

# Dr Avtar Suri

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Avtar Suri in Birchills Medical Centre on 10 November 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. The practice recorded and analysed all complaints as significant events and investigated these appropriately. However, the practice did not demonstrate they had a proactive approach to recognising and reporting incidents and significant events other than those identified via complaints.
- Arrangements were in place to safeguard children and vulnerable adults from abuse, and local requirements

and policies were accessible to all staff. Non clinical staff had not received safeguarding training for vulnerable adults; however they were aware of the procedures to follow if they had any concerns.

- Non clinical staff were not up to date with the latest infection control guidance and training relevant to their role.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Some governance and risk management arrangements were in place, but no risk assessments had been completed in the absence of disclosure and barring checks (DBS) for members of the reception team who occasionally chaperoned. Since the inspection we have received completed risk assessments for staff carrying out this role and the practice informed us that DBS checks are also being sought for staff who carry out the role of chaperoning.

# Summary of findings

- Non clinical staff immunisation status was not recorded and no risk assessments had been completed to identify duties, risks and actions to minimise the risk to staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

However there were areas of practice where the provider must make improvements:

- Ensure effective recording is in place for checking staff immunisation status and risk assessments have been undertaken in the absence of staff immunisation status to identify duties, risks and actions to minimise the risk to staff.

- Ensure the infection control action plan is acted on and staff receive the appropriate training relevant to their role.
- Ensure all staff are risk assessed in the absence of a Disclosure and Barring Service (DBS) check when carrying out chaperoning duties, including assessing risk in relation to staff to ensure understanding and competency when undertaking chaperone duties.

There were also areas of practice where the provider should make improvements:

- Review recruitment procedures and follow practice policy guidelines to ensure personnel files hold the relevant checks.
- Ensure staff have the necessary skills, knowledge and competencies to carry out their role.
- Encourage patients to attend screening and immunisations.
- Review current process for recording of significant events and incidents other than those identified via complaints.
- Review current process for the actioning of safety alerts in the absence of the practice support pharmacist.

**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?

- There was a system in place for recording significant events and the practice recorded and analysed all complaints as significant events and investigated these appropriately. However the practice did not demonstrate that they had a proactive approach to recognising and reporting incidents and significant events other than those identified via complaints.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Some governance and risk management arrangements were in place, but no risk assessments had been completed in the absence of disclosure and barring checks (DBS) for members of the reception team who occasionally chaperoned. Since the inspection we have received completed risk assessments for staff carrying out this role and the practice informed us that DBS checks are being sought for staff who carry out the role of chaperoning.
- Recruitment arrangements did not follow the practice recruitment policy on recruitment. We found personnel files incomplete including photograph identification and references had not been sought before the employee commenced at the practice.
- The practice held no records of non-clinical staff immunisation status and no risk assessments had been undertaken to identify duties, risks and actions to minimise the risk to staff.

Requires improvement



### Are services effective?

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Staff assessed needs and delivered care in line with current evidence based guidance and clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and there was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

- Staff had received some training, but we identified non clinical staff had not received infection control training or safeguarding of vulnerable adults, however staff demonstrated an understanding of the procedures to follow.
- The practice had introduced a weight loss clinic supported by the health care assistant to support patients to lead healthier lives.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above the national average. The most recent published results (2015/16) were 99% of the total number of points available with an exception reporting rate of 5.9%.

## Are services caring?

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice offered depot injections for patients with mental health needs through an enhanced service.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care, however the arrangements were not effective in the monitoring of risk.
- 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 provider was aware of the requirements of the duty of candour. All complaints were treated as significant events and we saw evidence to confirm that these were investigated appropriately and lessons learnt and action plans were discussed with the team.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included blood tests and vaccinations for those patients who were unable to access the practice.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- The practice worked closely with multi-disciplinary teams so patients' conditions could be safely managed in the community.

### People with long term conditions

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Data provided by the practice showed 33% of the practice population had a long term condition.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We saw evidence that meetings were held every two months.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions, this included weekly diabetic clinics to support patients with complex diabetes needs.

### Families, children and young people

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

# Summary of findings

- The practice supported the local women's refuge and offered rapid access appointments and support through the community psychiatric nurse.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife provided antenatal care every week at the practice.
- Childhood immunisation rates for under two year olds ranged from 67% to 99% compared to the CCG averages which ranged from 74% to 99%. Immunisation rates for five year olds ranged from 67% to 98% compared to the CCG average of 73% to 99%.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children. The practice held safeguarding meetings every two months.
- The practice's uptake for the cervical screening programme was 78% which was lower than the national average of 82%.

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

Good



- 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 that reflects the needs for this age group, including access to blood tests during evening surgery.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice offered extended hours to suit their working age population, with later evening appointments available once a week and an electronic prescribing service (EPS).
- Results from the national GP survey in July 2016 showed 75% of patients were satisfied with the surgery's opening hours which was comparable to the local average of 77% and the national average of 76%.

## People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, people who had to move between areas and those with a learning disability.



# Summary of findings

- The practice offered longer appointments for patients with a learning disability. Data provided by the practice showed that 30 patients were on the learning disability register and eight had received their annual health checks. The practice sent regular appointments to patients and was actively trying to reduce the number of patients who did not attend their health checks.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and held meetings with the district nurses and community teams every two months.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and the Citizens Advice Bureau held an advice clinic each week at the practice to offer advice and signpost patients to relevant services available.
- 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.
- The practice's computer system alerted GPs if a patient was also a carer. There were 174 patients on the practices register for carers; this was 4% of the practice list.

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

- The latest published data from the Quality and Outcomes Framework (QOF) of 2015/16 showed 77% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 78%. Current unpublished data supplied by the practice has shown all patients on the dementia register have had a care review since April 2016.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A counselling support service was offered once a week by a community psychiatric nurse to support patients with mental health needs.

Good



## Summary of findings

- Data supplied by the practice showed 51 patients were on the mental health register and the latest published QOF data (2015/16) showed 97% had care plans agreed, which was higher than the national average of 78%.
- Staff had a good understanding of how to support patients with mental health needs and dementia and a community psychiatric nurse held a clinic once a week to support patients.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 364 survey forms were distributed and 81 were returned. This represented 22% response rate.

- 80% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 72% 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 82% and the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 71% 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 76% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards which were all positive about the standard of care received. Comments included staff were caring and professional and an excellent service was always received.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The latest available data from the practice for the friends and family test which invites patients to say whether they would recommend the practice to others showed 90% of patients would recommend the practice.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure effective recording is in place for checking staff immunisation status and ensure risk assessments have been undertaken in the absence of staff immunisation status to identify duties, risks and actions to minimise the risk to staff.
- Ensure the infection control action plan is acted on and staff receive the appropriate training relevant to their role.
- Ensure all staff are risk assessed in the absence of a Disclosure and Barring Service (DBS) check when carrying out chaperoning duties, including assessing risk in relation to staff to ensure understanding and competency when undertaking chaperone duties.

### Action the service **SHOULD** take to improve

- Review recruitment procedures and follow practice policy guidelines to ensure personnel files hold the relevant checks.
- Ensure staff have the necessary skills, knowledge and competencies to carry out their role.
- Encourage patients to attend screening and immunisations.
- Review current process for the actioning of safety alerts in the absence of the practice support pharmacist.

# Dr Avtar Suri

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

### Background to Dr Avtar Suri

Dr Avtar Suri's practice is located at Birchills Medical Centre, Walsall an area of the West Midlands. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well

as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes.

The practice provides primary medical services to approximately 4,700 patients in the local community. The practice is run by three GP partners, one senior GP (male) and two female GPs. The nursing team consists of one practice nurse and one health care assistant. The non-clinical team consists of administrative and reception staff, business manager and a practice manager.

Based on data available from Public Health England, the levels of deprivation in the area served by Birchills Medical Centre are below the national average ranked at one out of ten, with ten being the least deprived.

The practice is a training practice for qualified doctors training as GPs and a teaching practice for medical students.

The practice is open to patients between 8.30am and 6.30pm Monday, Tuesday, Thursday and Friday and Wednesday 8.30am to 1.30pm. Extended hours appointments are available 6.30pm to 7.30pm on a Thursday. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. When the practice is closed, primary medical services are

provided by Primecare, an out of hours service provider via the NHS 111 telephone service and information about this is available on the practice website.

### Why we carried out this inspection

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

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 November 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager, business manager and reception/administration staff.

# Detailed findings

- 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.'
- Reviewed documents?

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting significant events and the practice reviewed all complaints as significant events and investigated these appropriately. However the practice did not demonstrate that they had a proactive approach to recognising and reporting incidents and significant events other than those identified via complaints.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

All alerts were received by the practice manager and forwarded on to the clinical team for action. Alerts were not formally discussed and signed off in the practice and we found the CCG pharmacist managed the safety alerts received including Medicines and Healthcare Products Regulatory Agency (MHRA) alerts. We saw evidence of action taken on recent alerts including the use of Non-steroidal anti-inflammatory drugs (NSAIDs) and the use of gastro protection. There was a programme of continuous clinical and internal audit which were often initiated as a result of national patient safety alerts.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on

safeguarding children. Clinical staff had received safeguarding training for vulnerable adults but the non-clinical team had not completed training relevant to their role in this area, but were aware of the procedures to follow if they had concerns. GPs were trained to child safeguarding level 3.

- There was no notice in the waiting room to advise patients that chaperones were available if required. Some of the staff who acted as chaperones had not received the, however they had the necessary knowledge and understanding and they were aware of the procedures to follow. We identified that staff carrying out this role had not been risk assessed in the absence of 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). Since the inspection we have received completed risk assessments for staff carrying out this role and the practice informed us that DBS checks are being sought for staff who carry out the role of chaperoning. A poster has also been displayed in the waiting room to notify patients that they could request a chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and annual infection control audits were undertaken. The last audit had been completed in March 2016 and the practice had achieved 92%. The audit had identified that staff had not received up to date training. On the day of inspection this had still not been actioned. The practice held no records of non-clinical staff immunisation status and no risk assessments had been undertaken to identify duties and identify risks and actions to minimise the risk to staff.
- 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). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best

## Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed two personnel files and found appropriate recruitment checks had not been undertaken prior to employment as detailed in the practice recruitment policy. For example we found no proof of identification was kept on file. Qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been completed for clinical staff.

### Monitoring risks to patients

Risks to patients were assessed, but not appropriately managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and health and safety risk assessments had been completed. The practice had up to date fire risk assessments but did not carry out fire drills, although staff were aware of the procedures to follow. We found that fire alarms were tested on a yearly basis. Since the inspection the practice has liaised with West Midlands Fire Service and we have received assurances that the appropriate checks will be put in place.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/16) showed the practice had achieved 99% of the total number of points available; this was higher than the national average of 95%. Exception reporting was 5% which was lower in comparison to the national average exception reporting of 9%. (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 showed:

- Performance for diabetes related indicators was 94% which was higher than the CCG average of 93% and the national average of 90%. Exception reporting rate was 6% which was lower than the national average of 11%.
- Performance for mental health related indicators was 100% which was higher than the CCG average of 94% and the national average of 93%. Exception reporting rate was 3%, which was lower than the national average of 11%.

- Performance for chronic obstructive pulmonary disease (COPD) indicators was 100% which was higher than the CCG average of 96% and the national average of 96%. Exception reporting rate was 6%, which was lower than the national average of 12%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last 12 months, three of these were completed audits where the improvements made were implemented and monitored. For example, the practice had participated in an audit to review patients with atrial fibrillation who were not on anti-coagulation medicine. The audit which was completed during November and December 2015 identified nine patients were not receiving anti coagulation medicine. Further review showed five of the nine patients should be on anti-coagulation medicine. All five patients were reviewed and two were commenced on Warfarin, an anti-coagulation medicine.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,



# Are services effective?

## (for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received some training that included: fire safety awareness, basic life support and information governance. Non clinical staff had not received training in safeguarding of vulnerable adults and infection control, but were aware of the procedures to follow.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice implemented the principles of the gold standards framework for end of life care (GSF). This framework helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. GSF meetings took place every three months to discuss the care and support needs of patients and their families and we saw minutes in place to support this.

The practice took an active approach to joint working and engaged well with other health and social care services.

- A community psychiatric nurse held sessions once a week to support patients with mental health concerns.
- Meetings with health visitors were held every three months to ensure a co-ordinated approach to the care of children was in place and to discuss any children with specific needs or concerns.
- Citizens Advice Bureau ran an advice clinic once a week to offer patients advice.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. The health care assistant had commenced a weight management service to support patients to lead healthier lives.

The practice's uptake for the cervical screening programme was 78%, which was lower than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results were lower than the CCG and national averages. For example,

## Are services effective? (for example, treatment is effective)

- 67% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 72% and the national average of 72%.
- 35% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 53% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two

year olds ranged from 67% to 99% which were comparable to the CCG averages of 74% to 99%. Immunisation rates for five year olds ranged from 67% to 98% which were comparable to the CCG average of 73% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years.

Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 10 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses were comparable with the CCG and national averages. For example:

- 82% 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%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.

The practice satisfaction scores for helpfulness of reception staff showed:

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 91% 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%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

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

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 174 patients as carers, which represented 4% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had offered depot injections for patients with mental health needs under an enhanced service.

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

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice also offered telephone consultations for patients who needed advice.
- There were longer appointments available for patients with a learning disability, carers and patients experiencing poor mental health.
- Extended hours appointments were offered on Thursday evening from 6.30pm to 7.30pm
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. For vaccines only available privately, patients were referred to other clinics.
- There were disabled facilities and translation services available.
- There was no hearing loop at the practice, but patients with hearing difficulties had alerts added to their medical records.
- The practice offered a variety of services including cervical screening, minor surgery and phlebotomy.

The practice offered a range of services to support the diagnosis and management of patients with long term conditions. For example the practice had identified a large population of poorly controlled diabetics through their

QOF data. In order to offer in depth reviews of these patients and support them in the control of their diabetes, the practice held weekly specialised diabetic clinics. The community diabetic nurse also offered supports and adhoc clinics for patients with complex diabetes needs.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday, Tuesday, Thursday and Friday and from 8.30am to 1.30pm on Wednesday. Appointments were from 9.30am to 12pm every morning and 4pm to 6pm daily, except Wednesday when appointments were only available in the morning. Extended hours appointments were offered at 6.30pm to 7.30pm on Thursday. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them and had no difficulties in accessing the service.

The practice had a system in place to assess whether a home visit was clinically necessary and

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- 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.

We looked at five complaints received from October 2015 to May 2015. Lessons were learnt from individual concerns

and complaints and action was taken as a result to improve the quality of care. We saw in the meeting minutes that learning was shared and where required action was taken to improve safety.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision and strategy to provide primary health care to patients. We spoke with three members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. This was reflected in feedback received from patients and in the way comments, concerns and suggestions were responded to.

- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care, but was not always effective in managing risk. For example:

- Risk assessments had not been completed in the absence of Disclosure and Barring (DBS) checks for reception staff carrying out the role of chaperone. Since the inspection we have received confirmation that risk assessments have been completed for all staff carrying out this role and we have been informed by the practice that DBS checks are being sought for staff who chaperone.
- The arrangements for identifying, recording and managing risks and incidents were not identified separately, but all complaints were seen as significant events and we saw evidence to confirm that these were investigated appropriately and lessons learnt and action plans were discussed with the team.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were not always implemented effectively for example practice policy guidelines were not followed to ensure personnel files hold the relevant checks.
- A comprehensive understanding of the performance of the practice was maintained through the Quality and Outcomes framework, but no system was in place to encourage patients to attend cancer screening.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We found the practice recorded all complaints as significant events and we saw evidence to confirm that these were investigated appropriately and lessons learnt and action plans were discussed with the team.

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, submitted proposals for improvements to the practice management team. For example, for many of the patients, English was not the first language. The PPG suggested having some form of communication

# Are services well-led?

Good 

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

available in reception to advise patients that an interpreting service was available. This was acted on and posters were on display in the waiting room in various languages to advise patients of this service.

- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt part of the extended family. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice nurse was doing a prescribing course with the support of the GPs.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Providers must assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</b></p> <p>How this regulation was not being met:</p> <ul style="list-style-type: none"><li>• The registered person did not have up to date records to support that staff were up to date with the immunisations recommended for working in general practice.</li><li>• Staff carrying out the role of chaperoning had not been risk assessed in the absence of a Disclosure and Barring Service (DBS) check.</li></ul>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>Staff must receive the support, training, professional development, supervision and appraisals that is necessary for them to carry out their roles and responsibilities.</b></p> <p>How this regulation was not being met:</p> <ul style="list-style-type: none"><li>• The registered person had not sought chaperone training to ensure staff were up to date with best practice guidelines when carrying out this role.</li><li>• Staff had not received the relevant infection control training to support them in their role and minimise risk to patients and staff.</li></ul>