

Bilton Medical Centre

Quality Report

Bilton Medical Centre
120 City Road
Bradford
West Yorkshire
BD8 8JT

Tel: 01274 782080

Website: www.biltonmedicalcentre.co.uk

Date of inspection visit: 10 May 2016

Date of publication: 21/06/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Bilton Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bilton Medical Centre on 10 May 2016. Overall the practice is rated as good.

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.
- Patients said they were involved in decisions about their care and treatment and they had high levels of confidence in the GPs at the practice, when compared to Clinical Commissioning Group (CCG) and national averages.
- Risks to patients were assessed and well managed, with the exception of those relating to the storage of vaccines.
- The practice engaged with the local community and had been involved in local project fundraising events and a coffee morning for isolated people was scheduled for later in the month.
- Some staff who had worked at the practice for a number of years were acting as chaperones without a Disclosure and Barring Service check (DBS). (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).
- The majority of patients said they were treated with compassion, dignity and respect.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- Patients could attend the surgery at any time to check their own blood pressure with a machine which had been purchased by the practice and was situated in reception.
- GP sessions were not consistently held on Monday, Tuesday or Wednesday afternoons. The GP was on call for emergencies only.

Summary of findings

- The practice does not offer an early or extended hours clinic.
- We were told of examples of reception staff asking clinical questions when patients rang for appointments, patients would then be directed to the Pharmacy First Scheme if the receptionist thought this was appropriate. This non-clinical intervention could potentially put patients at risk.

The areas where the provider must make improvements are:

- The practice must ensure that all vaccines are stored and managed properly so that immunisations are carried out safely and efficiently in line with Public Health England guidance.
- The practice must review the process of redirecting patients to the Pharmacy First scheme and ensure that this is safe and clinically led.

In addition the provider should:

- Where the non-therapeutic circumcision of male children is performed, (for religious or cultural reasons) the practitioner should give consideration to British Medical Association good practice guidelines which state that “usually and where applicable both parents must give consent for non-therapeutic circumcision”.
- The practice should ensure that all staff who act as chaperones for patients have undergone a Disclosure and Barring Service check (DBS).
- Review the availability of pre-bookable appointments.
- The practice should continue to review the results of patient satisfaction surveys and ensure that it can meet the needs of the patient population in the future and improve access.
- The practice should review the number of available GP appointments and ensure that this meets patient needs.

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.

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again. For example, we saw evidence that the practice liaised with hospital services and patients when the wrong medication had been prescribed by a consultant.
- Although risks to patients who used services were assessed, the systems and processes to address these risks in relation to vaccine storage were not implemented well enough to ensure patients were kept safe. We found that vaccines had not been stored at the correct temperatures, and that for a number of months staff had failed to take action when the temperature reading was too high. This compromised the quality, efficiency and safety of the vaccine programme within the practice.
- We found that some staff who acted as chaperones for patients did so without a Disclosure and Barring Service check (DBS).
- We were told of examples of reception staff asking clinical questions when patients rang for appointments, patients would then be directed to the Pharmacy First Scheme if the receptionist thought this was appropriate. In effect this means that untrained and unqualified staff are assessing patients and making referrals. This may pose significant risks to patients. (The Pharmacy First Scheme enables patients to receive prescription medications, to treat a range of common conditions, direct from the pharmacist without a GP prescription).

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed that overall patient outcomes were average when compared to CCG and national averages.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of 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 lower than others for some aspects of care. For example the percentage of respondents who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern was 75% compared to the CCG average of 79% and the national average of 91%.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, staff undertook a number of home visits to encourage a patient to engage with their treatment needs.
- The practice engaged with the local community and had been involved in local project fundraising events and a coffee morning for isolated people was scheduled for later in the month.
- Patients said they were involved in decisions about their care and treatment and they had high levels of confidence in the GPs at the practice, when compared to Clinical Commissioning Group (CCG) and national averages.
- Information for patients about the services available was easy to understand and accessible. Staff were able to communicate with patients in several languages.
- 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

Summary of findings

Commissioning Group (CCG) to secure improvements to services where these were identified. The practice participated in CCG initiatives such as the Bradford Beating Diabetes scheme and the Pharmacy First scheme.

- GP sessions were not consistently held on Monday, Tuesday or Wednesday afternoons. Patients could see a health care assistant or advanced nurse practitioner at this time. The GP was on call for emergencies only.
- Feedback from patients reported that access to a named GP and therefore continuity of care was not always available. Appointments were available the same day, but only a small number of identified patients were able to pre-book appointments.
- The practice did not offer an early or extended hours clinic.
- The majority of patients said they were treated with dignity and respect.
- 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.
- Patients could attend the surgery at any time to check their own blood pressure with a machine which had been purchased by the practice and was situated in reception.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. We found a small number of policies were due to be reviewed.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and this information was shared with staff to ensure appropriate action was taken.
- Staff had received inductions and regular performance reviews. They also attended staff meetings.
- The practice was part of a GP hub within the CCG and liaised closely with other GPs in the area. GPs could keep up to date with news and developments and discuss complex cases.
- The practice sought feedback from staff and patients, which it acted on. They had recently introduced an over 50's coffee morning and a minor ailments session following patient feedback.
- The practice had established a small patient participation group. The practice communicated with the group through email on a twice monthly basis.

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 good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. We were told home visits were prioritised for vulnerable groups.
- Patients aged over 75 had a named GP and were offered health checks. The practice told us it was developing care plans for all patients over 75.
- Vulnerable patients had access to the practice bypass telephone number. These patients were able to call the surgery on a different number which was less busy than the general practice number

People with long term conditions

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

Good



- The GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Outcomes for patients with diabetes were slightly lower than CCG and national averages. For example, the number of patients on the diabetes register with a record of a foot examination was 84% compared to the CCG average of 86% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for

Summary of findings

example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.

- 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 was able to respond to the local demand for the non-therapeutic circumcision of male children. We were told that the consent of both parents was not always sought before the procedure of circumcision was undertaken. British Medical Association (BMA) good practice guidelines state that “usually and where applicable both parents must give consent for non-therapeutic circumcision”. We saw a consent form, information about the procedure, aftercare guidelines, a patient feedback form and an audit. We saw some equipment used during this procedure was worn and required replacing.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw evidence of positive examples of joint working with midwives and health visitors.
- Patients could attend the surgery at any time to check their own blood pressure with a machine which was newly purchased by the practice and available in reception.

Working age people (including those recently retired and students)

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

- The practice did not offer early or extended hours clinics.
- The practice was proactive in offering an online repeat prescription service as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered only a very small number of pre-bookable appointments to identified patients.
- Patients could consent to text message reminders being sent to their mobile phones.
- Patients were able to leave a message for the clinician on-call if they were busy.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including refugees and those with a learning disability.
- The practice offered longer appointments, home visits and health checks for patients with a learning disability.
- The practice had links to several voluntary sector groups and organisations. For example, the practice had secured community funding to work with an award winning charity that operated locally to promote healthy living. The practice had referred patients who were at risk of isolation and were vulnerable. The charity had also been invited to promote their services at the practice.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had high numbers of patients attending the accident and emergency department at the local hospital. These patients would be followed up by the practice who were trying to educate patients regarding when it was appropriate to use other services.
- 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.
- Patients at high risk of hospital admissions were contacted weekly by a member of staff and offered a well-being check.

People experiencing poor mental health (including people with dementia)

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

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG and national average of 84%.
- The percentage of patients with a mental health issue who had a comprehensive, agreed care plan in their record in the last 12 months was 92%. This was better than the CCG average of 90% and the national average of 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 had signed up to the Dementia First enhanced service scheme. This enhanced service (ES) is designed to

Good



Summary of findings

reward GP practices for taking a proactive approach to the timely assessment of patients who may be at risk of dementia and for improvements in services for patients diagnosed with dementia and for their carers.

- An in-house memory clinic service was available to relevant patients and those patients with mental health issues were offered physical health checks.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice regularly referred to a local voluntary support group which was able to support patients with cultural beliefs around mental illness and offer support.
- The practice had a system in place to follow up patients who had attended accident and emergency due to them experiencing poor mental health.
- We saw evidence that some staff had undergone dementia training

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice's ratings were slightly below that of local and national averages. Survey forms were distributed to 410 patients and 43 were returned. This represented 1% of the practice's patient list.

- 64% of patients found it easy to get through to this practice by phone compared to the CCG average of 54% and the national average of 73%.
- 48% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 59% and the national average of 76%.
- 69% of patients described the overall experience of this GP practice as good compared to the CCG average of 72% and the national average of 85%.
- Only 55% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to CCG average of 63% and the national average of 79%.

The practice was aware that their performance was below that of other practices and were trying to engage with the patient participation group to explore ways of improving their services to patients.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 patient comment cards which were all positive about the standard of care received and staff were described as helpful. Five patients also said that they had difficulty contacting the surgery by telephone and two patients said they would like to be made aware if the clinician is running late.

We spoke with three patients during the inspection. Two patients said that they were not always treated with dignity, compassion and respect and all the patients we spoke to said it was sometimes difficult to get through to the surgery by telephone. One patient described an incident where a small child was taken to A&E because an appointment had not been available.

The Friends and Family test is a survey which asks patients if they would recommend NHS services to other people based on the quality of the care they have received. A recent survey carried out at the practice found only 48% of patients said that they would recommend the service to their friends and family.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- The practice must ensure that all vaccines are stored and managed properly so that immunisations are carried out safely and efficiently in line with Public Health England guidance.
- The practice must review the process of redirecting patients to the Pharmacy First scheme and ensure that this is safe and clinically led.

Action the service **SHOULD** take to improve

In addition the provider should:

- Where the non-therapeutic circumcision of male children is performed, (for religious or cultural reasons)

the practitioner should give consideration to British Medical Association good practice guidelines which state that "usually and where applicable both parents must give consent for non-therapeutic circumcision".

- The practice should ensure that all staff who act as chaperones for patients have undergone a Disclosure and Barring Service check (DBS).
- Review the availability of pre-bookable appointments.
- The practice should continue to review the results of patient satisfaction surveys and ensure that it can meet the needs of the patient population in the future and improve access.
- The practice should review the number of available GP appointments and ensure that this meets patient needs.

Bilton Medical 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 second CQC inspector, a GP specialist adviser and a practice nurse specialist adviser.

Background to Bilton Medical Centre

Bilton Medical Centre provides services for 5,218 patients. The surgery is situated within the Bradford City Clinical Commissioning group and is registered with Care Quality Commission (CQC) to provide primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

Bilton Medical Centre is registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services and surgical procedures. They offer a range of enhanced services such as childhood immunisations, facilitating timely diagnosis and support for people with dementia and improving patient access on line. The practice also offers the circumcision of male patients.

There is a higher than average number of patients under the age of 39, in common with the characteristics of the Bradford City area. There are fewer patients aged over 40 than the national average. The National General Practice Profile states that 66% of the practice population is from an Asian background with a further 9% of the population originating from black, mixed or non-white ethnic groups.

There are two GP partners at the practice who work full time, both GPs are male. One GP offers up to three clinical sessions per week. The practice also has a practice nurse who works part time and a full time advanced nurse practitioner both of whom are female. There are four health care staff who also work full time. Regular locum GPs are used to cover additional clinics.

The practice also engages the services of a pharmacist.

The clinical team is supported by a practice manager and a team of administrative staff. The characteristics of the staff team are reflective of the population it serves and are able to converse in several languages including those widely used by the patients, Urdu, Punjabi and English.

The practice catchment area is classed as being within one of the most deprived areas in England. People living in more deprived areas tend to have a greater need for health services.

Bilton Medical Centre is situated within two purpose built buildings on the same site with car parking available. It has disabled access and facilities and a hearing loop.

The reception and surgery is open from 8.30am to 6.30pm Monday to Friday. The practice is not contracted for extended hours.

When the surgery is closed patients can access the Pharmacy First minor ailments scheme or the Local care direct walk in centre at Hillside Bridge Health centre. Patients are also advised of the NHS 111 service for non-urgent medical advice.

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including National Health Service England and the Bradford City Clinical Commissioning Group to share what they knew. We carried out an announced visit on 10 May 2016. During our visit we:

- Spoke with a range of staff including both GPs, the advanced nurse practitioner, a health care assistant and administrative staff.
- Spoke with three patients who used the service.
- Observed how patients were being cared for and treated in the reception area.
- Reviewed templates and information the practice used to deliver patient care and treatment plans.
- Reviewed comment cards where patients 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 an effective 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, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw evidence that the practice liaised with hospital services and patients when the wrong medication had been prescribed by a consultant.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place that would assure that risks were minimised as much as possible in order to keep patients safe and safeguarded from abuse at all times.

- 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 outlined who to contact for further guidance if staff had concerns about a patient's welfare but we asked that telephone contact numbers be added to the policy. There was a lead member of staff for safeguarding. We saw evidence that the GPs held safeguarding meetings at the practice and had worked with 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 safeguarding level three. This training was due to be updated and the GPs regularly attended training provided by the CCG.

- A notice in the waiting room and in clinic rooms advised patients that chaperones were available if required. However, we found that some staff who acted as chaperones for patients did so without having had a Disclosure and Barring Service check (DBS). (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). The practice told us that they would stop using staff who did not have a DBS check as chaperones.
- Although risks to patients who used services were assessed, the systems and processes to address these risks in relation to vaccine storage were not implemented well enough to ensure patients were kept safe. We found that vaccines had not been stored at the correct temperature for a number of months and that staff had failed to take action when the temperature reading was too high. This compromised the quality, efficiency and safety of the vaccine programme within the practice and put patients at risk. The practice took action to seek advice on the day of our visit.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result for example a new sink had been installed. However, we saw some equipment used during the procedure of circumcision was worn and required replacing.
- The practice was able to respond to the local demand for the non-therapeutic circumcision of male children. We saw that the consent of both parents was not always sought before the procedure of circumcision was undertaken. We saw a consent form, information about the procedure, aftercare guidelines, a patient feedback

Are services safe?

form and an audit. British Medical Association good practice guidelines state that “usually and where applicable both parents must give consent for non-therapeutic circumcision”.

- The arrangements for managing medicines, with the exception of vaccines but including emergency medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice nurse and the advanced nurse practitioner had both qualified as Independent Prescribers and could, therefore, prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. 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 and had a good understanding of these.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Most risks to patients 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 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.
- We were told of examples where reception staff asked clinical questions when patients rang for appointments, patients would then be directed to the Pharmacy First Scheme if the receptionist thought this was appropriate. Reception staff were effectively assessing patients and making a clinical decision. This is not safe practice. One example we were given was where a mother with a small baby with a raised temperature was not seen by a clinician but was referred by the receptionist to the Pharmacy First scheme.

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 in both buildings.
- The practice had a defibrillator available on the premises and oxygen with an adult mask. On the day of our inspection the child oxygen mask was missing, we were told this had been recently used and it was replaced during our visit.
- 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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw evidence that these were discussed in staff meetings although the process for disseminating these to the team was unclear.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 88% of the total number of points available. Exception reporting was comparable to other practices at 8% and the same as the CCG. (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).

Data from 2014/2015 showed:

- Performance for diabetes related indicators were generally slightly lower when compared to the CCG and national average. For example 90% of patients with diabetes had a flu immunisation compared to the CCG average of 95% and the national average of 94%.
- Performance for mental health related indicators was similar to CCG and national averages, 90% of patients had their alcohol consumption recorded in the last 12 months which was the same as the national average, the CCG average was 95%.

This practice was an outlier for QOF clinical targets relating to cervical screening. The practice had undertaken an audit of women eligible for screening and found that a number of these women were in low risk categories and unlikely to attend. The practice also contacted patients to remind

them of their appointment but still experienced a high rate of patients who did not attend. Only 62% of women at the practice had attended for screening compared with the CCG average of 77% and the national average of 82%.

There was evidence of quality improvement including clinical audit.

- We saw evidence of two clinical audits which had been completed in the last two years; these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of the audits was a medication which had been found to increase patient risk of health complications was reviewed and stopped by the practice and alternatives prescribed where necessary.

Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. Nursing staff had also undertaken training in areas such as end of life care and learning disability awareness.
- 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. Nursing staff told us that they attended practice nurse meetings held by the CCG.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings. 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 their 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 and voluntary organisations.

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. We saw that meetings took place with other health care professionals on a bi-monthly basis when care plans were routinely reviewed and updated for patients with complex needs. These included safeguarding meetings and palliative care Gold Standard meetings.

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. However the consent of both parents was not sought in relation to the non-therapeutic circumcision of male children.
- 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.

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 identified and would be seen by relevant clinicians at the practice. Patients were signposted to the relevant service. The practice had arranged an eight week intensive weight loss support programme offered to women with a body mass index of over 30.
- The staff team worked closely with the voluntary sector to refer patients to services offering support to carers and to those with mental health issues.
- A benefits advisor was available on the premises for one session per week to advice patients.
- The practice's uptake for the cervical screening programme was 62%, which was low when compared to the CCG average of 77% and the national average of 82%. The practice experienced a high rate of patients who did not attend for screening despite reminders and telephone calls to ask patients if they had remembered their appointment. The practice demonstrated how they encouraged the uptake of the screening programme by using information in different languages and always ensured a female sample taker was available. The practice also had low rates of patients attending for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 99% and five year olds from 93% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 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. This room could also be used by mothers who wished to breastfeed.
- There was a prayer room available for staff to use.

All of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful and caring.

The practice has a virtual patient participation group (PPG) that they keep in touch with via email. The practice manager holds a drop-in session each week to respond to patients' concerns, complaints and compliments.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, this was not the case for two patients we spoke with on the day, who said they were not always treated with dignity and respect. The practice was above average CCG averages for its satisfaction scores on consultations with GPs and slightly below average for consultations with nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 77% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw which is above the CCG average of 92% and the national average of 95%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 73% and the national average of 85%.
- 75% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 91%.
- 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 75% 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.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 76% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 68% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.

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

- Staff told us that interpretation/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. We also saw notices asking patients to bring a friend or relative

Are services caring?

to appointments to interpret for them, the practice said they would review this as where there are safeguarding concerns, patient views may not be represented truthfully.

- We saw that some patient Information leaflets were available in different languages.

Patient and carer support to cope emotionally with care and treatment

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

The practice was in the process of adding information to the computer system so that it would alert GPs if a patient was also a carer. The practice had identified 57 patients as carers which is 1% of the patient list.

Posters in the waiting area and written information were available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP would contact them or would conduct a visit. Patients were also given 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.

- We were told by nursing staff that all appointments offered with them were for ten minutes.
- 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. The practice said this would be risk assessed and patients visited as required.
- Same day appointments were available for patients.
- The practice did not offer an extended hours clinic.
- GP sessions were not consistently held on Monday, Tuesday or Wednesday afternoons. Patients could see a health care assistant or advanced nurse practitioner at this time. The GP was on call for emergencies only.
- Feedback from patients reported that access to a named GP and continuity of care was not always available, although appointments were available the same day only a small number of patients, for example those who were working, were able to pre-book appointments.
- The practice had implemented a "by pass" telephone number for an identified number of vulnerable patients. These patients were able to call the surgery on a different number which was less busy than the general practice number.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and interpreting services were available over the telephone.
- Refugees and students on leave from university were able to register with the practice as temporary patients.

Access to the service

The reception and surgery was open from 8.30am to 6.30pm Monday to Friday. The practice is not contracted for extended hours.

Appointments were made on the day for most patients.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 54% and the national average of 78%.
- 64% of patients said they could get through easily to the practice by phone compared to the CCG average of 54% and the national average of 73%.

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

The Friends and Family test is a survey which asks patients if they would recommend NHS services to other people based on the quality of the care they have received. A recent survey carried out at the practice found only 48% of patients said that they would recommend the service to their friends and family.

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.

The practice told us they would assess each case individually.

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 and the practice manager held a drop-in session once per week where patients could discuss any issues, concerns or compliments they had. These sessions were documented. The practice manager also encouraged patients during these sessions to join their patient participation group.

Are services responsive to people's needs? (for example, to feedback?)

We looked at several complaints received in the last 12 months and found these were satisfactorily and sensitively reviewed in a timely way. The practice was open and honest with patients and they received a verbal and written apology where necessary. Lessons were learnt from

individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, additional staff training was undertaken when concerns were raised.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. A minimal number of these required updating.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However in some cases, for example the storage of vaccines, these did not keep people safe.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. The practice was able to demonstrate this in some but not all in areas of the practice. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- The practice had a duty of candour policy in place that was followed and some staff had received training.

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

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

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 was continuing to gather feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. The practice manager held an open session for concerns, complaints and compliments once per week. Although this was not always well attended it was valued by the practice and written notes were kept of all issues raised. Following feedback from patients the practice had introduced an over 50's coffee morning, a minor ailments clinic and were looking to introduce a new appointment system which included making more use of the online booking system.

Are services well-led?

Good 

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

- 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.

Continuous improvement

The practice had been awarded the Investors in People Award since 2006 and was awarded the Bronze Award in

2015. The award reflected that the practice as an organisation was focused on improving its services and ensuring that its staff were appropriately trained, equipped and supported to delivered patient focused care.

The practice team was part of local pilot schemes to improve outcomes for patients in the area. This included schemes to improve outcomes for people with diabetes.

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 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. The registered person failed to identify the risks associated with the incorrect storage of vaccines within the practice. This compromised the quality, efficiency and safety of the vaccine programme within the practice and the health of patients.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p> <p>How the regulation was not being met:</p> <p>The registered persons did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The registered person failed to ensure that the redirecting of patients to the pharmacy first scheme was safe and clinically led.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.