The Limes Medical Centre

Quality Report

Cooksey Road
Small Heath
Birmingham
B10 0BS
Tel: 0121 772 0067
Website: www.thelimesmedicalbirmingham.nhs.uk

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
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 The Limes Medical Centre on 12 January 2017. Overall the practice is rated as requires improvement.

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

- Systems and processes were in place to support the reporting and recording of significant events. Significant events were discussed with relevant staff but there was limited evidence that events were reviewed to ensure any learning was embedded.
- Most risks to patients were assessed and well managed within the practice.
- Staff used current evidence based guidance to plan and deliver care for patients. Staff had undertaken training to equip them with the skills and knowledge they required to deliver effective care.
- Patient outcomes were generally in line with or above local and national averages. The practice was aware of areas for improvement and had been working to improve the uptake of the cervical cancer screening. However, uptake for other national cancer screening programmes was below average.
- Feedback we received as part of the inspection indicated that patients felt they were treated with compassion, dignity and respect and found staff polite, friendly and helpful.
- Information about services and how to complain was available and easy to understand. In addition information about raising complaints and concerns was provided in a number of different community languages.
- Patients said they were generally able to make urgent appointments when these were required but a number of patients said it could be difficult to access routine appointments.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- There was a leadership structure in place and staff were positive about the support they received from management.

Summary of findings

- We saw evidence of action taken by the practice in response to feedback. For example in response to feedback from their patient participation group the practice had made improvements to their telephone system.

The areas where the provider should make improvement are:

- Ensure all information related to significant events is documented and reviewed to check that learning identified has been embedded.
- Continue to promote national cancer screening programmes and encourage attendance.
- Continue to review and improve access to appointments; including ensuring ease of access for vulnerable patients.
- Ensure feedback from patients is analysed and continue to take action to improve patient satisfaction levels
- Review the information provided to patients in respect of joint injections.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There were systems system in place for reporting and recording significant events and staff understood their responsibilities to report concerns. However, information related to the recording of significant events was not always sufficiently detailed and did not always ensure a review was undertaken to check any learning had been embedded.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. These included infection prevention and control and appropriate safeguarding arrangements.
- Most risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Data from 2015/16 demonstrated that the practice had
- Staff used current evidence based guidance to assess the needs of patients and deliver effective care. There was evidence of discussion of guidelines in clinical meetings.
- Clinical audits were undertaken with the practice to review and monitor the quality of services being provided.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff identified patients at risk of admission to hospital and worked with other health care professionals to understand and meet the range of their needs.

Summary of findings

- Uptake rates for cancer screening, including cervical cancer, were below local and national averages. The practice had been working to improve this, focussing initially on cervical screening.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. For example, 60% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.
- However, as part of our inspection we received completed comments cards from 80 patients and spoke with four patients. Feedback from these sources was overwhelming positive with 77 of 80 comments cards reflecting positively on the care and treatment provided by the practice with a number singling out the reception team for praise.
- Feedback we received during the inspection indicated that patients felt 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. Some information provided by the practice was translated in different community languages to facilitate understanding for patients.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- Practice staff told us they reviewed the needs of their local population and delivered services to meet their needs.
- Feedback from some patients indicated that access to routine appointments, especially with a named GP, could be difficult. Urgent appointments were usually available the same day.
- The practice had adequate facilities and was 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. However, the practice had limited mechanisms in place to capture low level concerns, for example comments made by patients in relation to access.

Summary of findings

Are services well-led?

Requires improvement

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

- The practice had clear values but these were not underpinned by a formalised or documented strategy. Following the inspection the practice developed a business plan.
- Staff were engaged with values of the practice and were committed to delivering patient care.
- There was a leadership structure in place and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity however there were some areas where protocols needed to be introduced. For example in relation to the management of pathology results.
- 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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and the practice had recently been successful in initiating a new PPG at the branch practice.

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

Requires improvement

The practice is rated as requires improvement for providing responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is therefore rated as requires improvement for the care of older people.

- The practice offered personalised care to meet the needs of the older people in its population.
- Home visits and urgent appointments were available for those with enhanced needs.
- All patients over 75 were assigned a named allocated GP who was responsible for overseeing their care.
- Flu vaccination rates for the over 65s were above the national average.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for providing responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators 92.6% which was 1% above the CCG average and 2.7% above the national average. The exception reporting rate for indicators related to diabetes was 8.4% which was below the CCG average of 10.4% and the national average of 11.6%.
- Performance for indicators related to hypertension was 100% which was 0.9% above the CCG average and 2.7% above the national average. The exception reporting rate for hypertension related indicators was 5.4% which was above the CCG average of 3.6% and the national average of 3.9%.
- Longer appointments and home visits were available when needed.
- An in-house spirometry service was offered by the practice.

Summary of findings

- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, their named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for providing responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours including nursing appointments to 7pm one evening per week.
- The premises were suitable for children and baby changing facilities were provided.
- We saw examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for providing responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, afternoon surgery started at 4.30pm each day to maximise access for working patients. In addition extended hours services were provided one evening per week.

Summary of findings

- Health promotion advice was offered and there was health promotion information available for patients in the waiting area.
- Online services were offered including prescription services and appointment booking. SMS reminders were sent for appointments.
- Information was displayed to encourage the uptake of national cancer screening programmes for bowel and breast cancer; however the uptake rate remained well below local and national averages.
- Published data from QOF indicated that the practice's uptake for the cervical screening programme was 73.3%, which was below to the CCG average of 80.5% and the national average of 81.4%. The practice had been focussing on improving their uptake rates for cervical screening and unverified data indicated this was improving.

People whose circumstances may make them vulnerable

Requires improvement 

The practice is rated as requires improvement for providing responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is therefore rated as requires improvement for people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- We were told the practice registered patients from a local hostel including those of no fixed above. However feedback from the local hostel was that it could be challenging for patients to register and that patients often had difficulties in accessing appointments quickly.
- Longer appointments were provided for patients with a learning disability where required.
- 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement for providing responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- Performance for mental health related indicators was 100% which was 2.9% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 9% which was in line with the CCG average of 8.1% and below the national average of 11.3%.
- 93.3% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 7.5% above the CCG average and 9.6% above the national average. This exception reporting rate for this indicator was 6.3% which was above the CCG average of 4.3% and in line with the national average of 6.8%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Information was available for 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.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey results which were published in July 2016. The results showed the practice was performing below local and national averages. A total of 369 survey forms were distributed and 77 were returned. This was a response rate of 21% and represented 1.2% of the practice's patient list.

- 52% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 70% and the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 60% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 51% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and 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 a total of 80 completed comment cards, the majority of which were positive about the standard of care received. Of the 80 comment cards, a total of 77 were positive about the standard of care and treatment provided by the practice; two comment cards were mixed regarding the care and treatment and one was negative. Ten of the comment cards we received cited problems with access to appointments at the practice.

We spoke with four patients during the inspection. Feedback from patients we spoke with was mixed with concerns raised regarding access to appointments and both positive and negative comments about the care provided by some of the locum GPs working at the practice.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Ensure all information related to significant events is documented and reviewed to check that learning identified has been embedded.
- Continue to promote national cancer screening programmes and encourage attendance.
- Continue to review and improve access to appointments; including ensuring ease of access for vulnerable patients.
- Ensure feedback from patients is analysed and continue to take action to improve patient satisfaction levels
- Review the information provided to patients in respect of joint injections.

The Limes Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

Background to The Limes Medical Centre

The Limes Medical Centre provides primary medical services to approximately 6300 patients and is part of Birmingham South and Central Clinical Commissioning Group. Services are provided under a general medical services (GMS) contract.

Services are provided from a main surgery located in the Small Heath area of Birmingham and from a branch surgery, Finch Road Primary Care Centre, Finch Road, Lozells, Birmingham. We did not visit the branch surgery as part of our inspection. The main surgery was purpose built in 1997 and is accessible by public transport. Car parking is available on site and all patient services are provided from the ground floor.

The level of deprivation within the practice population is significantly above local and national averages with the practice falling into the most deprived decile. The level of income deprivation affecting children is similar to the local average and above the national average. The practice has lower than average numbers of older patients; the level of income deprivation affecting the patient population was significant above local and national averages. The vast majority of the practice's patient population are from a black and minority ethnic background with 61% identifying as Asian.

The clinical team is comprised of three GP partners (one male, two female), two long-term locum GPs (one male, one female), three practice nurses and a healthcare assistant.

The clinical team is supported by a practice manager who started with the practice in 2016 and a team of eight reception and administrative staff.

The practice opens between 8.30am and 8pm on Mondays and from 8.30am to 6.30pm Tuesday to Friday. GP consulting times on Mondays are from 9.30am to 1pm and from 4.30pm to 8pm. Consulting times for Tuesday to Friday are from 9.30am to 1pm and from 4.30pm to 6.30pm. Consulting times at the branch surgery are the same with the exception of the branch surgery being closed on a Thursday afternoon.

The practice has previously been inspected by the Care Quality Commission in February 2014 using the previous inspection methodology. The practice was found to have met the standards against which it was inspected.

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.

Detailed findings

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 12 January 2017.

During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or 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 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.

Good

Are services safe?

Our findings

Safe track record and learning

There were systems in place which supported staff to report and record significant events.

- Staff told us they would inform the practice manager or the duty doctor of any incidents in the first instance. Forms were available on the practice's computer system to enable staff to record events.
- Although staff were aware of the duty of candour there was no reference to this in their incident recording forms. (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).
- Staff told us that, if things went wrong with care and treatment, patients would be informed about had happened and be offered support, information and apologies where appropriate. Patients would also be told about what had been implemented to prevent the same thing from happening again. We saw evidence of the practice meeting with patients to resolve issues.
- Significant events were recorded and investigated. However, the recording of significant events did not always ensure there was clarity regarding who the event had been discussed with and when. In addition investigations were not always recorded in enough detail. The practice carried out some analysis of significant events and meeting minutes evidenced that events were discussed with staff members at practice meeting. However, there was limited evidence of events being reviewed and followed up to ensure learning had been embedded.
- Evidence showed that action was taken to ensure incidents were flagged externally where appropriate. For example, the practice had contacted a local pharmacy and the local safeguarding team following events to flag issues of concern. Some of the partners attended regular meetings with local GPs and used these meetings as an opportunity to discuss significant events. The practice told us that significant events were not routinely shared at clinical commissioning group or local group meetings but indicated that they would suggest this was done in the future.
- Systems were in place to ensure alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and alerts related to patient safety were disseminated by the practice manager and acted upon. Actions taken in response to alerts were logged centrally. We saw evidence of regular discussion in relation to MHRA alerts at clinical meetings.

Overview of safety systems and processes

Systems and processes were in place within the practice which helped to keep people safe and safeguarded from abuse. These included:

- There were arrangements in place to help safeguard children and vulnerable adults from abuse. The arrangements reflected relevant legislation and took account of local requirements. Policies and procedures were in place to support staff in the event they had a concern about the welfare of a patient. Policies were accessible to all staff on the practice's computer system. There was a lead GP for safeguarding adults and children and contact details for external safeguarding agencies were clearly displayed within the practice. The GPs attended safeguarding meetings if possible and provided reports where required for other agencies. Staff understood their responsibilities in relation to safeguarding and had received training relevant to their role. GPs were trained to child safeguarding level 3.
- Information was displayed within the practice which advised patients that they could request a chaperone if required. All staff who acted as chaperones had received training 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).
- During our inspection we observed the premises to be clean and tidy. Appropriate arrangements were in place to maintain the cleanliness and hygiene of the practice. The healthcare assistant was the infection control lead who liaised with the local infection prevention teams when advice and guidance was required. Infection control policies and protocols were in place and staff had received training relevant to their role. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

recording, handling, storing, security and disposal). The practice had processes in place to handle request for repeat prescriptions and a review of the practice's patient record system demonstrated that patients being prescribed high risk medicines were receiving appropriate monitoring.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Regular medicines audits were undertaken with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. These included audits of antibiotic prescribing to ensure prescribing was in line with local guidelines.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five employee files and found appropriate recruitment checks had been undertaken prior to employment. These included 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 and staff were assessed and well managed.

- Procedures were in place to identify, manage and monitor risks to the safety of patients, staff and visitors to the practice. There was a health and safety policy in place and a poster was displayed in the reception area which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills.
- Electrical equipment was regularly checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.
- A range of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements in place to plan and monitor the number and mix of staff required to meet the needs of patients. There was a rota system in place for different staffing groups and the practice had a range of locums they used on a regular basis to provide cover for GPs. Reception and administrative staff could provide cover for each other and were trained in all aspects of reception and administrative work.

Arrangements to deal with emergencies and major incidents

Arrangements were in place to enable the practice to respond to emergencies and major incidents. These included:

- Instant messaging systems on the computers in consultation and treatment rooms could be used to alert 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 and suppliers; a hard copy was held in the office but we were told that the plan could be accessed remotely.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs of their patients and delivered care in line with relevant and current evidence based guidance and standards. These included National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and meetings for clinical meeting minutes demonstrated regular discussions regarding new and updated guidelines.
- Computer based templates on the practice's patient record system reflected local and national guidelines for the management and monitoring of patients with long-term conditions.
- Adherence to guidelines was monitored through risk assessments, audits and checks of patient records.

Management, monitoring and improving outcomes for people

Outcomes for patients were monitored by the practice using information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes. (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 98.5% of the total number of points available, this was 1.4% above CCG average and 3.1% above the national average.

The exception reporting rate for the practice 7.8% which was 1% below the CCG average and 2% below the national average. (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 2015/16 showed:

- Performance for diabetes related indicators 92.6% which was 1% above the CCG average and 2.7% above the national average. The exception reporting rate for indicators related to diabetes was 8.4% which was below the CCG average of 10.4% and the national average of 11.6%.
- Performance for indicators related to hypertension was 100% which was 0.9% above the CCG average and 2.7% above the national average. The exception reporting rate for hypertension related indicators was 5.4% which was above the CCG average of 3.6% and the national average of 3.9%.
- Performance for mental health related indicators was 100% which was 2.9% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 9% which was in line with the CCG average of 8.1% and below the national average of 11.3%.
- 93.3% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 7.5% above the CCG average and 9.6% above the national average. This exception reporting rate for this indicator was 6.3% which was above the CCG average of 4.3% and in line with the national average of 6.8%.

There was evidence of quality improvement including clinical audit.

- The practice provided us with examples of audits undertaken in the last two years related to antibiotic prescribing and the prescribing of sitagliptin (an oral medicine used to lower blood glucose levels in patients with type 2 diabetes). Both of these were completed audits where areas for improvement had been identified and a re-audit undertaken to review if changes had been effective.
- The initial sitagliptin audit identified five patients who had an eGFR (measure of kidney function) of below 50 who were being prescribed sitagliptin on repeat; four of these patients were being prescribed an inappropriately high dose. Following medication reviews all four of these patients were prescribed an alternative medicine. The findings were discussed in a clinical meeting and action agreed. However, re-audit identified there were three patients being prescribed sitagliptin on repeat with an eGFR of below 50; two of whom were on the inappropriately high dose; action was taken to address this As a result of the findings the practice had decided to introduce prescription notes advising on the need to change medication if the eGFR was less than 50.
- Reviews of antibiotic prescribing demonstrated this was in line with the CCG set target for the year to date.

Good

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits and benchmarking. The practice was involved in some local networks in the area.

Effective staffing

We saw that staff had a range of skills, knowledge and experience which supported the delivery of effective care and treatment.

- An induction programme was provided for all newly appointed clinical and non-clinical staff. This included an induction pack which was provided to new starters providing them with basic information about the practice. New employees were provided with a staff handbook and given training which covered areas such as safeguarding, infection 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 such as asthma and COPD.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. These staff ensured they remained up to date with changes to the immunisation programme through accessing online resources and discussions at meetings.
- Appraisals, meetings and wider reviews of the practice were used to identify the learning needs of staff. Staff had access to training to meet their learning needs and to cover the scope of their work. This included support, meetings, mentoring and support for revalidating GPs and nurses. All staff employed for more than 12 months had received a recent appraisal.
- Staff received training that included safeguarding, fire safety, basic life support and information governance. The majority of training for administrative and reception staff was undertaken online.

Coordinating patient care and information sharing

Clinical staff had access to the information they needed to plan and deliver care and treatment for patients via the patient record system and their internal computer system. This included access to care and risk assessments, care plans, medical records and investigation and test results. Information was shared by the practice with other services in a timely way, for example when making referrals to other services.

Staff worked with other health and social care professionals to meet the needs of their patients and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to secondary care of following a discharge from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff undertook assessments of the capacity of children and young people to provide consent in line with guidance.
- Where it was unclear if a patient had the mental capacity to provide consent to care or treatment clinicians undertook assessments of capacity and recorded the outcome.
- Written consent was sought for minor surgical procedures in line with guidance; however the information provided to patients regarding joint injections was very brief and should be reviewed.

Supporting patients to live healthier lives

The practice aimed to identify patients who might be in need of additional support. These included 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. Patients were signposted to relevant services to provide then with support.

Published data from QOF indicated that the practice's uptake for the cervical screening programme was 73.3%, which was below to the CCG average of 80.5% and the national average of 81.4%. The practice had identified their cervical screening rates as an area for improvement. The practice nurse and a member of the administrative team led work in this area and had made the following improvements to increase uptake:

Good

Are services effective?

(for example, treatment is effective)

- Opportunistically identifying patients who attended the practice for other reasons
- Telephone patients who failed to attend for their appointment and offering telephone reminders for patients who were due to attend
- Providing information about cervical screening in a range of community languages

Data from QOF for the year to date demonstrated that the practice was increasing their uptake rate for cervical screening.

The practice told us they encouraged their patients to attend national screening programmes for bowel and breast cancer screening and we information was displayed to encourage this in the waiting area. However, the practice's attendance rates were significantly below local and national averages. The uptake rate for bowel cancer screening was 28.3% compared with the CCG average of 45.9% and the national average of 57.9%. The uptake rate for breast cancer screening was 51.8% compared with the CCG average of 66.7% and the national average of 72.2%.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 96% and five year olds from 92% to 93%.

Patients had access to health assessments and checks which 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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and helpful towards patients and treated them with dignity and respect.

Measures were in place within the practice to help maintain the privacy and dignity of patients. These included:

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

We received a total of 80 completed Care Quality Commission comment cards as part of our inspection; of these 77 were positive about the level of care and treatment provided by the practice.

Themes identified from the comment cards included:

- Reception staff were helpful and polite and patients felt welcomed into the practice. Comments described reception staff as accommodating and friendly. Twelve comment cards made specific reference to the quality of service patients received from reception staff and highlighted the level of service they received from individual members of staff.
- Patients felt listened to by all groups of staff within the practice and found staff attentive and reassuring. A number of individual staff were singled out for praise by patients.
- Patients felt treated with dignity and respect and described the quality of care they received as excellent.
- GPs and nursing staff were highlighted as being caring, knowledgeable and informative. Patients said they felt well cared for and received the right treatment when they needed it.
- Patients referenced the continuity of care they had received from the practice and were confident in clinical staff being aware of their medical history.

We spoke with four patients during our inspection; feedback from these patients was mixed. They also told us they generally satisfied with the care provided by the practice but provided mixed feedback regarding the locums they saw within the practice. We received positive feedback from a local hostel whose residents used services at the practice about the level of assistance offered to a resident by the healthcare assistant.

Although the results from the national GP patient survey showed the majority of patients felt they were treated with dignity and respect; scores were below local and national averages. For example:

- 68% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 67% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 60% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

It should be noted that only 77 patients responded to the survey with a response rate of 21% which was below the average response rate for practices in the clinical commissioning group area. The practice told us the vast majority of their patients did not speak English as a first language with a high number speaking a limited amount of functional English. Although the survey is available in other languages, this is limited to the online version with the paper copy only being in English. The practice felt this could have had an impact on response rates. The practice also explained that their locality network within the wider CCG was demographically different to the rest of the CCG with higher levels of deprivation and more ethnically diverse patient populations.

We were assured that the practice was committed to analysing and addressing the areas identified as being below average. Given the low number of responses to the

national survey, the practice was trying to increase the level of feedback they received and had published their complaints and concerns information in a range of community languages and displayed in the reception area.

The practice had ensured they secured long-term locums to help provide continuity of care for patients and to enable patients to build relationships with regular GPs. In addition the practice had recently recruited a new salaried GP who was due to start in February 2017. All of the locums, the newest partner and the salaried GP were MRCGP qualified of which communication was a key part of the assessment.

Care planning and involvement in decisions about care and treatment

Feedback from patients indicated they felt involved in decision making about the care and treatment they received. They also indicated they generally felt listened to and supported by staff and had sufficient time during consultations to make decisions about treatment.

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

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

A significantly higher than average number of patients registered at the practice did not speak English as a first language and the practice felt this might have impacted on the level of involvement they felt in decisions about their care and treatment. Comment cards completed as part of the inspection indicated that patients felt involved in their care and treatment.

In addition the practice had a number of clinical staff who spoke more than one language and had recently recruited a salaried GP who was bilingual. The practice hoped this would improve the involvement of patients in their care.

Facilities were provided by the practice to help patients be involved in decisions about their care and treatment. These included:

- Translation services were available for patients who did not have English as a first language.
- A range of leaflets were provided in languages other than English including complaints leaflets, cancer screening information and information related to two week wait referrals.

Patient and carer support to cope emotionally with care and treatment

A range of information was available in the practice's waiting area which provided details of how patients could access various support groups and organisations locally and nationally. There were also leaflets and posters displayed which provided more information for patients regarding a range of health conditions.

Codes were added to the practice's computer system to ensure GPs were alerted if a patient was also a carer. The practice had identified 123 patients as carers; this was equivalent to 2% of the practice's patient list. Information was available to direct carers to the various avenues of support available to them.

The practice had a bereavement protocol in place which set out the processes for staff to follow in the event of the death of a patient. Staff told us that if families had experienced bereavement, their usual GP contacted where appropriate. Consultations were offered to affected patients and information was provided by the practice.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice told us they considered the needs of their local population and worked with the Clinical Commissioning Group (CCG) to enhance the range and scope of services they delivered where a need was identified.

For example, following the closure of a local practice which was co-located with their branch surgery the practice had taken on over 500 patients in a short space of time to ensure that people were able to continue to receive services locally.

In addition:

- Services were provided from a main surgery and a branch surgery. Patients had the option to access services at either site.
- Afternoon consulting times generally ran until 6.30pm to facilitate access for patients who worked. In addition, extended hours services were provided until 8pm one evening per week at both sites.
- There were longer appointments available for patients with a learning disability and for those who required them or requested them.
- 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 require same day consultation.
- In response to feedback from their patient participation group (PPG) the practice had altered their appointment system with 50% of appointments now being bookable on the same day.
- A new telephone system had been introduced in 2016 with additional lines in response to feedback from patients who were finding it difficult to get through by telephone.
- The premises had disabled access toilets and dedicated parking for patients with a disability; however, there was no lowered area of the reception desk meaning patients using a wheelchair could struggle to communicate with staff. Staff told us they would ensure they came round to speak with people where required.
- The practice did not have hearing loop in the reception area of the main surgery but had alerts on the records of patients to flag if they suffered from hearing difficulties.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Access to the service

The practice opened between 8.30am and 8pm on Mondays and from 8.30am to 6.30pm Tuesday to Friday. GP consulting times on Mondays were from 9.30am to 1pm and from 4.30pm to 8pm. Consulting times for Tuesday to Friday were from 9.30am to 1pm and from 4.30pm to 6.30pm. Consulting times at the branch surgery were the same with the exception of the branch surgery being closed on a Thursday afternoon. Appointments could be up to booked two weeks in advance and appointments for the day were released twice a day, in the morning and again in the afternoon. Open clinics were offered on Mondays with no pre-booked appointments.

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

- 55% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 52% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 45% of patients described their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.

Although the majority of the people who provided feedback as part of the inspection were positive about access to the appointments, over 10% of the patients who provided feedback commented negatively on access to appointments. As part of our inspection we received feedback from a local hostel whose residents used the services of the practice; this indicated that residents sometimes found it challenging to register with the practice. In addition, we were told residents often had long waits for appointments which staff felt could make it harder for patients to engage positively with the service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

We saw evidence that the practice was aware of access as an area for improvement and had identified a number of actions which they hoped would improve access. These included:

- The practice had recently recruited a new salaried GP.
- The number of appointments which were available to book on the day had been increased.
- A new telephone system had been implemented within the practice which increased the number of incoming lines to four.

The practice had identified that they had a level of A&E attendances amongst their patients that was above the local average. In response to this, the practice had introduced an open clinic on Mondays. However; data provided by the practice indicated that their attendance rate remained the highest within the CCG area.

Listening and learning from concerns and complaints

The practice had systems in place to support them to respond to complaints:

- 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. This included information in a range of languages.

Four complaints had been received in the last 12 months. We found that these were responded to promptly and patients were provided with explanations and apologies where appropriate. The practice offered to meet with patients who wanted to discuss their complaints face to face; however the practice did not always write to patients following meetings or discussions complaints. This meant there was no record provided to the patient of what was discussed and agreed and the patient was not given information about the next steps in the complaints process should they have remained unhappy.

There were limited mechanisms in place to enable the logging and recording of lower level verbal comments and/or concerns; for example comments made to the reception staff regarding availability of appointments. This meant the practice could not be assured they were identifying trends in patient feedback and acting upon these.

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 clear values which focussed on the provision of quality care in a safe and effective manner and treating patients as individuals. The practice was proud of being well established, having good levels of staff retention and delivering continuity of care.
- Staff working within the practice were engaged with the values of the management and partners.
- At the time of the inspection, the practice did not have clear documented plan or strategy in place regarding their future direction; however, following the inspection the practice drafted a business plan and shared this with inspection team.
- The practice had recently joined with other practices in the area in a federation through which a range of services would be provided for patients of a number of practices. The practice were hopeful that this might help with issues related to access to appointments.

Governance arrangements

The practice had governance arrangements in place which supported the delivery of care. This outlined the structures and procedures in place; however there were some areas where systems and processes needed to be strengthened:

- There was a clear staffing structure and staff were aware of their roles and responsibilities. Staff had lead roles in a range of areas.
- Practice specific policies were implemented and were available to all staff. All staff knew how to access policies and procedures.
- There were some areas where the practice did not have written protocols in place. For example, there was no written protocol in relation to dealing with pathology results. This presented a risk as the practice regularly used locum GPs. Following the inspection the practice put a written protocol in place.
- The practice maintained an understanding of their performance through ongoing clinical and non-clinical audits. The partners and the practice manager were aware of areas for improvement and took action to address these. For example, the practice had taken action to improve their cervical screening uptake rates.
- There were some arrangements in place to aid the practice in the identification of for identifying, recording and managing risks, issues and implementing mitigating actions. However there were areas where identified risks had not been formally assessed. For example, the practice telephone lines were diverted to Primecare one afternoon per week and the practice's website advised the telephone lines were closed during this period. However, the reception was still open during this time and patients could walk in. Staff told us that there could be times when a member of clinical staff was not present should someone present in need of assistance. The practice had not formally assessed the risk of this. Following the inspection, the practice undertook a formal risk assessment and provided us with a copy of this.
- We saw evidence that the practice reviewed areas of performance including access to appointments and patient satisfaction. Evidence demonstrated that some action had been taken to try to improve access and patients satisfaction; however further work was still required to ensure improvements in these areas.

Leadership and culture

The partners and the management team told us they prioritised the provision of safe, quality care. Staff told us the partners and practice manager were approachable and 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). Staff told us the partners and the practice manager encouraged a culture of openness and honesty.

Systems were in place to ensure that when things went wrong with care and treatment the practice gave affected people support, information and apologies where appropriate. Records of formal verbal complaints were maintained but the practice did not have effective systems in place to record lower level verbal complaints and concerns.

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

- The practice had recruited a new practice manager in 2015 and staff were positive about the impact that had had. In addition one of the partners had recently returned to work following maternity leave which

Are services well-led?

Requires improvement

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

provided more stability in the leadership team. Changes to leadership had impacted positively in a range of areas including meetings, appraisals, training and policies and procedures being implemented.

- Staff told us the practice held regular team meetings including clinical and administrative meetings. However, locums did not routinely attend clinical meetings within the practice. The practice manager met with locums on a monthly basis to provide updates and information. However, we were saw evidence that not all agreed changes were implemented by locum staff. For example, following an audit, changes were agreed to the prescribing of sitagliptin within the practice; however these were not adhered to by all GPs. Following the identification of this issue, appropriate action was taken by the practice.
- 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 by the partners and the practice manager in the practice.
- The practice was keen to be involved in local initiatives and had supported a CCG led pilot of prescribing software in early 2016.

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

The practice valued feedback from patients and staff. It 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. Although a PPG had operated at the main surgery for some time, the practice had struggled to engage members who usually accessed services at the branch practice. In response to this, staff from the practice had proactively contacted patients who used services at the branch practice to speak to them about the PPG; this had led to the development of an additional PPG group for the branch practice and an initial meeting was attended by 14 people.
- The PPG met every six months and submitted proposals for improvements to the practice management team. For example, a new telephone system had been introduced following feedback from the PPG. PPG meetings were attended by the senior partner and the practice manager.
- The practice had gathered feedback from staff through staff meetings, appraisals and general discussions. 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.