

The Medical Centre

Quality Report

The Medical Centre
39 Kenilworth Close,
Crabbs Cross,
Redditch,
B97 5JX

Tel: 01527 402149

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Medical Centre on 4 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from incidents were maximised.

- Information about how to complain was available and easy to understand
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision about providing a quality and caring service in a safe way.

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 good for providing safe services.

Good



- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and a written apology. They were also told about any actions taken 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 people safe and safeguarded from abuse. This included recruitment processes for new staff, although we found the practice had relied on previous employment checks for one member of staff.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed mixed results for patient outcomes when compared with both local and national levels. Plans were in place, with some actions having been taken, to address these areas where underperformance had been identified.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had been carried out in order to demonstrate 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 multidisciplinary teams 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 showed that patients rated the practice lower than others for several aspects of care. Action had been taken in response to the data to ensure patients' experiences of the practice had improved.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found making an appointment with a GP had improved with the changes the practice had made to the appointments system. They told us this gave them continuity of care. Urgent appointments were available the same day.
- Extended hours were available to benefit patients unable to attend during the main part of the working day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. Staff and management were enthusiastic, positive and forward thinking in their future plans for the practice.
- 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.
- The practice encouraged a culture of openness and honesty, and had systems in place for responding to reportable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group (PPG).

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older patients.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients. They offered home visits and urgent appointments for those patients with enhanced needs such as dementia and end of life care.
- The practice maintained a register of all patients in need of palliative care and offered home visits and rapid access appointments for those patients with complex healthcare needs.
- The practice held regular multidisciplinary integrated care meetings where all patients on the palliative care register were discussed.
- Flu vaccination rates for the over 65s were 80.61%, above the national average of 73.24%. The rates for those groups considered to be at risk were 70.57%, above the national average of 52.29%.

People with long term conditions

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

Good



- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients with a long term condition had a structured annual review to check that their health and medicines needs were being met.
- The GP worked with relevant health and care professionals to deliver a multidisciplinary package of care for those patients with the most complex needs.
- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 90.98% which was higher than the national average of 88.35%.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk of harm. For example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Childhood immunisation rates were higher than the local Clinical Commissioning Group (CCG) averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group. The practice nurse had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- The practice's uptake for the cervical screening programme was 85.7% which was above the national average of 81.88%.
- The practice offered weekly evening extended hours so that patients could access appointments around their working hours.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Longer appointments were available and annual health checks carried out for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



Summary of findings

- Vulnerable patients were given advice about how to access various support groups and voluntary organisations.
- Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children who were considered to be at risk of harm. 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.
- Alerts were placed on patients' records so that staff were aware patients might need to be prioritised for appointments and offered additional attention, such as longer appointments.

People experiencing poor mental health (including people with dementia)

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

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 83.33%, which was in line with the national average of 83.82%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 88.5%, which was 7% lower than the CCG average and 4.3% lower than the national average. The practice had identified they needed to improve the data results for patients with mental health concerns, and were carrying out patient reviews had been followed up, and that data had been captured correctly.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Advanced care planning for patients with dementia was carried out.
- Patients who experienced poor mental health were given advice about how to access various support groups and voluntary organisations.
- There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The survey showed mixed results about how the practice was generally performing when compared with local and national averages. There were 329 surveys sent to patients and 118 responses which represented a response rate of 35.9%. In most areas the practice was rated lower than the Clinical Commissioning Group (CCG) and national averages. Results showed:

- 70.8% of patients found it easy to get through to this practice by phone which was lower than the Clinical Commissioning Group (CCG) average of 78.3% and a national average of 73.3%.
- 85.9% of patients found the receptionists at this practice helpful which was lower than the CCG average of 87% and a national average of 86.8%.
- 72.3% of patients were able to get an appointment to see or speak to someone the last time they tried which was lower than the CCG average of 87.3% and a national average of 85.2%.
- 93.6% of patients said the last appointment they got was convenient which was higher than the CCG average of 91.5% and a national average of 91.8%.
- 64.1% of patients described their experience of making an appointment as good which was lower than the CCG average of 76.1% and a national average of 73.3%.

- 40% of patients usually waited 15 minutes or less after their appointment time to be seen which was lower than the CCG average of 61.2% and the national average of 64.8%.
- 27.8% of patients felt they did not normally have to wait too long to be seen which was much lower than the CCG average of 54.7% and a national average of 57.7%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards of which all but four were positive about the standard of care received. The majority of patients were very complimentary about the practice and commented that staff were very understanding, helpful, sensitive and supportive. Comments included that the practice had improved over recent months and patients felt they were looked after really well, and that this was an excellent practice. One patient commented that the GPs do not always listen to them and three others commented on the long wait for their appointments.

We spoke with seven patients during the inspection who were all very positive about the service they received. Patients were also extremely positive about the staff at the practice and commented that they were very friendly, that they had never had any issues with any of the new staff and that all staff were very nice. They told us they thought it was a very good practice and one of the best locally.

The Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor, a second CQC inspector and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

Background to The Medical Centre

The Medical Centre is located in Crabbs Cross, a district of the town of Redditch in North East Worcestershire. It has one main GP who is supported by two locum GPs. There are one female and two male GPs operating from the practice. The Medical Centre provides primary medical services to patients of all ages in an urban area with however a lower number of older patients compared to the England average. For example the practice has 12.4% of patients over the age of 65 years compared with the national average of 16.7%; 4.6% of patients over the age of 75 years compared with the national average of 7.6% and 0.9% of patients over the age of 85 years compared with the national average of 2.2%.

The GPs are supported by a practice manager, a business manager, a practice nurse and administrative and reception staff. There were 2638 patients registered with the practice at the time of the inspection.

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

The practice opening times are Monday, Tuesday, Wednesday and Friday from 8.30am to 6.30pm and Thursday from 8.30am to 8pm. Appointment times are from 9am to 11am and 4pm to 6pm weekdays and until 8pm on Thursdays. The practice is closed at weekends.

Home visits are also available for patients who are too ill to attend the practice for appointments. Booking of appointments can also be made up to 12 weeks in advance.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (Care UK) is provided to patients and is available on the practice's website and in the patient practice leaflet.

The practice treats patients of all ages and provides a range of medical services. This includes disease management for patients with conditions such as asthma, diabetes and heart disease. Other appointments are available for service such as maternity care and family planning.

Dr Suryani joined the practice in November 2014 with the previous partner who has since retired, and has recently taken ownership of the practice (April 2015) with registration with CQC completed in November 2015.

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. This inspection was planned to check whether the provider was meeting the

Detailed findings

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.

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.

How we carried out this inspection

Before our inspection of The Medical Centre we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted NHS Redditch and Bromsgrove Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they held about the practice. We reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 4 December 2015. During our inspection we spoke with a range of staff that included the lead GP, the practice manager, the practice nurse and reception and administration staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with seven

patients. We also spoke with a representative from the patient representative group (PPG), a group of patients registered with the practice who worked with the practice team to improve services and the quality of care.

We observed how staff interacted with patients who visited the practice. We observed how patients were being cared for and talked with carers and/or family members. We reviewed 22 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 patients' needs?
- Is it well-led?

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

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

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of their significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we looked at three events that had been reported this year. These included a needle stick injury, a computer systems failure and failure to obtain appropriate consent before sharing information with a third party. We saw that appropriate action had been taken in all instances.

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

Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from the risk of abuse that reflected relevant legislation and local requirements. Staff told us that all policies were accessible to them. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP and the practice nurse attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The lead GP was trained to the higher level of safeguarding for adults and children.
- A notice displayed in the waiting room advised patients that chaperones were available if required. At the time of the inspection there were no posters displayed in the

treatment rooms. We were told that the rooms had recently been repainted as part of the refurbishment of the building and that the posters would be displayed in due course.

- Staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of patients' barred from working in roles where they may have contact with children or adults who may be vulnerable). When chaperones had been offered a record had been made in patients' notes and this included when chaperones had been offered and declined. Patients we spoke with confirmed they were aware of the chaperone facility.
- Procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed in the reception office. A health and safety risk assessment had been completed in September 2015. The practice manager told us they would usually update their health and safety risk assessment annually but as they were carrying out many changes within the building they planned to review the risk assessment again in January 2016.
- Evidence showed that all electrical and clinical equipment was checked routinely and was safe to use. The practice also had a variety of other risk assessments in place to monitor safety of the premises, such as the control of substances hazardous to health, infection prevention and control (IPC) and legionella (a bacterium which can contaminate water systems in buildings). We saw that the legionella policy had been reviewed in January 2015 and regular monitoring was carried out by a designated member of staff. The practice had up to date fire risk assessments in place and a copy of the latest fire safety review report for the property dated May 2015 was seen. The review report required no actions to be completed. We saw that regular fire equipment checks were carried out.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The practice nurse was the IPC clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol in place (reviewed September 2015) and staff had received up to

Are services safe?

date training. The practice nurse confirmed that all news and updates were shared with staff. Annual infection control audits were undertaken and we saw evidence that action had been taken to address any improvements identified as a result. An infection control audit had been carried out in October 2015 and any issues found had been addressed. For example, eye goggles were needed for eye protection and these had been obtained.

- Suitable arrangements were in place for managing medicines, including emergency medicines and vaccinations to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. Regular medicine audits were carried out with the support of the pharmacist employed by the practice to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We looked at personnel files for staff in different roles including the practice nurse and two reception staff to see whether recruitment checks had been carried out in line with legal requirements. We found that most of the appropriate recruitment checks had been undertaken prior to employment such as proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks had been carried out. Although references had been sought for one member of staff the practice had not obtained a reference from their last employer. For the same member of staff we saw evidence that a DBS check had been completed but we found it had not been updated as it related to a previous employer. The practice confirmed that they would complete a DBS check for this member of staff following the inspection.
- We saw that processes were in place when locum GPs were employed by the practice to ensure appropriate checks had been carried out.

- 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 the different staff groups to ensure that enough staff were available each day. As this was a singlehanded GP practice we discussed arrangements in place for when they were absent due to sickness or annual leave. We saw that long established locum cover was available for these occasions. Staff confirmed they would also cover for each other at holiday periods and at short notice when colleagues were unable to work due to sickness.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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 carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- There were systems in place to ensure all clinical staff were kept up to date; they had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs. These changes were monitored using audits and random sample checks of patient records.
- The practice nurse told us they accessed NICE guidance and actioned recommendations where these were applicable and gave us examples of changes they had made to their practice in response to this national guidance. This included for example, changes in treatment for asthma and diabetes. They confirmed and we saw evidence that actions taken in response to alerts was recorded and retained in an alerts file.

Management, monitoring and improving outcomes for patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. Staff at the practice held responsibilities for particular QOF areas according to their roles. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice had achieved 78.6% of the total number of points available, with 1.4% exception reporting. Exception reporting relates to patients on a specific clinical register who could be excluded from individual QOF indicators. For example, if a patient was unsuitable for treatment, was newly registered with the practice or was newly diagnosed with a condition.

Data from 2014/2015 showed:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 90.98% which was higher than the national average of 88.35%.

- Patients with hypertension (high blood pressure) who had regular blood pressure tests was 69.17% which was lower than the national average of 83.11%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 88.5% which was 7% lower than the CCG average and 4.3% lower than the national average.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 83.33% which was in line with the national average of 83.82%.

The practice shared with us the plans they had put in place and the actions they had taken to make improvements where data highlighted underperformance. The action taken included:

- The appointment of designated QOF leads for specific areas, such as a staff member to oversee reviews of patients with asthma. The staff member was responsible for working with the practice nurse to review the QOF data, to call patients according to alerts or any concerns raised by the nurse.
- Regular QOF monitoring meetings to assess progress were held. We saw minutes of meetings to confirm this.
- Monthly meetings with the palliative care nurses were being held to review patients on the palliative care register. Discussions focussed on how care could be improved for the patient.
- The practice planned to hold regular meetings with an external agency to improve support provided for patients who had substance misuse issues. The first meeting was scheduled for December 2015.

The practice had a system in place for completing clinical audits. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. It included an assessment of clinical practice against best practice such as clinical guidance to measure whether agreed standards were being achieved. The process required that recommendations and actions were taken where it was found that standards were not being met.

Are services effective?

(for example, treatment is effective)

- We looked at eight of the clinical audits completed since the GP had taken ownership of the practice. We saw that full audit cycles had not yet been completed but a schedule for re-audits was in place.
- An audit had been completed for hospital admissions to examine reasons for patients that had attended the accident and emergency (A&E) department in the last three months. Where a patient had attended more than once for concerns that the practice considered had not required an A&E visit, the practice sent a letter to raise awareness of the most appropriate route of care. Patients were encouraged to use the practice as a first point of contact.
- We saw the latest smear audit carried out by the practice nurse. The practice had encouraged patients to attend for screening. Reminders and letters sent to patients helped the practice to achieve in excess of 80% of patients screened for the year. The practice nurse confirmed that all tests were successful with no samples requiring re-tests.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety, infection control, equality and diversity, and confidentiality. After three months in post new staff were required to complete an infection control test.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation and support for the revalidation of GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. We saw evidence of written consent given by a patient in advance of minor surgery that confirmed this.
- 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, where appropriate, recorded the outcome of the assessment.
- The GP and practice nurse understood the need to consider Gillick competence when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

It was practice policy to offer a health check with the practice nurse to all new patients registering with the practice, to patients who were 40 to 70 years of age and also some patients with long term conditions. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. The GP and practice nurse showed us how patients were followed up within two weeks if they had risk factors for disease identified at the health check and described how they scheduled further investigations. The GP and practice nurse told us they would also use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by carrying out opportunistic medicine reviews or following up with patients any missed appointments particularly for those patients who had mental health concerns.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 85.7% which was above the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were overall slightly lower for the under two year olds and higher for five year olds than local averages. For example, childhood immunisation rates for the under two year olds ranged from 88.4% to 100% and five year olds from 97.1% to 100% compared to the CCG rates of 91.7% to 98.8% and 93.8% to 97.1% respectively.

Flu vaccination rates for the over 65s were 80.61% which was higher than the national average of 73.24%. The rates for those groups considered to be at risk were 70.57% which was higher than the national average of 52.29%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a poster in the waiting room which informed patients of this facility.

We received 22 comment cards which were all positive about the standard of care received by patients at the practice. Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GP and the nurse, and could always get an appointment when they needed one.

Patients we spoke with said that staff always had time for them, treated them with respect and were always willing to help them if they needed it or asked for it.

Results from the national GP patient survey published 2 July 2015 showed that overall the practice scored lower than average results in relation to patients' experience of the practice and the satisfaction scores on consultations with doctors and nurses. For example:

- 85.7% of patients said the GP was good at listening to them which was lower than the Clinical Commissioning Group (CCG) average of 89.3% and national average of 88.6%.
- 90.1% of patients said the GP gave them enough time which was higher than the CCG average of 87.9% and national average of 86.6%.
- 91.4% of patients said they had confidence and trust in the last GP they saw which was lower than the CCG average of 96.7% and the national average of 95.2%.

- 80.8% of patients said the last GP they spoke to was good at treating them with care and concern which was lower than the CCG average of 88% and national average of 85.1%.
- 96.2% of patients said the last nurse they spoke to was good at treating them with care and concern which was higher than the CCG average of 92.4% and national average of 90.4%.
- 85.9% of patients said they found the receptionists at the practice helpful which was lower than the CCG average of 87% and national average of 86.8%.

The practice told us they had already made changes as a result of the patient feedback. Comments and changes included:

- The reception area and information notices were cramped, and there were too many notices on the reception windows. The practice responded with a complete makeover of the reception area. Colour was added to the wall and the notices were made clearer for patients. They also ensured that no notices were put on the windows.
- Patients were unhappy with the appointment system. The practice changed the way they offered appointments. Prior to the start of the year the patients could only book morning appointments on the day. The practice changed the system and enabled patients to book appointments up to three months in advance. Emergency appointments and triage calls for on the day were still made available.

The practice told us they had received mixed feedback from patients on the changes made to the appointment system. Some patients had been happy to call into or telephone the practice on the day and had the confidence they would be seen by a GP. Other patients preferred the changes to the system as they previously had not been able to get through to the practice on the telephone and had missed all the available on the day appointments.

Care planning and involvement in decisions about care and treatment

Patients told that health issues were discussed with them and 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

Are services caring?

the choice of treatment available to them. They also told us they were not pressurised in making their decisions and that they were supported to consider their options. Patients said that the GP and nurse were very caring and since the big changes at the practice all staff were amazing.

Results from the national GP patient published on 2 July 2015 survey showed that most patients surveyed had responded negatively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 79.3% of patients said the last GP they saw was good at explaining tests and treatments which was lower than the CCG average of 87.1% and national average of 86%.
- 73.9% of patients said the last GP they saw was good at involving them in decisions about their care which was lower than the CCG average of 82.5% and national average of 81.4%.

Action had been taken by the practice to respond to this feedback. The GP told us that changes had been made to the appointment system and the Choose and Book system for referrals had been introduced to give patients more flexibility. The GP told us they were confident that the changes they had made would see improved feedback in the near future.

Staff told us that translation services were available for patients who did not have English as a first language. Some staff at the practice were multi-lingual and could speak with patients in their own language. We saw notices in the reception areas informing patients that translation services were available.

Patient and carer support to cope emotionally with care and treatment

There were notices and leaflets available in the patient waiting room which advised patients how to access a number of support groups and organisations.

- We saw that the practice's computer system alerted the GPs if a patient was also a carer. We found however, that it was not always clear in the patient's notes whether the patient was the carer or had a carer to help them.
- There was a practice register of all patients who were carers and the practice supported these patients by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.
- Staff told us that if families had experienced bereavement the GP telephoned them and often visited to offer support and information about sources of help and advice. Leaflets giving support group contact details were also available to patients in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice took part in regular meetings with NHS England and worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. For example, we saw minutes of a CCG meeting that had been held in November 2015 in which prescribing of medicines had been reviewed.

Services were planned and delivered to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example:

- A dedicated telephone line was available for vulnerable patients. This allowed them to call the practice directly for an immediate response without having to go through the general telephone system.
- Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability and patients with drug or alcohol related health problems.
- The GP and the practice nurse made home visits to patients whose health or mobility prevented them from attending the practice for appointments. For example, those patients who were unable to attend flu vaccination clinics were visited at home so they could have their vaccination.
- The GP and the practice nurse carried out a triage of the day appointment system to ensure that all health care needs of patients were met as required. This was introduced in response to feedback from the patient survey carried out by the practice in 2015. Urgent access appointments were available for children and those with serious medical conditions.
- Extended appointment times were available from 6.30pm to 8pm on Wednesday evenings, which was helpful for those patients who had work commitments.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this. Patients told us that when they had their medicines reviewed time was taken to explain the

reasons for the medicines and any possible side-effects and implications of their condition. The practice nurse told us this helped patients to understand how to manage their own health too.

- The GP carried out weekly visits to the nursing homes. A designated practice member of staff ensured regular patient reviews were completed in a timely manner for patients who lived in the nursing homes.
- A minor surgery service was provided by the practice which included joint injections.
- The practice treated patients of all ages and provided a range of medical services. This included disease management such as asthma, diabetes and heart disease. Other appointments were available such as those for maternity care and family planning.
- There were disabled facilities and translation services available. There was no hearing loop installed although the practice showed us evidence to confirm that they planned to do address this. They also told us that in house training would be provided to ensure all staff understood how the hearing loop worked. Baby changing facilities were also available.

Access to the service

The practice was open on Monday, Tuesday, Wednesday and Friday from 8.30am to 6.30pm and Thursday from 8.30am to 8pm. Appointment times were from 9am to 11am and 4pm to 6pm weekdays and until 8pm on Thursdays. The practice was closed at weekends.

There was an online service which allowed patients to order repeat prescriptions and book appointments. Booking of appointments could be made up to 12 weeks in advance.

The practice does not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (Care UK) was provided to patients and was available on the practice's website and included in the practice leaflet.

Results from the national GP patient survey published 2 July 2015 showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. For example:

Are services responsive to people's needs?

(for example, to feedback?)

- 70.8% of patients said they could get through easily to the surgery by phone which was lower than the CCG average of 78.3% and national average of 73.3%.
- 64.1% of patients described their experience of making an appointment as good which was lower than the CCG average of 76.1% and national average of 73.3%.
- 40% of patients said they usually waited 15 minutes or less after their appointment time which was much lower than the CCG average of 61.2% and national average of 64.8%.

The practice had taken action to respond to the patient survey results such as:

- Changes were made to the appointment system. Patients were able to book appointments up to three months in advance. Emergency appointments and triage calls for on the day appointments were still available.
- They had commissioned a survey to be completed by an agency over a period of four to six weeks to gather feedback from patients. The results of the survey would be reviewed by the agency and the findings shared with the practice in the New Year.

Patients we spoke with gave positive views about the appointments system. Patients told us that they had no problem with getting appointments now and they could always see a GP if the appointment was urgent. We were told that improvements had been made to the practice for the better since the new ownership, new staff were much more helpful and that the practice was moving in the right direction. Patients said they were very happy with the changes made so far.

Patients told us they were able to talk to the GP about more than one problem and that they did not have to make separate appointments for each concern. This was confirmed by the GP.

We received 22 comment cards which were all positive about the appointment system and availability at the practice. The comments confirmed the feedback from staff and from the patients we spoke with during the inspection.

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 annual reviews of complaints had been carried out to identify themes or trends. We looked at the review for the year 2014 to 2015. Two complaints had been received in the last 12 months and found these had been dealt with promptly with responses to and outcomes of the complaints clearly recorded. For example, one patient had been unhappy about having to wait for an emergency appointment. We noted that a letter of apology from the GP had been sent to the patient in response to their concerns and details of changes made to their systems had been included.

Evidence showed that lessons learned from individual complaints had been acted on and changes made to improve the quality of care provided. Learning from complaints was shared with all staff at the relevant team meetings. This ensured learning was shared and reviewed in an open and responsive way. We saw minutes of meetings that confirmed this.

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 been through a significant period of change during the past 12 months, which had included a change of ownership and a change of staff. The GP recognised the importance of strategic planning and the role of the practice in meeting the needs of the practice population as a result of the changes made so far. All of the practice staff we met were supportive of the GP and the management team, and were enthusiastic about supporting them in developing the practice. They told us that the GP, practice manager and business manager kept them informed about any changes or future plans for the practice.

The practice had arrangements in place in which to identify, record and manage risks associated with the service they provided. Regular meetings were held to share information, to look at what was working well and where improvements needed to be made. We saw minutes of these meetings and noted that complaints, significant events and Medicines and Healthcare products Regulatory Agency (MHRA) alerts were discussed. Staff we spoke with confirmed that complaints and significant events were shared with them.

Governance arrangements

The practice had a governance framework in place that 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 programme of clinical and internal audit had been established to monitor quality and to make improvements to the services provided by the practice. Audit cycles would be completed as scheduled to monitor improvements made and make adjustments to practice where needed. The practice told us they would expand on the range of audits covered to include topics other than those linked to Quality and Outcomes Framework (QOF) targets.

- The practice used the QOF targets to measure its performance. QOF is a national performance measurement tool. We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes.

The practice gave us two examples where they felt performance and quality of care had improved over the last year. Those areas were:

- Customer service. The changes to the reception area, the front desk and reception staff had resulted in a more efficient and welcoming environment for patients. This was confirmed by patient feedback during the inspection.
- Improved QOF results. The practice had made progress with results in areas where they had been underperforming. They had appointed QOF leads to monitor progress and drive further improvement to ensure they improved patient care. For example, screening and patient reviews.

Leadership, openness and transparency

The GP and the management team at the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP, practice manager and business manager were visible in the practice and staff told us that they were approachable and always took the time to listen to members of staff. The practice encouraged a culture of openness and honesty.

The practice had been through difficult times during the past 12 months but the management team were confident they were making the improvements that were needed and would continue to build on this. The practice manager worked part time at the practice and some staff we spoke with told us they had not always felt supported because of this, but felt this would improve as the service developed. Staff told us they worked well as a team and supported each other.

Staff told us they considered quality and consistency important in providing care and support to patients. Management told us that the staff team was relatively new to the practice and staff skills and confidence had developed as they had become established in their roles.

Are services well-led?

Good 

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

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

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

It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. We met with representatives of the PPG during the inspection and they confirmed that they were a very constructive group that was well supported by practice staff. They told us

about the feedback they had provided to the practice and that changes had been made as a result. These included the redecoration of the waiting and reception area, and the reorganisation of information to patients in the waiting room so that it was more easily accessible for patients.

The practice was setting up a virtual PPG through their website, encouraging feedback from all population groups to help them make improvements to the services provided.

Staff told us that regular team meetings were held. Staff confirmed that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They told us they were confident they would be supported if they needed to raise any issues or concerns. Staff said they felt respected and valued by everyone in the practice.