sent offering their condolences sympathy and support. We saw a copy of this letter. Information about bereavement support was also displayed in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Following our previous inspection the practice had worked with the CCG and had received support from MMP and RCGP to turnaround the service in order to meet people's needs. The practice was also participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation. The practice had previously failed to achieve ACE foundation level however the CCG advised us that they had now been successful this year in achieving this. The ACE programme looked at issues such as practice engagement and involvement, medicines management and quality and safety.

- The practice did not currently offer any extended opening hours for patients who worked or could not attend during normal opening hours. Although, members of the MMP team advised us that this was intended in the future.
- There were longer appointments available for patients where needed, for example diabetic reviews.
- Home visits were available for 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 require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were signposted as appropriate to services that offered those only available privately.
- The practice had some facilities to support patients who used a wheelchair or had mobility difficulties. This included a disabled toilet facilities and ramp access, consulting rooms were all located on the ground floor. There was no automatic door but the doorbell had been lowered to alert staff if anyone was having difficulties entering the building. There was no patient parking available for the practice including parking spaces for those with a disability, a request had been made to the local council in September 2016 for designated parking space by the surgery.
- Since our previous inspection a hearing loop had been purchased.

- Translation services were available and staff confirmed that they used these services when needed. Some of the staff spoke additional languages that were spoken in the local community.
- There were baby changing facilities available and a notice offering a private room for breast feeding.
- A female salaried GP had been recruited and was due to start at the end of September 2016 providing patients with a choice of male or female GP.
- We saw some notices in the reception areas in multiple languages such as the chaperone notice.
- Since our previous inspection the practice had sought to introduce a range of diagnostic services in-house for the convenience of patients. This included ambulatory blood pressure monitoring, spirometry and clinics for diabetic injectables. The practice also provided electrocardiographs and phlebotomy services in-house.

Access to the service

The practice was open 8.15am to 6pm daily with the exception of Wednesday afternoon when it closed at 1pm for the afternoon. Appointments were available with a GP between 8.30am and 12.30pm and from 2pm to 6pm (with the exception of Wednesday afternoon). The practice did not currently offer extended opening hours but we were advised that now they were part of MMP patients at the practice could obtain appointments at any of the 11 practice's within the MMP partnership including appointments during extended opening hours. However, this arrangement had yet to be tested and practice systems were not yet compatible with other MMP practices.

The appointment system had been reviewed and patients were able to obtain prebookable appointments three to four weeks in advance as well as same day appointments.

When the practice was closed services were provided by another out of hours provider (Primecare). However, there were plans to change the OOH arrangements to those of other MMP practices.

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

- 57% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

- 27% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 73%.

These results were similar to the previous national patient survey results reviewed during our inspection in December 2015. We saw that there was an action plan in place to improve access to services. This included: the installation of a new telephone system (which had been installed the week prior to our visit and was compatible with the MMP system); the promotion of online appointments; a new triage system for assessing need once appointments were fully booked; the introduction of two reception staff at the desk at busy times to deal with patient issues and the use of additional staff until permanent staff were in place for example, locum GPs and support from the MMP respiratory nurse.

Reception staff told us that the next available routine appointment was for the following morning at 8.30am with a GP, within eight working days for the practice nurse and three working days for a blood test.

We tried to contact the practice two days after the inspection at 11.30am, our call was not answered after 30 minutes. We were advised this might be due to teething problems with the new system.

There are plans for the practice to move patient systems so that they are compatible with MMP, it is hoped that this will take place by the end of next year but is dependent of funds available. Once in place patients at the practice will be able to access any of MMP practices for appointments.

Listening and learning from concerns and complaints

At our previous inspection in December 2015 we found the practice did not operate an accessible system for identifying and receiving complaints. The practice's complaints policy did not contain current information and

information to help patients to understand the complaints process. At this inspection we found that the practice had taken action and had an effective system in place for handling formal complaints and concerns.

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Following the merger with MMP the practice had adopted the MMP complaints policy.
- There were designated responsible persons who handled complaints in the practice. Following the merger with MMP in August 2016 complaints were being logged centrally with the MMP central team who supported the practice team leader in the investigation and management of the complaint. This arrangement also supported the monitoring of trends and shared learning with other member practices.
- We saw that information was available to help patients understand the complaints system which had been brought in line with MMPs processes. There was a complaint form for patients to complete and information about the process for patients to take away. This provided details of how to complain and what to do if the complainant was unhappy with the response received from the practice.

There had been 17 complaints in the last 12 months we saw that these had been appropriately managed in a timely way.

At our inspection in December 2015 we also noted that there were no systems in place for recording informal or verbal complaints to help identify trends or themes to support service improvement. At this inspection we saw that the MMP complaints policy and processes included the recording of verbal complaints however staff we spoke with were not yet familiar with the new processes and were unable to demonstrate that verbal complaints were recorded. Staff told us that they tried to resolve verbal complaints at the time.

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 recently merged with Midlands Medical Partnership (MMP) who had been supporting them in turning around the practice following placement into special measures. The practice was currently in the process of adopting MMP policies and procedures to help secure their future. It was clear from our inspection that with the support of MMP partnership with well-established systems and process significant improvements in the standards of care and improved patient outcomes were emerging.

Some of the processes in place at the practice were still in their infancy and had therefore yet to become fully embedded. There were also areas for further improvement which the practice were aware of and working towards for example, improving uptake of cervical screening and access. Although, the practice was moving in the right direction the sustainability of changes made had yet to be seen.

Governance arrangements

The practice had adopted governance arrangements that were in line with the MMP partnership. MMP had an established governance framework which supported the delivery of services and standards of care across the organisation. During our inspection we found:

- The practice had been receptive to feedback following the previous CQC inspection and had taken action to improve systems and processes and the standards of care patients with long term conditions received. They had accepted support available to help turnaround the practice in achieving this.
- There was a clear staffing structure, staff were aware of their own roles and responsibilities and felt these were becoming clearer and more defined.
- Practice policies were being brought in line with those of MMP and were available to all staff on their computers.
- A comprehensive understanding of the performance of the practice had been established. The practice has received support from the MMP in reviewing and improving performance particularly in areas such as diabetes where concerns were identified during our previous inspection. The practice's patient record system

had been interrogated to ensure patients requiring support were being identified and we saw improvement in the numbers of clinical reviews undertaken since the previous year.

- As a member practice with MMP since August 2016 the practice received their first monthly performance report and benchmarking information from the central team. These reports enable the practice to continually monitor progress against QOF and compare performance against other member practices. The report for September 2016 showed the practice was performing well compared to other practices in the partnership.
- A new structured practice meeting agenda had been introduced for clinical meetings this ensured key issues were being discussed as standing agenda items such as significant events, complaints, safeguarding, performance issues etc.
- We found improved management of risks since our previous inspection, although it was not clear what actions had been completed. Audits were also being used to monitor quality and improvements but the purpose of these were not always clear.

Leadership and culture

On the day of inspection the improvements seen at the practice including additional support from the MMP management team provided assurance that the practice had the experience, capacity and capability to run the practice and continue to deliver improvements in the care patients received. Staff told us they found the MMP management team and partners approachable and had taken the time to listen to them in the redesign of services.

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 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 patients were informed and received an apology.

A clear leadership structure had been established at the practice. MMP had a leadership team which supported the management of member practice and created consistency in systems and processes.

Are services well-led?

Good 

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

- Communication pathway clearly set out through MMP for dissemination of information.
- Staff told us the practice held regular team meetings and we saw minutes from these meetings. In addition staff also met with other staff and management as part of the wider MMP organisation. Staff found this beneficial.
- Staff we spoke with on the day of inspection were very positive about the changes that had been made at the practice and felt involved in those. They felt there was a more clearer structure they enjoyed the support they were receiving through the wider organisation. For example the practice nurse attended the MMP nurse meeting which provided networking and learning opportunities and had support from the MMP respiratory nurse lead. Staff morale had been discussed in staff meetings.

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

Following our previous inspection in December 2015 the practice had been more proactive in encouraging feedback from patients and staff. Both the patients and staff felt they had been consulted in the changes affecting the service and their views sought.

- The practice's patient participation group had been re-launched and support provided from another successful PPG to help get going. We met three members of the PPG who were very positive about the service and changes made following the recent merger with MMP. They felt that they were being listened to and their input into changes valued. They had also managed to recruit an additional two members. The PPG had been allocated a specific noticeboard in the waiting area to promote the group and communicate changes being made through the merger. This included details of actions taken in response to their recent patient survey they had undertaken such as the recruitment of a new GP and improvements to the patient toilet.
- Staff we spoke with told us that they had opportunities to provide feedback to improve the service. There were opportunities through staff meetings and appraisals to do this.