Dr AJJ Bentley and Partners

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 Dr AJJ Bentley and Partners on 21 October 2015. Overall the practice is rated as good.

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

- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and the national average.
- There was robust safeguarding systems in place for both children and adults at risk of harm or abuse. The safeguarding lead delivered in-house training in additional topics to ensure all practice staff were up to date with relevant topics such as 'how to recognise signs of abuse'.
- Childhood immunisation rates for the vaccinations given were higher than CCG/national averages. We saw positive examples of joint working with midwives and school nurses. A named health visitor attended weekly meetings in the practice.
- All staff had received Mental Capacity Act training and were aware of how to ensure patients were involved in decisions about their care. All GPs had received had Deprivation of Liberty Safeguards (DoLS) training.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and that 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 practice had an active patient participation group (PPG) who engaged with community services to provide in-house educational sessions for patients suffering long term health conditions.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, not all serious incidents identified through complaints were investigated through the serious incident procedure.
- Risks to patients were not always assessed and well managed.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure a risk assessment is in place for the control of legionella.

The areas where the provider should make improvement are:

- Ensure an up to date fire risk assessment is in place and regular fire drills take place.

  Ensure significant events are identified from complaints received and lessons learned shared with practice staff.
- Ensure that the complaints section of the patient information leaflet includes guidance around how to escalate a concern.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- There was a system in place for reporting and recording significant events.
- Action was taken to improve safety in the practice as a result of significant events however not all lessons learned were shared with staff.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- A clinical lead was responsible for ensuring all clinical staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was no risk assessment in place for the control of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a fire risk assessment in place however it was out of date, fire drills had not been carried out since 2012.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and the national average.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received training relevant to their roles and were up to date with all mandatory training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring? — **Good**

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. Patient information leaflets were available in numerous different languages for patients whose first language was not English, patients also had access to interpreter services. Information was available in Braille for patients who were blind.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs? — **Good**

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients received continuity of care through a named GP and patients could obtain appointments with this GP if they wished.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Summary of findings

- Patients said they found it easy to make an appointment and were offered appointments at a time that suited them.
- The practice offered extended hours appointments on a Tuesday and Thursday evening until 8.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.

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

Good

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality.
- 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 knowing about 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 and engaged with local community groups to provide in-house educational sessions for patients who suffered with long term health conditions.
- There was a strong focus on continuous learning and improvement at all levels.

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 is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Patients received personalised care plans from a named GP to support continuity of care.
- The practice was responsive to the needs of older people, and offered home visits from both GPs and nurses and urgent appointments for those with enhanced needs.
- The premises were accessible to patients with mobility difficulties; a wheelchair was available in the practice for patients who required this.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was higher than the national average.
- Those at high risk of hospital admission and end of life care needs were identified and reviewed regularly, this included working with other health professionals to provide co-ordinated care.
- The practice referred directly to Age UK, British Red Cross, wellbeing groups and befriending services.
- The patient participation group (PPG) held weekly coffee mornings at a local church to provide a befriending service for patients.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nursing staff provided home visits for patients.
- Performance for diabetes related indicators was 100% which was better than the CCG average of 85.2% and national average of 89.2%.
- Longer appointments and home visits were available when needed.
- 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 multi-disciplinary package of care.

Summary of findings

- The practice achieved a high rate of atrial fibrillation detection in Leicester City (2.7% of patient population) and provided in-house management as per NICE guidelines to reduce the risk of patients identified from suffering from a stroke.
- 94% of patients suffering from a long-term health condition had received a review in the last 12 months.
- There were GP clinical leads in place for chronic disease management supported by a nurse lead.
- There were two nurses in the practice who specialised in Diabetes management.
- The PPG focussed on promoting health and wellbeing in the community and arranged education sessions for patients in the practice.
- The practice had plans to build an extension to their premises which would provide accommodation to deliver educational to larger groups of patient sessions regarding long term conditions.
- The practice provided an in-house smoking cessation service.

Families, children and young people

Good

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

- 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.
- Childhood immunisation rates for the vaccinations given were higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.7% to 100% and five year olds from 93% to 100%. We saw positive examples of joint working with midwives, health visitors and school nurses. A named health visitor attended weekly meetings in the practice
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 78.3%, which was higher than the CCG average of 73.3%.
- Appointments were available outside of school hours and the premises were suitable for children and babies, baby changing facilities were available and also a children's play area.
- Chlamydia testing kits were provided to patients who requested them.

Summary of findings

- Training was provided to receptionists regarding 'spotting the sick child' and NICE guidelines were available in each consulting room.
- Flexible appointments were available for child immunisations.
- Text reminders were sent to patients who missed an appointment for childhood immunisations encouraging patients to re-book.

Working age people (including those recently retired and students)

Good

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

- 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. For example, extended hours appointments were available and online services such as ordering repeat prescriptions and appointment booking for the convenience of patients who worked or had other commitments during the day.
- 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.
- A range of health promotion and screening was available including NHS health checks, smoking cessation and travel advice and vaccinations.
- An automated arrival machine was available to give patients the opportunity to arrive themselves for their appointment rather than speak to a receptionist.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances for example those with a learning disability. The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and ensured care plans and regular reviews were in place.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. The safeguarding lead provided in house training

Summary of findings

to staff on how to recognise sings of abuse. 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.

- There were alerts on patient care records to alert clinicians of specific needs of vulnerable families and children.
- All staff received Mental Capacity Act training and were aware of how to ensure patients were involved in decisions about their care.
- All GPs had received had Deprivation of Liberty Safeguards (DoLS) training.
- All staff have had received safeguarding adults training.
- All patients identified as vulnerable had a care plan in place which was reviewed regularly.

People experiencing poor mental health (including people with dementia)

Good

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

- Performance for mental health related indicators was 100% which was better than the CCG 90.5% and national average of 92.8%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice provided the services of a mental health worker for patients suffering poor mental health.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice participated in a dementia shared care prescribing scheme and prescribed medications for patients suffering with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 267 survey forms were distributed and 121 were returned. This represented a response rate of 45.3%.

- 66% found it easy to get through to this surgery by phone compared to a CCG average of 67.7% and a national average of 73.3%.
- 92.9% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80.4%, national average 85.2%).
- 87.3% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 69.2%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Patients said that they were treated with dignity and respect and that staff were helpful, friendly and professional.

We spoke with ten patients during the inspection. All ten patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients also told us that GPs made children feel at ease, carers told us that they received support from the GPs as a carer.

Areas for improvement

Action the service MUST take to improve

- Ensure a risk assessment is in place for the control of legionella.

Action the service SHOULD take to improve

- Ensure an up to date fire risk assessment is in place and regular fire drills take place.

  Ensure significant events are identified from complaints received and lessons learned shared with practice staff.
- Ensure that the complaints section of the patient information leaflet includes guidance around how to escalate a concern.

Dr AJJ Bentley and Partners

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, a practice nurse specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Dr AJJ Bentley and Partners

Dr AJJ Bentley and Partners provides primary medical services to approximately 6,937 patients in Leicester City. The practice also provides services to patients residing in two residential care and nursing homes in the surrounding area.

The practice has a higher than average distribution of patients aged 49 years and over and a very high number of patients over the age of 75 with an even distribution of male/female patients.

At the time of our inspection the practice employed five GP partners, one salaried GP (two male GPs and four female GPs), a practice manager, an assistant practice manager, three practice nurses, two health care assistants, a phlebotomist and eight receptionists.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering care services to local communities.

The practice has one location registered with the Care Quality Commission (CQC) which is Dr AJJ Bentley and Partners, The Surgery, 155 Downing Drive, Leicester, LE5 6LP

The practice is open from 8am to 6.30pm Monday to Friday. GP appointments are available from 8.30am until 12pm and from 3.30pm until 5.20pm. Nurse appointments are available from 8am until 12pm and from 2pm until 6pm. The practice provides extended opening hours on a Tuesday and Thursday from 6.30pm until 8.30pm. Pre-bookable appointments and on the day 'urgent' appointments are available. Pre-bookable appointments can be booked up to six weeks in advance. The practice also provides a home visit service for patients. The practice offers on-line services for patients such as on-line appointment booking, ordering repeat prescriptions and viewing patient care records.

The practice is a training practice and delivers training to GP Registrars. A GP Registrar is a fully qualified Doctor who is training to become a GP.

The practice has an active patient participation group (PPG) who meet monthly.

The practice has car parking and pedestrian access and additional parking is available on the streets near to the practice.

The practice lies within the NHS Leicester City Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before 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 21 October 2015. During our visit we:

- Spoke with a range of staff including GPs, nurses, receptionists and administrators and spoke with patients who used the service.
- Spoke with two members of the patient participation group.
- Spoke with ten patients.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the lead for significant events of any incidents and there was a recording form available on the practice's computer system. Staff told us significant events were discussed in practice meetings and staff were invited to attend.
- We saw evidence of a significant event monitoring protocol.
- There was a GP lead for significant events and incidents.
- The practice carried out a thorough analysis of the significant events.

During our inspection we looked at seven significant events. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We saw evidence of meeting agendas which showed us that significant events were a standing item on weekly clinical meetings. A GP lead was responsible for the dissemination of national patient safety alert information to practice staff. We saw evidence of meeting minutes where significant events were discussed however not all of the significant events we reviewed had been recorded in meeting minutes. We saw evidence that action was taken to improve safety in the practice. For example, changes had been implemented to ensure all pathology results were reviewed in a timely manner.

Clinical staff received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) directly by email. The practice had a nominated lead who was responsible for responding to alerts relating to equipment and medicines.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and 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 GP lead who was responsible for safeguarding. The safeguarding lead had also attended child sexual exploitation training. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- Staff members told us that the safeguarding lead had delivered an in-house training session to all practice staff on how to recognise signs of abuse. Staff also told us that safeguarding had been discussed in practice meetings and were able to give an example of a safeguarding issue discussed. We saw evidence of meeting minutes from June 2015 which showed that three separate safeguarding incidents had been discussed. The safeguarding lead attended weekly meetings with a health visitor to discuss any safeguarding children issues.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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). We saw evidence of chaperone training certificates during our inspection.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy 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. We saw evidence of the last infection control audit which was carried out in April 2015. Hand sanitizing gels were available on the reception desk for patient and staff use.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed five 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 and the appropriate checks through the Disclosure and Barring Service.
- 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.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a comprehensive health and safety policy in place and was accessible to all members of staff electronically. We observed that this policy was in date. There was a poster in the reception office which identified local health and safety representatives.
- The practice had a fire risk assessment in place however this was out of date and was due to be reviewed, the last fire drill was carried out in November 2012. All fire safety equipment had been serviced in October 2015. A fire action plan was on display informing patients and staff what to do in the event of a fire.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Clinical equipment was last checked in January 2015.

The practice had a variety of other risk assessments in place to monitor safety of the premises such as health and safety and infection control however, the practice did not have a risk assessment in place for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice manager reviewed capacity and patient demand daily and appointments were flexed accordingly to ensure demand was a priority.

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. We saw evidence that this equipment was checked by a nurse on a weekly basis to ensure it was fit for purpose. A first aid kit and accident book were available.
- 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 fit for use.

Requires improvement

Are services safe?

The practice had a comprehensive business continuity plan in place dated January 2015 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- GPs attended an annual NICE update sessions, information was disseminated to the wider clinical team.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 99.2% of the total number of points available with 3% exception reporting. (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;

- Performance for diabetes related indicators was 100% which was better than the CCG average of 85.2% and national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was better than the CCG average of 94.9% and national average of 89.2%.
- Performance for mental health related indicators was 100% which was better than the CCG 90.5% and national average of 92.8%.

Clinical audits demonstrated quality improvement.

- During our inspection we reviewed five clinical audits.One of these audits was a completed two cycle audit of medications prescribed to treat vitamin B12 deficiency. An initial audit had been carried out in June 2015 with a re-audit carried out in October 2015. The purpose of this audit was to look at the evidence behind prescribing injectable therapy rather than oral B12 medication, the results of this audit was used to create a protocol for clinicians to follow when prescribing to patients for vitamin B12 deficiency. One of the aims of the protocol introduced following this audit was to reduce invasive treatments which can lead to complications with a focus on increasing patient safety.
- The practice had also completed several other medicine management reviews of prescribing with a focus on prescribing of antibiotics and insulin initiation.
- After death audits of all patient deaths were carried out by the named GP for the deceased patient, this included a discussion during a multi-disciplinary meeting to review the cause of death, the care and treatment delivered by the practice was also reviewed.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice provided all employees with an employee handbook which contained information about the practice, human resources information including employee benefits and annual leave entitlements. The handbook also contained numerous practice policies including whistleblowing, equal opportunities and health, safety, welfare and hygiene.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

Good

Are services effective?

(for example, treatment is effective)

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We saw evidence that all staff had had an appraisal within the last 12 months.
- Staff told us that the practice had identified five key training requirements for practice staff including Mental Capacity Act, Safeguarding adults and children, chaperone, conflict resolution and consent training. Staff told us they had received this training. We saw evidence of training records during our inspection. We also saw evidence that staff had received training in basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- During 2014/15 the practice had delivered 492 care plans for patients which was 7% of the practice population which included vulnerable adults, the practice ensured regular contact with these patients and reviewed their care plans resulting in a number of referrals to Age UK and British Red Cross befriending service.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that clinical meetings took place on a weekly basis and multi-disciplinary team meetings took place on a monthly basis during which care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A mental health facilitator provided weekly clinics for patients suffering from mental health problems.
- A gym was located in close vicinity of the practice. The practice referred patients to this gym for exercise on prescription to encourage patients to live healthier lives.
- We observed that various health information and leaflets were available including diabetes awareness, mental health, smoking cessation, dementia awareness and influenza vaccination campaigns in the patient waiting area.

Good

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 78.3%, which was higher than the CCG average of 73.3% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for bowel cancer screening was 66.8% compared to the CCG average of 43.6%.

Childhood immunisation rates for the vaccinations given were higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged 94.7% to 100% and five year olds from 93% to 100%. The practice contacted patients immediately for those who did not attend for childhood immunisation appointments to encourage the parent/guardian to re-book an appointment.

Flu vaccination rates for the over 65s were 73.74% which was comparable to the national average of 73.24%, and at risk groups 48.64% which was lower than the national average of 52.29%. Flu vaccination clinics were held on a Saturday for those patients who found it difficult to attend during normal opening hours.

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

Good

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 15 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 two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected and they felt listened to. 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 practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95.3% said the GP was good at listening to them compared to the CCG average of 86.1% and national average of 88.6%.
- 84.2% said the GP gave them enough time (CCG average 82.8%, national average 86.6%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 93.4%, national average 95.2%).
- 88.3% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85.1%).
- 93.8% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86.2%, national average 90.4%).
- 89.6% said they found the receptionists at the practice helpful (CCG average 83.3%, national average 86.8%).

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 on the comment cards we received was also positive and aligned with these views.

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 in line with local and national averages. For example:

- 96.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 85.5% said the last GP they saw was good at involving them in decisions about their care (CCG average 76.2%, national average 81.4%).
- 89.9% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82.4%, national average 84.8%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patient information leaflets were available in different languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room 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. Written information was available to direct carers to the various avenues of support available to them. We spoke with carers during our inspection who told us that they felt supported by the GPs.

Good

Are services caring?

The practice had a bereavement lead who liaised with patients and families who had suffered bereavement. The lead would ensure a patient consultation was offered at a flexible time and location to meet the patient/family's needs and/or by giving them advice on how to find a support service.

The PPG arranged regular coffee mornings at a local church which all patients were invited to attend in particular patients who may be isolated and have little or no contact with other members of the community.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments on a Tuesday and Thursday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Home visits were provided by members of the nursing team for patients suffering with a long term condition. Nurses also administered flu vaccinations for these patients if required.
- Same day appointments were available for children and those with serious medical conditions.
- 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.
- Saturday flu vaccination clinics were available for working patients who could not attend during normal working hours.
- There were disabled facilities, a hearing loop and translation services available. Automated doors were in place for ease of access to the premises.
- There was an automated arrival machine to enable patients to book themselves in for their appointment and there was a TV screen in the waiting room providing patients with health promotion information.
- There was a notice board in the waiting room displaying photographs of all members of the practice team including their names, role, the date they joined the practice and an introduction to them.
- There were baby changing facilities available.
- There was a separate children's play area in the waiting room.
- The practice provided access to a Ujala translation service facility to assist patients whose first language was not English to communicate better.

- Information for patients was available in Braille and large print for patients who were blind or suffered with poor vision, a magnifying glass was also available for patients who required this to help them read. Staff told us that if a patient could not read, they would take the patient to a private room and read information to them.

- Some practice staff were trained in British Sign Language.
- Patient information leaflets were available in numerous languages for those patients whose first language was not English.
- The PPG worked closely with community health groups and integrated them into the practice to provide educational sessions for patients who suffered a long term health condition.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. GP appointments were available from 8.30am until 12pm and from 3.30pm until 5.20pm. Nurse appointments were available from 8am until 12pm and from 2pm until 6pm.The practice provided extended opening hours on a Tuesday and Thursday from 6.30pm until 8.30pm. Pre-bookable appointments and on the day 'urgent' appointments were available. Pre-bookable appointments could be booked up to six weeks in advance. The practice also provided a home visit service for patients. The practice offered on-line services for patients such as on-line appointment booking, ordering repeat prescriptions and viewing patient care records.

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.

- 80.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.1% and national average of 74.9%.
- 66% patients said they could get through easily to the surgery by phone (CCG average 67.7%, national average 73.3%).
- 92.9% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80.4% and the national average of 85.2%.

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

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a 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. However, the patient information leaflet did not give patients details of the Health Service Ombudsmen should they be unhappy with the outcome of their complaint and wish to have their complaint reviewed.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information was available in the practice leaflet which was available at the reception desk for patients.

We looked at five complaints received in the last 12 months. These were satisfactorily handled, and dealt with in a timely way, we saw evidence of a written acknowledgement sent to the patient and an apology given where necessary. However, significant events were not always highlighted from complaints received and lessons learned were not always shared with staff.

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 high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the practice and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Staff told us they felt happy and supported and that patients appreciated the services provided by the practice. Staff also told us that the practice learning time sessions that were held regularly gave them an opportunity to learn together as a team and they found this valuable.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.During our inspection we looked at ten policies including zero tolerance, transfer of patient records, study and training and a fire policy. We also saw that staff signed that they had read and understood the policies.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions, however not all risks in the practice were assessed and well managed.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. All partners had lead roles and responsibility for their own clinical areas for example safeguarding and chronic disease management.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings, clinical and multi-disciplinary meetings.
- During our inspection we saw minutes of staff meetings and numerous topics were discussed including practice performance, complaints, significant events, safeguarding issues, patient access and services provided for patients.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff were encouraged to participate in training and develop their skills for example, at the time of our inspection a practice nurse was undertaking a Master's Degree in Diabetes.

Are services well-led?

Good

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

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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG carried out regular fund raising methods to raise money to provide weekly coffee mornings held at a local church to provide a befriending service for patients, this was supported by the partners. The PPG also produced their own newsletters for patients and carried out patient surveys for the practice.
- The partners and PPG members held an annual general meeting for patients and staff members to attend.
- The practice had plans to commence an extension of the premises in October 2015. This would provide improved facilities and space for the PPG to arrange in-house educational sessions for patients on various health related topics.
- Staff told us there was an open door policy and that the partners, management team and colleagues were approachable and would not hesitate to give feedback and discuss any concerns or issues. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice encouraged staff to participate in training and encouraged staff to develop their skills.

The practice team was forward thinking and were due to commence an extension to the premises to allow for additional consulting rooms and meeting room facilities to enable the practice to provide additional services for patients. The additional consulting rooms would allow the practice to develop their clinical team. Plans were in place to recruit two additional GPs who would provide increased appointment capacity for patients. All GPs and nurses would co-ordinate care planning and would write care plans with patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not being provided in a safe way for service users. The provider was not assessing the risks to the health and safety of service users of receiving the care or treatment or doing all that is reasonably practicable to mitigate any such risks. The provider did not have appropriate arrangements in place for the risk assessment of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). These matters are in breach of regulation 12(2) (h) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014