

Sina Health Centre

Quality Report

230 Coppice Farm Way
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Website: www.sinahealthcentre.nhs.uk

Date of inspection visit: 5 December 2017

Date of publication: 24/01/2018

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

This practice is rated as Good overall. (The practice was rated good at our previous inspection 1 October 2014).

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Sina Health Centre on 5 December 2017. We carried out this inspection as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learnt from them and improved their processes.
- Risks to patients were assessed and well managed, with the exception of those relating to management of safety alerts and or alterations made to patient records in relation to medicines.
- The practice worked closely with other health and social care professionals involved in patient's care. Regular meetings were held with the community nursing teams and palliative care teams to discuss the care of patients who were frail / vulnerable or who were receiving end of life care.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were usually able to access care when they needed it.

Summary of findings

- The practice had reviewed the lower than average GP national survey scores and developed an action plan to address these.
- There was a focus on continuous learning and improvement at all levels within the practice. Staff were encouraged and supported to develop their skills or take forward their ideas, for example the dementia support meeting.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed. For details, please refer to the requirement notice at the end of this report.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For details, please refer to the requirement notice at the end of this report.

The areas where the provider **should** make improvements are:

- Update the chaperone policy to include where staff should stand during the examination.






- Check the information held on locum GPs is current and up to date each time they work at the practice.
- Review staffing to ensure there are sufficient reception / administration staff to meet the needs of the practice.
- Record the serial numbers of prescriptions on receipt at the practice.
- Review and risk assess the range of emergency medicines stocked.
- Implement a system for the review of patient records in relation to changes to medicines, for example, the addition of new medicine or deletion of uncollected prescriptions should be reviewed by the GPs.
- Introduce a structured induction programme for newly appointed members of staff.
- Continue to explore how the patient satisfaction scores in relation to consultations with a GP and accessing appointments from the National Patient Survey can be improved.
- Promote the extended hours appointments to raise patient awareness.

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	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

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

Sina Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager adviser.

Background to Sina Health Centre

Sina Health Centre is registered with the Care Quality Commission (CQC) as a partnership provider in Willenhall, West Midlands. The practice is part of the NHS Walsall Clinical Commissioning Group (CCG). The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice operates from Sina Health Centre, 230 Coppice Farm Way, New Invention, Willenhall, West Midlands, WV12 5XZ.

There are approximately 6,901 patients of various ages registered and cared for at the practice. The practice has the same percentage of patients aged 18 years and under as the national average (21%) although lower than the CCG average of 23%. Eighteen per cent of the practice population is above 65 years which is higher than the CCG and the national averages of 17%. However, the percent of

patients aged over 75 and 85 years is lower than the CCG and national averages. The percentage of patients with a long-standing health condition is 56% which is similar to the local CCG average of 57% and national average of 53%. The practice provides GP services in an area considered of average deprivation within its locality. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial.

The staffing consists of:

- Three male GP partners.
- Two practice nurses and a health care assistant.
- A practice manager and administration/reception staff.

The practice is open between 8am and 6pm Monday to Friday. Extended hours GP appointments are available until 7pm on Monday, Tuesday and Wednesday. GP clinics operate between 8am and 11am Monday to Friday, and 3.30pm and 6pm Monday and Tuesday, and 4pm to 6pm Wednesday to Friday. Practice nurse appointments are available from 7.30am each morning. Telephone consultations are also available to suit the needs of the patient. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hours service, via the NHS 111 service when the practice is closed.

The practice offers a range of services for example: management on long term conditions, child development checks and childhood immunisations, contraceptive and sexual health advice. Further details can be found by accessing the practice's website at www.sinahealthcentre.nhs.uk

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

- The practice had not obtained all of the required staff checks when recruiting new staff.
- The practice did not have a system in place to demonstrate that alerts which may affect patient safety had been received, recorded and acted upon

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. Staff had access to a chaperone policy and knew where to stand during the examination, although the policy did not make reference to this.
- However we looked at six staff files (although only two of these members of staff had been recruited since registration with CQC) and found that not all of the required information was available, for example, proof

of identity including a photograph, satisfactory information about any physical or mental health conditions which were relevant to the duties for which the person was employed and full immunisation status.

- The practice used a small group of locum GPs to cover holidays and sickness. We saw that appropriate recruitment checks had been undertaken when the locum GP first worked at the practice. However, the practice did not review the information each time the locum GP worked at the practice and we found that some information was out of date.
- There was an effective system to manage infection prevention and control (IPC). A member of the nursing team was the IPC lead within the practice. The local IPC team had carried out an audit in September 2017. The practice had developed an action to address the issues identified.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

Some of the systems to assess, monitor and manage risks to patient safety needed strengthening.

- Staff rotas had not been in place for reception staff since 9 October 2017 as the majority of staff were working over their contracted hours to cover short falls in staffing. This was due to covering long-term sickness and the increase in opening hours. This had impacted on workload resulting in a back log of scanning and the removal of the details of uncollected prescriptions from patient notes.
- There was an effective induction system for temporary staff tailored to their role. There was an information pack in place for locum GPs.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the practice had a system in place for sharing information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

We found that the practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice stocked the majority of the recommended emergency medicines. This list had recently been updated to include medicine to treat croup in children but the practice did not stock this medicine.
- The practice kept prescription stationery securely and tracked their use throughout the practice. Staff did not record the serial numbers of prescriptions on receipt, although they told us they checked the boxes received against the order form. Unauthorised staff also had access to the stationary, which was left in printers overnight. The practice took action immediately at the time of the inspection and confirmed that prescription stationery was stored securely overnight.
- The practice did not have a safe system in place for managing uncollected prescriptions. Staff told us that they removed uncollected prescriptions on a regular basis (the oldest date found as 6 October 2017), updated the electronic system and destroyed them without oversight by the GPs. We also saw there was a backlog of uncollected prescriptions waiting to be processed and the electronic system updated.
- Processes were in place for handling repeat prescriptions, which include high risk medicines. Although there was no evidence that patients were prescribed high risk medicines without appropriate monitoring, the system for monitoring patients on blood thinning medicine needed strengthening.

- We noted that a member of administration staff or the CCG pharmacist updated patient records with any changes to medicine following authorisation from the GPs. However, the practice did not have a system in place to check the entries had been added correctly prior to issuing prescriptions.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice had recorded five significant events in the last 12 months. We saw that significant events were discussed at the practice meetings. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the practice had been notified that a patient had an advance directive in place but was unable to locate the details. A review of the patient notes was carried out and the information had been noted at the time the directive was made. Subsequently an alert had been placed on the patient notes and information shared with relevant professionals involved in the patient's care.
- The practice did not have an effective system for receiving, recording and acting on safety alerts. The GPs and practice manager told us that the CCG pharmacist dealt with any alerts with related to medicines. The practice was not able to demonstrate what action had been taken by the pharmacist in response to alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was following guidance and prescribing effectively in the following areas:
- The practice was below the Clinical Commissioning Group (CCG) and national averages for hypnotic prescribing. The regional and England averages were broadly 1 (for that therapeutic group) where the practice prescribed these drugs to 0.3 of patients within that therapeutic group.
- The percentage of high risk antibiotics prescribed (Co-amoxiclav, Cephalosporins or Quinolones) was 2.16%, compared to the national average of 4.7%.
- However, the practice was comparable to the CCG and national averages for antibiotic prescribing. The number of items the practice prescribed was 1.3% compared with the CCG and national average of 1%.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- The practice held monthly multi-disciplinary meetings with the community nurses, community matron and social services to discuss and manage the needs of patients.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Clinical staff had access to templates to assist with the assessment of long term conditions.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice also used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice.
- The most recent published results for 2016/17 showed that 79% of patients with asthma had received an asthma review in the preceding 12 months that included an assessment of asthma control. This was similar to the Clinical Commissioning Group (CCG) average of 77% and the national average of 76%. Their exception reporting rate of 9% was above the CCG average of 3% and similar to the national average of 8%.
- 87% of patients with diabetes had a blood pressure reading (measured in the preceding 12 months) within recognised limits. This was higher than the CCG average of 80% and the national average of 78%. Their exception reporting rate of 8% was comparable to the CCG average of 6% and the national average of 9%.
- Exception reporting is the removal of patients from QOF calculations where, for example, patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. The GPs gave us an example of when they had reviewed a new pregnant woman who was taking regular analgesia (painkiller) and referred them to a consultation in secondary care as well as referring them to the midwife.

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

Are services effective?

(for example, treatment is effective)

- The practice's uptake for cervical screening was 82%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. Each June the practice nurse identified and wrote to all eligible patients inviting them to book an appointment. Twenty-four out of 59 eligible patients had been vaccinated during 2017.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability.

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

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was lower than the CCG and national averages of 84%. Their exception rate of 13% was higher than the CCG average of 5% and the national average of 7%.
- 94% of patients with a diagnosed mental health disorder had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable with the CCG average of 91% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100% compared to the CCG average of 93% and the national average of 91%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 97% compared to the national average of 95%.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The practice supported by the Clinical Commissioning Group pharmacist, had carried out four audits during the previous two years. For example, a review of patients taking a particular type and dose of cholesterol lowering medicine had been carried out as current guidance recommended that an alternative medicine should be prescribed. Where possible, patients were prescribed the alternative medicine. The review was repeated and identified that patients continued to be prescribed the correct type of cholesterol lowering medicine.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results for 2016/17 showed the practice had achieved 100% of the total number of points available compared with the CCG average of 97% and national average of 96%. Their overall clinical exception reporting rate was 12% which was comparable with the CCG rate of 8% and national rates of 10%.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. One member of staff had developed their role to become the practice dementia champion.
- The practice did not a structured induction process for newly appointed members of staff. However, staff were offered ongoing training opportunities. This included appraisals, the opportunity to attend courses and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Are services effective?

(for example, treatment is effective)

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The clinical staff at the practice met every month with the community nurses, palliative care team and the community matron to discuss patients identified with palliative care needs and those identified as frail or vulnerable.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice's referral rate for patients with possible cancer was lower than the CCG and national average. Data from 2015/16 published by Public Health England showed that 35% of new cancer cases (among patients registered at the practice) were referred using the urgent two week wait referral pathway. The CCG average was 49% and the national average 50%.

- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that the number of patients who engaged with national screening programmes was higher than the local and national averages.
- 77% of eligible females aged 50-70 had attended screening to detect breast cancer in the last 36 months. This was above the CCG average of 72% and the England average of 73%.
- 62% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was above the CCG average of 52% and the England average of 58%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. Patients were signposted to local alcohol and substance misuse services.
- The health care assistant provided support for patients with weight management and smoking cessation programmes. During the previous 12 months, 24 patients had received support and 12 had been successful in stopping smoking.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.
- The practice used written consent forms when performing joint injections.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 49 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us they couldn't fault the service, and staff were caring and considerate.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and sixty nine surveys were sent out and 108 were returned. This represented about 2% of the practice population. The practice satisfaction scores on consultations with GPs were lower than the CCG and national averages. For example:

- 75% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 69% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 86%.

However the practice was similar to the CCG and national averages for its satisfaction scores on consultations with nurses. For example:

- 95% of patients said the nurse was good at listening to them compared with the CCG average and the national average of 91%.

- 91% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average and national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

The practice had reviewed and discussed the survey results at the practice meeting held in November 2017. The practice had developed an action plan to address the lower than average scores. A discussion had taken place with reception staff advising them of the service and support the management expected staff to provide to patients. The GPs had also identified that they needed to improve their performance and involve patients more in all aspects of the consultation. The practice had also added the Friends and Family Test to the electronic check in board in an attempt to increase feedback from patients.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Alerts were used on patient records to identify patients with a hearing difficulty or sight impairment. Where patients needed a specific form of communication or information could be shared with a third party, this was clearly recorded.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Are services caring?

The practice identified patients who were carers. Patients were asked to identify they were a carer or had a carer. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 119 patients as carers (2% of the practice list).

- Carers were offered an annual flu vaccination. Information about support organisations for carers was on display in the waiting room.
- Staff told us that the practice did not have set arrangements for contacting families following bereavement. One patient we spoke with shared their experience of how the practice treated them as a carer and following bereavement. They told us that their GP had requested a member of staff contacted them to see if they needed any support. They were offered an appointment with the GP and were referred to bereavement counselling.

Results from the national GP patient survey showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results for GPs were lower than the local and national averages. For example:

- 72% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.

- 64% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.

However, the results for nursing staff were above the CCG and national averages. For example:

- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests and advanced booking of appointments.
- The facilities and premises were appropriate for the services delivered. Services were provided on the ground and first floors and access the first floor was via a lift or the stairs.
- The practice made reasonable adjustments when patients found it hard to access services. For example, home visits were provided for housebound patients and telephone consultations for patients unable to access the practice within normal opening times.
- The practice provided a GP service to a local care home and visited on request.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The patient had installed a digital waiting room call system with voice announcement to meet the needs of patients with sight or hearing impairment.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- Same day appointments were available for all patients aged 75 years and over.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the community nurse team to discuss and manage the needs of patients with complex medical issues or required end of life care.
- The practice co-hosted community heart failure and diabetic clinics.
- The clinical staff met monthly with the community respiratory nurse to discuss the needs of specific patients.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- The practice co-hosted weekly antenatal clinics with the community midwives.
- The practice provided weekly childhood immunisation clinics.
- All parents or guardians calling with concerns about a child under the age of 15 were offered a same day appointment when necessary.
- Young adults had access to sexual health services including chlamydia screening and free condoms.

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

- The needs of this population group 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 opening hours three evenings a week, and practice nurse appointments from 7.30am every day.
- Telephone consultations with the GPs were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. One of the GPs had the lead role for learning disabilities and carried out the annual review home visits with the specialist learning disability nurse.
- The practice worked with the palliative care team and community nursing teams to support patients near the end of their life and those who were frail and / or housebound. These patients were offered same day appointments.
- The practice had developed a palliative care pathway to ensure patients received appropriate care. The practice used a traffic light system to identify the level of support the patient required.
- The practice promoted the independence of a visually impaired patient. They ensured the side gate was open when the patient had an appointment so they could enter the site safely. They had also arranged with the local authority to install a crossing on the road by the side gate. This patient was able to attend appointments independently with their guide dog.

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

- One member of staff had taken on the role of dementia champion. Patients diagnosed with dementia and/or their carer were given an information pack, with leaflets about the condition and support available. Information was also on display in the waiting room. This member of staff had invited patients and carers on the dementia register to an informal support meeting in June 2017 held at the practice and supported by representative from Age UK. This member of staff had also contacted the Alzheimer's Society and was arranging for an information stand in the waiting room.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice co-hosted weekly clinics with the community psychiatric nurse and the consultant psychiatrist visited the practice every six months.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. Two hundred and sixty nine surveys were sent out and 108 were returned. This represented about 2% of the practice population.

- 62% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average and the national average of 71%.
- 71% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 69% of patients said their last appointment was convenient compared with the CCG average of 78% and the national average of 81%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 64% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

The practice had reviewed these results and discussed the survey results at the practice meeting held in November 2017, and developed an action plan to address the areas where the results were less than average. Actions taken included:

- Promoting the use of on-line services. The CCG had set a target of 20% of patients registered for on line access by the end of March 2018. The practice had 12% of patients had registered for this service. The patient participation group was actively supporting the practice to increase the number of patients registered for on-line services.
- The practice had also added the Friends and Family Test to the electronic check in board in an attempt to increase feedback from patients.
- Increased the number of appointments available by opening all day on Thursdays.

Are services responsive to people's needs?

(for example, to feedback?)

Nine of the 49 completed comment cards mentioned that sometimes it was difficult to get an appointment. The next pre-bookable appointment with a GP was on 18 December 2017, with a nurse was on 15 December 2017 and with the healthcare assistant was on 11 December 2017. Patients spoken with told us they were able to get an appointment when they needed one.

Discussion with patients indicated that they were unaware of the extended hours offered by the practice three evenings a week, or that appointments with one of the practice nurses were available from 7.30am three days a week.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Five complaints were received in the last year. We reviewed all the complaints and found that they were satisfactorily handled in a timely way.
- We saw that the practice responded to comments left on the NHS Choices website by advising patients that the practice manager was always available to discuss any concerns or issues that they may have.
- We saw that complaints were discussed at practice meetings.

Are services well-led?

Good 

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

Our findings

We rated the practice, and all of the population groups, as good for providing well-led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The GPs were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The nursing staff and administration staff spoke highly of the support provided by the GPs.
- The practice was aware of proposed changes to the future leadership of the practice. Discussion had taken place about how to manage these changes although a succession plan had not been developed.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice mission statement was on display in the reception area.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw that patients received apologies where appropriate and a clear explanation about what

had occurred. The practice told patients what action had been taken as a consequence. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- There were processes for providing all staff with the development they need. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes for managing risks, issues and performance, although some of these required strengthening.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example; an environmental health and safety risk assessment had been completed to identify hazards and mitigate potential risks.
- The practice had processes to manage current performance. The practice reviewed the Quality and

Are services well-led?

Good 

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

Outcome Framework data each month, which enabled staff to invite patients for a review of their care and treatment. Practice leaders had oversight of incidents and complaints.

- The practice leaders did not have oversight of Medicines and Healthcare Products Regulatory Agency (MHRA) alerts, or alterations made to patient records in relation to medicines.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The patient participation group (PPG) had recently been re-introduced. We spoke with three members of the PPG. The members were keen to support the practice and be involved in improvement activity. The members had supported the practice to increase the number of patients registered for on line services and planned to repeat the exercise in the near future.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. Staff were encouraged and supported to develop their skills or take forward their ideas, for example the dementia support meeting.
- The practice had carried out a number of audits which demonstrated health improvement activity.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular</p> <ul style="list-style-type: none">• Proof of identity including a photograph, satisfactory information about any physical or mental health conditions which are relevant to the duties for which the person is employed and full immunisation status. <p>This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The practice did not have a system in place to demonstrate that alerts which may affect patient safety had been received, recorded and acted upon. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>