

Dr Raymond Sullivan

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Glebefields Surgery on 16 November 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough to identify trends and share learning.
- Systems and processes were not robust to keep patients safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment and arrangements were not in place to review patients on high risk medicines.
- Patient outcomes were hard to identify as audits did not demonstrate quality improvement.
- The national GP patient survey results were published in July 2016. The results showed the practice was performing above national averages. 282 survey forms were distributed and 120 were returned. This represented 2.8% of the practice's patient list.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about the services provided and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a leadership structure, however, there was insufficient leadership capacity and formal governance arrangements to monitor the quality of the service.

Summary of findings

- The practice had a number of policies and procedures to govern activity, but some had not been reviewed to ensure they were up to date.

The areas where the provider must make improvements are:

- Have effective systems in place to investigate all incidents including significant events, share the lessons learned with all staff and monitor any emerging trends which require service improvement.
- Ensure recruitment procedures are robust and include all necessary pre-employment checks for staff including DBS checks.
- Carry out completed clinical audits to demonstrate improvement to patient outcomes.
- Put a system in place to demonstrate that following receipt of a safety or medicine alert appropriate action was taken.

- Review governance arrangements to ensure oversight of performance and make quality improvements as appropriate. Review and update procedures and guidance such as the infection control procedure.

In addition the provider should:

- Ensure all staff have the necessary IT skills to use the practice computer system effectively.
- Ensure consent forms clearly document the risks and benefits to patients for specific care and treatment.
- Have formal arrangements in place for the patient participation group (PPG) to contribute to the development of the practice to improve patients experience of the service.
- Update the practice website which promoted an open patient list meaning that new patients could register with the practice. However due to the increasing demand for the service, the only new patients currently being registered were partners or children of those already registered.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough. Staff meetings minuted the need for better communication across the practice. For example, safety alerts were discussed without specific reference to action taken and minutes indicated significant events were not discussed.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example some of the staff files seen did not contain photographic identification and one clinician had no check from the Disclosure and Barring Service (DBS) when recruited.
- The practice did not demonstrate that patient safety alerts were actioned upon receipt, for example we looked at an alert for patients prescribed a particular combination of medicines and no search was patient records was evident. Since the inspection the provider has sent documentation which confirmed that although a patient search had not been instigated, appropriate monitoring of these patients had taken place.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average. For example, 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared with the national average of 84%. The exception reporting for the practice was 23% (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) which was higher than the CCG average of 8% and the national average of 8%.
- In general staff assessed needs and delivered care in line with current evidence based guidance. However guidelines were not followed for the prescribing of high risk medicines.

Requires improvement



Summary of findings

- The clinical audits seen during the inspection were one cycle audits so did not demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of self-appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. 96% of respondents stated that the last time they saw or spoke to a GP; the GP was good or very good at treating them with care and concern. This compared to a CCG average of 80% and a national average of 85%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, providing flexible appointments across the lunch period to ensure all patients were seen by a GP.
- 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. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity but some of these required updating. The governance arrangements in place to assess and monitor the quality of services provided was not robust. The practice did not hold regular governance meetings and issues were discussed on an ad hoc basis.
- Arrangements to monitor and improve quality and identify risk were insufficient to ensure learning and ongoing improvements.
- The provider was aware of and complied with the requirements of the duty of candour. The lead GP encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents , however this information was not always shared across the staff team to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients. However, the patient participation group (PPG) met rarely and were not actively involved in practice developments. There were plans to start a virtual (online) group.
- There was no practice specific policy or system for the management of high risk medication.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All vulnerable patients were discussed at multidisciplinary team meetings at which social workers, palliative care nurses, community matrons and district nurses were in attendance.
- The practice offered flu, pneumonia and shingles vaccination programmes..
- Where the patient was at risk of emergency admission to hospital a care plan was created for them as part of the Alternative to Unplanned Admission enhanced service..
- Older patients were able to order repeat prescriptions over the phone and patients were informed about the prescription delivery service available from their community pharmacy.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes indicators was better than the national average. For example, 100% of patients had had flu immunisations in the preceding August to March 2015.(National average 94%) The exception reporting for the practice was 14% (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) which was lower than the CCG average of 19% and the national average of 18%.

Requires improvement



Summary of findings

- The practice achieved 95% of available points for patients with diabetes who had a foot examination. (national average 88%)
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and most had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- All patients at a local nursing home were registered at the practice and staff felt they were well supported by the practice team with regular visits.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had achieved childhood immunisation rates for the vaccinations given to under two year olds ranging from 92% to 97% (national average 51-94%) and five year olds from 96% to 100% (national average 55-95%)
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children were given same day appointments.
- We saw positive examples of joint working with midwives, health visitors and school nurses. For example, a health visitor attended the monthly multidisciplinary meetings on a regular basis.
- 91% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years, This compared to a CCG average of 80% and national average of 81%.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services to book appointments and request prescriptions as well as a full range of health promotion and screening that reflected the needs for this age group.

Appointments were available from 8am until 6pm each day to enable patients who worked to attend.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Where English was not the patient's first language an interpreter was booked for the appointment.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The practice achieved good scores for mental health related indicators.
- For example, 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared with the national average of 84%. The exception reporting for the practice was 23%. (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) which was higher than the CCG average of 8% and the national average of 8%.
- 97% of patients with schizophrenia, bipolar disease and other psychoses had a comprehensive agreed care plan documented in the preceding 12 months. (National average 88%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above national averages. 282 survey forms were distributed and 120 were returned. This represented 2.8% of the practice's patient list.

- 100% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 50 comment cards which were all positive about the standard of care received. Patients described staff as helpful, caring, polite, friendly and as good listeners. They felt they were given dignity and respect and the surgery was clean. Overall the service was described as very good or excellent.

We spoke with 4 patients during the inspection. All 4 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients had completed the Friends and Family Test, with 97% indicating they would be highly likely or likely to recommend the practice to others.

Areas for improvement

Action the service **MUST** take to improve

- Have effective systems in place to investigate all incidents including significant events, share the lessons learned with all staff and monitor any emerging trends which require service improvement.
- Follow good practice guidelines for the monitoring and review of high risk medication.
- Ensure recruitment procedures are robust and include all necessary pre-employment checks for staff including DBS checks.
- Carry out completed clinical audits to demonstrate improvement to patient outcomes.
- Put a system in place to demonstrate that following receipt of a safety or medicine alert appropriate action was taken.

- Review governance arrangements to ensure oversight of performance and make quality improvements as appropriate. Review and update procedures and guidance such as the infection control procedure.

Action the service **SHOULD** take to improve

- Ensure all staff have the necessary IT skills to use the practice computer system effectively.
- Ensure consent forms clearly document the risks and benefits to patients for specific care and treatment.
- Have formal arrangements in place for the patient participation group (PPG) to contribute to the development of the practice to improve patients experience of the service.
- Update the practice website which promoted an open patient list meaning that new patients could register with the practice. However due to the increasing demand for the service, the only new patients currently being registered were partners or children of those already registered.

Dr Raymond Sullivan

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 nurse specialist adviser.

Background to Dr Raymond Sullivan

Dr Raymond Sullivan is registered manager and provider at Glebefields Surgery which is located in a residential part of Tipton, West Midlands within a large modern health centre. It is a purpose built health centre owned by NHS Property Services with consulting rooms on two floors. The surgery is located on the upper floor with access to lifts. There is easy access to the building and disabled facilities are provided. There is good car parking on site for patients.

The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract.

The practice forms part of NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG).

There are three GPs working at the practice, a principal GP, a salaried and one long term locum. Two of the GPs are male and one is female. There are two female nurses and one female health care assistant. (HCA). The two nurses are part time and the health care assistant full time. There is a full time practice manager, a full time personal assistant and a team of administrative staff.

The practice opening times are 8am until 6.30pm Mondays to Fridays. Appointments are available between 8.00am to 6pm on Mondays to Fridays.

Patients requiring a GP outside of normal working hours are advised to call the 111 service who will contact the out of hours provider Primecare. There are 4,249 registered patients on the practice list. The majority of patients are of white British ethnicity with 27% of patients aged over 51 years and 23% aged under 16 years. There are a number of patients who do not speak English as a first language including patients from Poland and Lithuania. Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten, with level one representing the highest level of deprivation.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16th November 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, practice nurses, practice manager and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

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 practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and a written apology.
- The practice sent an incident log to the CCG which included action immediately taken. However, there was no evidence of a thorough analysis of the nine significant events we reviewed for October 2015 to October 2016, there was no learning shared with staff or review to identify trends which might require quality improvement.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We were told that following alerts action was taken to improve safety in the practice. For example, staff told us safety alerts were printed off by the Practice manager and all staff signed to indicate they had read them. The practice did not demonstrate that patient safety alerts were actioned upon receipt, for example we looked at an alert for patients prescribed a particular combination of medicines and no search was patient records was evident. Since the inspection the provider has sent documentation which confirmed that although a patient search had not been instigated, appropriate monitoring of these patients had taken place.

Overview of safety systems and processes

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

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

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses to level 2.

- Signs in the consulting rooms advised patients that chaperones were available on request. All reception staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However one HCA had not had a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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 protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice did not have an effective policy in place for the management of high risk medicines and repeat prescriptions. During the inspection they did not demonstrate that appropriate monitoring had taken place prior to a repeat prescription being issued. We did not see evidence to demonstrate that appropriate monitoring had taken place for 20 patients receiving a prescription for ACE/ARB. We asked the practice to provide us with further evidence of safe care and treatment in relation to monitoring of medicines. Following the inspection we received this information together with assurance of a revised system of monitoring.
- The practice had the highest rate of prescribing controlled drugs within the CCG by a large margin. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, however this

Are services safe?

did not always ensure prescribing followed the CCG prescribing policy or was in line with best practice guidelines for safe prescribing. The provider told us they prescribed according to the needs of the patient.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification was not on file for two staff. Also one nurse recruited in November 2014 had no Disclosure and Barring Service check completed on commencement of employment with the practice and the one used was from previous employer which was not transferable. The practice had not undertaken a risk assessment on this. We did see evidence of references, qualifications and registration with the appropriate professional body.

Monitoring risks to patients

There were examples of risks to patients that were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and 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 enough staff were on duty.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice assessed needs and delivered care in line with some relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However guidelines with regard to repeat prescribing were not being followed.
- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used some of this information to deliver care and treatment that met patients' needs. For example, one of the GPs told us they did not always agree with the guidelines regarding use of hypnotics and antibiotics and prescribed according to the patients need. However the practice did not consistently monitor 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 showed the practice had achieved 94.7% of the total number of points available, similar to CCG and national averages.

Clinical exception reporting was low at 4.6% in comparison with the CCG average at 8.8% and the national average of 9.2% (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 better than the national average. For example 100% of patients had had flu immunisations in the preceding August to March 2015 (national average 94%) The exception reporting for the practice was 14% (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) which was lower than the CCG average of 19% and the national average of 18%.

- The practice achieved 95% of available points for patients with diabetes who had a foot examination (national average 88%) .
- Performance for mental health related indicators was also better than the national average. For example 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84% .The exception reporting for the practice was 23% (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) which was higher than the CCG average of 8% and the national average of 8%.
- 97% of patients with schizophrenia, bipolar disease and other psychoses had a comprehensive agreed care plan documented in the preceding 12 months (national average 88%).
- 89% of patients with asthma had an asthma review in the preceding 12 months including an assessment of asthma control using the 3 RCP questions. This compared well with the national average of 75%.

There was no evidence of quality monitoring following clinical audit.

- There had been 2 clinical audits completed in the last two years, both of these were one cycle audits where evidence of improvements to patient outcomes could not be demonstrated. One audit was in relation to children under 5 years presenting with fever, the other an audit of potential bleeding risks of long term blood thinning medicines. Whilst action was agreed following both audits there had not been a reaudit to review the outcomes.
- The practice also participated in peer reviews for example within the Local Medical Committee of which the principal GP was the chairperson.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- We saw a member of clinical staff was not confident in their IT skills which limited their ability to use the practice computer system.
- 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 had attended updates in asthma and chronic obstructive pulmonary disease. The lead nurse in infection control had gained a certificate in infection prevention and control and had access to the CCG respiratory nurse lead for updates and advice.

Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- A number of policies in use by practice staff had not been reviewed recently. For example the infection control policy had not been reviewed since 2012 and the pill check protocol for nursing staff was dated 2010 and had not been updated.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 recorded on a generic form which was used to obtain written consent for all relevant care and treatment. This did not include information about the specific procedure and the potential side effects.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

- The health care assistant provided a weight management service to patients and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 91%, which was comparable to the CCG average of 80% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and formats for those with a learning disability and ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 66% of females aged 50-70 were screened for breast cancer within the preceding

36 months. (CCG average 67%, national average 72%). 55% of people aged 60-69 were screened for bowel cancer in the preceding 30 months. (CCG average 46%, national average 58%)

Childhood immunisation rates for the vaccinations given were high in comparison with national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 97% (national average 51-94%) and five year olds from 96% to 100% (national average 55-95%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 50 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 four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (GPS) showed patients felt they were treated with compassion, dignity and respect. The practice was similar to or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised in particular for patients with long term conditions.

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 higher than local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 170 patients as

carers (4% of the practice list). There was a Carers Corner in the waiting room providing information to carers about local support services. Carers were offered flu immunisation and annual health checks.

Staff told us that if families had suffered bereavement, their GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered appointments from 8am each day and was open at lunchtime Mondays to Fridays for working patients who could not attend during normal opening hours.
- Patients received mobile text alerts to remind them to attend appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The building had a lift to the first floor to ensure full access for all patients..
- The practice held joint baby and maternal post-natal checks at six weeks after the birth of the baby.
- There was a bi-monthly diabetes clinic held at the practice by a diabetic specialist nurse which enabled people to have a review and access treatment locally.
- The practice patient list included all of the residents within a local nursing home for people with complex neurological needs. Visits were made to the home twice a week at a minimum by the GPs and nursing home staff were provided with advice and support.
- The community psychiatric nurse service ran clinics at the practice so that patients could be reviewed and receive their medicines closer to home.
- Reasonable adjustments were made and action was taken to reduce barriers for patients to access the service. For example, the GPs worked across the lunch hour to ensure all patients who required to do so saw a doctor that day.

- Complaints had been received by the CCG from patients who wished to register at the practice and had seen the website which promoted an open patient list. In practise, due to the increasing demand for the service, the only new patients currently being registered were partners or children of those already registered. The principal GP told us that the patient list will be open periodically when and if any patient moves out of the area and for the rest of the time the surgery does not accept new patients for registration.

Access to the service

The practice was opened between 8am -6.30pm Mondays to Fridays. Appointments were from 8am-6pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 100% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Practice staff had reviewed the national GP survey results and identified an area for improvement was that 49% of patients usually waited 15 minutes or less after their appointment time to be seen. The action agreed had been to monitor appointment slots with a view to ensuring that patients were seen as close to their appointment time as possible. GPs agreed to try to keep each consultation to the 10 minute allocation and reception staff managed those patients who arrived very early for appointments and expected to be seen immediately

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system in the patient information leaflet and by request from reception staff.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and demonstrated openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints however, we saw no evidence of analysis of trends or action taken as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- We saw no evidence of a strategy or business plan for the practice.

Governance arrangements

The practice had an informal governance framework which supported the delivery of the service and outlined the structures and procedures in place. However :

- Systems and processes were not robust to keep patients safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment and effective arrangements were not in place to monitor and review patients on high risk medicines. There was no designated system to ensure action following the receipt of safety alerts had taken place.
- Staff were clear about reporting incidents, near misses and concerns however, there was no evidence of learning and communication with staff, this included the learning from complaints.
- Patient outcomes were hard to identify as audits did not demonstrate quality improvement.
- The practice had a leadership structure, however the practice did not demonstrate that effective governance arrangements to monitor the quality of the service were in place.
- The practice had a number of policies and procedures to govern activity, but some had not been reviewed to ensure they were up to date to reflect best practice.

Leadership and culture

On the day of inspection the lead GP told us they prioritised safe, high quality and compassionate care. Staff told us the GPs were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The GP's encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings and there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in team discussions about how to run the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG last met in June 2016 when it had an introductory discussion about its role and improvements they would like to see across the NHS. The group had not met since and as yet had not made any suggestions for quality improvement.
- The General Practice survey results of July 2016 had been analysed and action taking to reduce waiting times at the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Requires improvement



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

Continuous improvement

There was a focus on continuous learning and improvement:

- Through multidisciplinary meetings and regular staff meetings.
- GPs attended CCG performance groups, primary care community groups and member's locality meetings. The GPs contributed strategically through the Local Medical Council and through the Strategic Transformation Programme meeting which planned the future shape and direction of primary care within the local area.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>This was in breach of regulation 12(1) (2) (a) (b) (c) 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>Providers did not assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Significant events and complaints were not discussed with the team and systems were not in place to identify trends.</p> <p>Patient outcomes were hard to identify as audits did not demonstrate quality improvement</p>

This section is primarily information for the provider

Requirement notices

Formal governance arrangements were not in place to monitor the quality of the service

Not all policies and procedures to govern activity had been reviewed to ensure they were up to date

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

Appropriate employment checks were not carried out prior to staff commencing work.

This was in breach of regulation 19(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014