

# NHSTanhouse Clinic

## 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 Rajiv Chitre on 20 May 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Rajiv Chitre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 17 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 20 May 2016. This report covers our findings in relation to these improvements made since our last inspection.

Dr Rajiv Chitre has two practices; Dr Rajiv Chitre, 168 Hamstead Road, Handsworth Road, Birmingham and NHS Tanhouse Clinic. The practice has a combined list size of approximately 5500 patients. Patients are able to visit either of the two sites in order to access primary medical services. Both practices are registered

individually with CQC and therefore, both sites have individual reports and ratings. However as the practice has one General Medical Services (GMS) contract, a single patient list, a common clinical data system and a shared staff group, the data included in this report reflects both practices.

Overall the practice is now rated as good.

Our key findings were as follows:

- During our previous inspection in May 2016 we saw that some systems or processes were not effective to assess, monitor and mitigate the risks relating to the management of hospital communications, the management of medicines and the implementation of actions following audits. At this inspection we saw that improvements had been made. However, the service could not demonstrate effective management of risks in relation to medicine safety alerts or updates from the Medicines and Healthcare products Regulatory Agency (MHRA).

# Summary of findings

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
  - Most risks to patients were generally assessed and well managed; however, some risks were not effectively managed. For example, the practice received medical device alerts but could not evidence receipt of any drug safety alerts or updates from the Medicines and Healthcare products Regulatory Agency (MHRA). Following the inspection the practice assured us that action had been taken to improve.
  - Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
  - Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
  - When we inspected the practice in May 2016 we saw results from the national GP patient survey (July 2016) were below average for some of its satisfaction scores. The latest results (July 2017) showed improvement in patient satisfaction scores.
  - Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
  - Patients we spoke with 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.
  - During our previous inspection in May 2016 we saw that the practice had a governance framework to support the delivery of the strategy and good quality care. However, these arrangements were not always effective as we had identified areas for improvement. At this inspection we saw that action had been taken to make improvements.
- The areas where the provider must make improvement are:**
- Ensure care and treatment is provided in a safe way to patients by considering and actioning all relevant patient safety alerts.
- The areas where the provider should make improvement are:**
- Ensure effective communication processes are in place to effectively manage all risks with due consideration for staff members working remotely.
  - Review staffing needs in light of the increasing patient list size to ensure the service meets patient needs.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- The practice were unable to demonstrate that they had an effective system for the management of medicine safety alerts.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- At this inspection we saw that improvements had been made to the management of risks, for example the storage of medicines and infection control.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- The practice was able to demonstrate quality improvement through completed cycles of clinical audits.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



- During our previous inspection in May 2016 data from the national GP patient survey (January 2016) showed patients

# Summary of findings

rated the practice below average for some of its satisfaction scores. At this inspection the practice was able to demonstrate actions taken to improve and the latest data we looked at (July 2017) showed that the practice had achieved improvement.

- Patients we spoke with on the day 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.
- During our previous inspection we saw carers packs were available at the practice but the number of carers registered by the practice was significantly low. At this inspection the practice had improved on the numbers of carers identified.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was taking part in the primary care commissioning framework (PCCF). As part of this, the practice was expected to offer various services such as end of life care and to improve the management of long term conditions.
- A Mental Health Counsellor (funded by the CCG) held weekly clinics and offered links to other mental health services (at the branch site).
- Support was available for those with drug and alcohol addictions. A drugs misuse support worker (funded by the CCG) held clinics to manage and support patient needs.
- Most patients we spoke with 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 premises were located in a converted house and had recently been renovated to offer improved facilities to treat patients and meet their needs.
- Information about how to complain was available and evidence from seven examples reviewed showed 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.

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. This was supported with a business strategy and staff were clear about the vision and their responsibilities in relation to it.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which generally supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, the management of medicine safety alerts was not always effective.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. They involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- The practice regularly worked with other health professionals to review patients and to ensure the needs of those with the most complex care needs were being met. For example, patients with end of life care needs or that had an unplanned admission to hospital.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 87% which was in line with the CCG average of 88% and national average of 90%. Diabetic patients were referred to structured learning programmes and a diabetes specialist consultant along with a specialist nurse held bi-monthly clinics for more complex cases. This was as part of the Diabetes Inpatient Care and Education (DICE) programme, a CCG funded area of enhanced care.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

# Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- Longer appointments and home visits were available when needed. Patients with long term conditions 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.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions such as insulin initiation, electrocardiographs (ECGs) and spirometry.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Priority for appointments was given to sick children. The practice had baby changing facilities and offered a breast feeding friendly service.
- Appointments were available outside of school hours.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Good



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

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, the practice offered extended opening hours on a

Good



# Summary of findings

Monday until 8pm. Extended Saturday opening was available from 9am to 12 noon at this site. This was useful for patients who were unable to attend due to work or other commitments during normal opening hours.

- 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.
- A telephone triage service enabled patients who were unable to attend the practice easily to seek clinical advice.
- Enhanced text messaging service was used to allow for two way interactive patient messaging.
- The practice offered virtual membership to its patient participation group to encourage feedback from this group of patients.

## People whose circumstances may make them vulnerable

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

- The practice offered longer appointments for patients with a learning disability and health checks were offered to them.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- A Drugs Misuse Support Worker held clinics at the practice to manage and support patients' needs.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Good



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

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

- The practice carried out advance care planning for patients living with dementia.

Good



# Summary of findings

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG average of 84% and the national average of 84%. The exception reporting was 0% compared to the CCG and national average of 7%.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice also used single point access to manage both routine and urgent referrals for working age adult mental health services.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. A Mental Health Counsellor held weekly clinics at the site and offered links to other mental health services.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. Of the 360 survey forms that were distributed, 111 were returned. This represented 2% of the practice's patient list.

- 85% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%.
- 82% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 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 65% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards and most were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, and polite.

We spoke with four patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. Patients commented that the GPs always took time to listen and explain.

## Areas for improvement

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

- Ensure care and treatment is provided in a safe way to patients by considering and actioning all relevant patient safety alerts.

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

- Ensure effective communication processes are in place to effectively manage all risks with due consideration for staff members working remotely.
- Review staffing needs in light of the increasing patient list size to ensure the service meets patient needs.

# NHSTanhouse Clinic

## 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 advisor and a practice nurse specialist advisor.

## Background to NHSTanhouse Clinic

Dr Rajiv Chitre has two practices; Dr Rajiv Chitre, 168 Hamstead Road, Handsworth Road, Birmingham and NHS Tanhouse Clinic, Hamstead Road, Great Barr, Birmingham. The practice has a combined list size of approximately 5500 patients. Patients are able to visit either of the two sites in order to access primary medical services.

The staff group, policies, systems and procedures at Dr Rajiv Chitre are centrally managed and operate across both sites. We inspected the main site at Dr Rajiv Chitre (168 Hamstead Road, Handsworth) on 17 August 2017. We also visited NHS Tanhouse Clinic at Great Barr.

Both practices are registered individually with CQC and therefore both sites have individual reports and ratings. However as the practice has one General Medical Services (GMS) contract, a single patient list, a common clinical data system and a shared staff group, the data included in this report reflects both practices.

The two GP partners (both male) and a long term locum GP (female) work across both sites along with the two practice nurses. The practice manager was responsible for overseeing both sites. However, they were on long term leave but attended relevant meetings and worked remotely

where required. There is an assistant practice manager who is supported by the practice manager in the day to day running of both sites. They are supported by an administration team that work across both sites.

The practice is located in a suburban area of Birmingham and the purpose built premises is leased from NHS Property services.

Based on data available from Public Health England, the levels of deprivation (deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by NHS Tanhouse are below the national average, ranked at two out of 10, with 10 being the least deprived.

The practice is open from 8am to 6.30pm on Mondays, Tuesdays, Wednesdays and Fridays. On Thursdays it closed at 3pm but patients are able to go to the main site at Handsworth. The practice is also open on a Saturdays between 9am and 12pm.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 17 August 2017. During our visit we:

- Spoke with a range of staff (including two practice nurses, long term locum GP, the practice manager, assistant practice manager and a range of administration staff).
- Observed how patients were being cared for in the reception area spoke with patients who used the service.
- Reviewed a 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.
- There were two sites and we visited both locations
- Looked at information the practice used to deliver care and treatment plans.

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 living 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

At our previous inspection on 20 May 2016, we rated the practice as requires improvement for providing safe services as some risks such as those related to storage of medicines and vaccines needed to be improved. Some actions identified from infection control audit were not followed up. The building landlord carried out some risk assessments but copies were not available at the practice to manage any risks.

These arrangements had significantly improved when we undertook a follow up inspection on 17 August 2017. However, The practice could not demonstrate an effective process for the management of medicine safety alerts.

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager or the assistant 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). The reporting of incidents on the computer system facilitated the sharing of information with the Clinical Commissioning Group (CCG) if it was felt appropriate.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident we looked at documented that a data logger used to monitor the temperature of the fridge used to store vaccines and medicines was not providing accurate readings. We saw that this was reported and discussed in the team meeting and a new data logger was purchased.
- The practice could not demonstrate that appropriate action had been taken for some recent medicine safety alerts such as those from the Medicines and Healthcare products Regulatory Agency (MHRA).
- On the day of the inspection the practice had started to review all MHRA safety alerts retrospectively for the past 12-24 months and had started to conduct searches on

the patient record system where relevant in order to assure themselves that appropriate actions were taken (and this was ongoing at the time of the inspection). The practice manager told us that they had reviewed the practice process to receive and action medicine safety alerts and this would be formalised once the GP partners returned from leave.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- There were systems, processes and practices in place to keep patients safe and safeguarded from abuse. 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 GP for safeguarding who had attended level three training.
- Staff members we spoke with demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We saw nurses had attended level two safeguarding training.
- Notices outside the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones had received online training for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. One of the practice nurses was the infection control clinical lead who was part of a CCG lead practice nurse forum. This allowed them to keep up to date with best practice including infection prevention and control. There was an infection control protocol in place and staff had received up to date training.

# Are services safe?

- We saw annual infection prevention and control (IPC) audits were carried out. During our inspection in May 2016 we saw that the some actions following IPC audits were not actioned. At this inspection we saw that all actions identified previously had been implemented.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The practice had both printable prescription stationery and blank prescription pads. Prescription stationery were kept in a safe to ensure security. There was an audit trail for printable prescription stationery but not for the blank prescription pads. However, the practice had developed an auditable process on the day of the inspection.
- During our previous inspection we saw that staff were not always resetting the vaccine fridge thermometer after recording the maximum, minimum and actual temperatures. At this inspection we saw this was now being done.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. We looked at eight patient records and saw that patients on high risk medicines were being managed appropriately.
- Repeat prescriptions were signed before being issued to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants (HCAs) were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence

of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

## Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. We saw evidence that actions following the most recent fire risk assessment had been completed.
- During our previous inspection in May 2016 we were told that the surgery building was leased by the partners. The landlord carried out fire alarm checks and records for these were not provided to the practice. At this inspection we saw that these were now available to the practice and were current.
- There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff told us that they would cover for each other during periods of absence. Staff worked between the main site and this site but could cover each other during unplanned staff absences. The practice also used locum GPs if required. The patient list size was increasing and staff members we spoke with told us that at times they were starting to struggle providing timely access to appointments and could do with extra GP sessions.

## Arrangements to deal with emergencies and major incidents

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

## Are services safe?

- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The business contingency plan incorporated use of either site in the event of an emergency.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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. There were links to NICE guidance on the computer system so that relevant guidance could be accessed.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. This was comparable local CCG average national averages.

During our previous inspection we noted that the practices exception reporting overall was higher at 16% compared to the CCG and national averages of 9%. The practice looked into the high exception reporting with the help of the local commissioning support unit and informed us that this was due to a system error. At this inspection data we looked at showed that overall exception reporting was at 7% which was similar compared to the CCG and national averages of 6%. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

Data from 2015/16 showed;

- Performance for diabetes related indicators was 87% which was in line with the CCG average of 88% and national average of 90%. Diabetic patients were referred to structured learning programmes and a diabetes

specialist consultant along with a specialist nurse held bi-monthly clinics for more complex cases. This was as part of the Diabetes Inpatient Care and Education (DICE) programme, a CCG funded area of enhanced care.

- Performance for mental health related indicators was 94% which was in line with CCG average of 92% and the national average of 93%.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face meeting in the preceding 12 months was higher than local and national averages. For example, 100% of patients had a face to face review with an exception reporting of 0%.

During our previous inspection in May 2016 we saw evidence of quality improvement including clinical audit. However, most of the audits had been conducted recently and some were ongoing. There were no second cycle audits available to demonstrate quality improvement. At this inspection the practice was able to provide evidence of 11 clinical and non-clinical audits. We reviewed some of these audits such as an audit on chronic obstructive pulmonary disease (COPD), a shingles audit and an audit on contraceptive injection which demonstrated quality improvement.

### Effective staffing

The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding and fire safety.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Online training was available and staff were also encouraged to attend CCG training days. There was a training matrix which detailed specific training for each member of staff. The practice nurses were part of the CCG led practice nurses forum which allowed them to keep up to date with best practice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Relevant staff members had attended specific immunisation training courses and told us they had access to on line resources such as the green book. They also told us that they attended vaccine updates

# Are services effective?

## (for example, treatment is effective)

organised locally by the CCG. The Green Book has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK.

- 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. For example, one of the practice nurses had completed a university course (degree) in specialist community nursing which incorporated learning in management of long term conditions. Another nurse was in the process of completing a university degree in the management of long term conditions. They had completed a diabetes course and insulin initiation as well as spirometry.

### Coordinating patient care and information sharing

During our previous inspection in May 2016 we were not assured that the system in place for managing patient information was sufficiently effective. At this inspection we saw that the practice had reviewed its policy for processing incoming clinical letters and discharge summaries. Minutes of meeting we looked at demonstrated that this was discussed with all staff. Both GP partners were responsible for processing communications received and this was shared equally between them. If a partner was away on leave then the other partner was responsible for ensuring all letters were processed.

On the day of the inspection both partners were away on leave and the practice manager told us that a locum GP was booked to process incoming letters and authorising prescriptions. We saw that this was stated in the practice policy for processing incoming letters. On the day of the inspection we looked at examples of incoming results and hospital letters that had been actioned and others that were pending for the locum GP to action.

Staff worked together 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.

### 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.
- Training records reviewed demonstrated that staff had undertaken Mental Capacity Act training within the last 12 months.
- We saw examples of written consent for minor surgery procedures and for cervical cytology. Consent forms were available on the practice electronic system. The practice had carried out a minor surgery audit of 10 random patients' records which showed that consent had been signed and there were no medical issues or infections.

### 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. Clinical staff members told us they used relevant forms to access other services as well as being able to directly message health visitors through a communication book. The practice also used single point access to manage both routine and urgent referrals for working age adult mental health services.

Specific clinics were held to support patients with diabetes (insulin initiation) and respiratory conditions (spirometry testing). A specialist diabetes nurse and consultant held clinics at the practice regularly for more complex patients (this was a CCG initiative).

The practice offered in house support in areas such as weight management and life style advice (health exchange clinics). It also offered electrocardiograms (ECGs).

The practice website contained links to health information and support for patients. There was an information screen in the reception area encouraging patients to lead healthier lives with further information and details of other organisations for support.

The practice's uptake for the cervical screening programme was 77%, which was slightly below the CCG average of 80% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice

# Are services effective?

(for example, treatment is effective)

also had a policy to place a recall date on patients' records as advised by the pathology laboratory. There was a system 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. This was supported by a protocol.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 93% to 95% and five year olds from 90% to 97%.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake of these national screening programmes was higher than the CCG average and in line with national averages. For example,

51% of patients were screened for bowel cancer in the last 30 months which was above the CCG average of 45% and comparable to the national average of 58%

71% of females aged 50-70 years were screened for breast cancer in the last 6 months which was above the CCG average of 67% and the national average of 74%.

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

# Are services caring?

## Our findings

At our previous inspection on 20 May 2016, we rated the practice as requires improvement for providing caring services as data from the national GP patient survey showed patients rated the practice below average in some areas.

At this inspection we looked at the latest national survey results (July 2017) and saw improvements had been achieved.

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. We spoke with four patients on the day and they told us that they did not overhear any consultations taking place whilst waiting for their appointment.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Both partners were male GPs but the practice also had a regular female locum GP who worked twice weekly.

We received 14 patient Care Quality Commission comment cards. Almost all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, polite, caring and the doctors went out of their way to help.

We spoke with four (both sites) patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. Patients commented that the GPs always took time to listen and explain.

Minutes of meeting we looked at demonstrated that the practice had discussed the results from the national GP patient survey and had developed an action plan to

improve. For example, the GP had increased their appointments at this site and at the branch site (NHS Tanhouse). This was to ensure greater availability of appointments and availability of their preferred GP. The GPs also highlighted that patients needed to be informed that appointments were for one person and if they needed to discuss multiple complex problems that they should ask to book a longer appointment.

The latest results (July 2017) showed the practice was above average for its satisfaction scores in most areas compared to the local CCG. For example:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 86%.
- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG average of 82% and the national average of 87%.

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

## Are services caring?

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:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 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 82% and the national average of 85%.

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.

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

- Staff told us that interpretation 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. Many of the staff were able to speak some of the languages spoken by patients. The practice website could be translated into other languages.

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. We looked at the urgent (two weeks) referral process and saw that there was an effective system in place. The GP provided the patient with a copy of the referral letter with any actions that they should take. The practice had carried out an audit of 15 patients which showed that patients were referred appropriately.

### 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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

During our previous inspection the practice had identified 19 patients as carers (0.3% of the list). At this inspection we saw the practice had identified 58 patients as carers (1.1% of the practice list). A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Messages displayed in the reception area encouraged carers to register and to ask at reception for a carers pack. We saw alerts were in place if patients needed further assistance. For example, we saw an alert on the patient record system for a patient that needed a translation service for sign language. The practice website had further information and had links to support groups.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time to meet the family's needs 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

Practice staff reviewed the needs of its local population and engaged with the CCG to secure improvements to services where these were identified. For example, the practice was taking part in the primary care commissioning framework (PCCF). As part of this, the practice was expected to offer various services such as end of life care and to improve the management of long term conditions.

- The practice offered extended opening hours on a Monday between 6pm to 8pm. The practice was also open on a Saturday from 9am to 12pm (at this site) and all patients could attend. This was ideal for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for certain long term conditions and childhood immunisations.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The Healthcare assistant also visited patients in their home for routine blood tests and blood pressure tests.
- A Mental Health Counsellor held weekly clinics and offered links to other mental health services. A Drugs Misuse Support Worker also held clinics to manage and support patient needs. These services were funded by the CCG and clinics were held at the practice for all registered patients.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions such as insulin initiation, electrocardiographs (ECGs) and spirometry.
- Appointments could be made up to two weeks in advance as well as same day appointments. Children and those patients with more urgent medical problems were also seen on the same day. A text messaging service was in place to remind patients of their appointment.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice was located in a purpose built building which ensured that patients who had difficulty with their mobility could access the building with ease.

- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday except Thursday when it closed at 3am. However, the main site was open on a Thursday and patients had access to a GP if needed. Extended hours were provided from 6.30pm to 8pm on Mondays (at the main site). Extended Saturday opening from 9am to 12pm was available at this site.

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

- 82% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 71%.
- 83% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 84%.
- 76% of patients said their last appointment was convenient compared with the CCG average of 72% and the national average of 81%.
- 82% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 71% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Comment cards we received did not raise access as an issue.

The practice had a system in place for telephone triage and home visits were also available. Patients were advised to call before 10am to request these services.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice offered online services for making appointments and ordering repeat prescriptions.

## **Listening and learning from concerns and complaints**

The practice had a system 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 a complaints and comments leaflet was available in the practice and the practice leaflet also informed patients of the process.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled. Minutes of meetings we looked at demonstrated that learning had been identified, shared with staff and implemented.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 20 May 2016, we rated the practice as requires improvement for providing well-led services. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, policies were not always well embedded. For example, for handling communications from other healthcare organisations. Some actions from audits were not implemented. Some risks were not formally assessed although it was evident that they had been considered, such as those related to the current renovation of the building.

At this inspection we saw improvements had been achieved when we undertook a follow up inspection on 17 August 2017.

### Vision and strategy

The practice had a clear vision to deliver the highest standard of health care for their patients and to continually achieve improvement in patient care. This was supported with a business plan for 2017-18. The plan identified that improvement to its information technology equipment was essential to providing a high standard of service. It had recently signed up to an enhanced text messaging service to allow for two way interactive patient messaging. It recognised that staff and GPs needed to work differently to offer flexibility and improvement in access to appointment and had introduced a telephone consultation service between 12pm-12.30pm each day.

### Governance arrangements

During our previous inspection in May 2016 we saw that the practice had a governance framework to support the delivery of the strategy and good quality care. However, they were not always effective as we had identified areas for improvement. At this inspection we saw that action had been taken to make improvements. Minutes of meetings we looked at showed that each area of concern we had identified had been discussed and governance processes strengthened. For example, a rota was developed for each day for the GP partners at each site to ensure timely authorisation of prescriptions and processing of hospital communications.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and

nurses had lead roles in key areas. For example, the partners were away on leave and the regular locum GP had the responsibility of clinical oversight. There was a policy outlining the responsibility of the regular locum GP when both partners were away. The locum GP was supported by staff who had specific responsibilities within the practice.

- The practice manager was away on long term leave and worked remotely when required and the day to day running of the practice was undertaken by the assistant practice manager who was supported by the practice manager.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. We saw evidence that the policy for processing hospital communication was reviewed and discussed with all staff.
- Staff members were able to demonstrate understanding of the performance of the practice and meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- We saw evidence of a number of clinical and internal audits that were now in place to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice needed to strengthen communication in areas where they had responsibility such as communication and management of safety alerts.

### Leadership and culture

On the day of the inspection the partners were away on leave. However, the permanent staff members we spoke with were aware of their roles and responsibilities. Staff were able to demonstrate clear understanding of the systems and processes in place to ensure delivery of quality and compassionate care.

Staff members confirmed that partners were approachable and always took the time to listen to all members of staff. From our discussion with staff members it was clear that they were involved in the management of some of the systems and processes the practice had.

# Are services well-led?

Good 

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

- The practice held multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- All staff were involved in discussions about how to run and develop the practice and identify opportunities to improve the service delivered by the practice.

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

The practice encouraged feedback from patients through the virtual patient participation group (PPG). The practice manager ran the virtual group and current membership consisted of 47 patients. A PPG member we spoke with told us that not all members always replied to feedback requests. We saw that the practice encouraged membership of the group and there was a form available for patients to share their email address so that they could be contacted to give their views. We spoke with a member of the PPG who told us that they received emails asking them to complete feedback forms. Some patients wanted updates to any changes to the practice had made and we were told that they were sent information through email. The practice also produced a monthly newsletter which was available for patients in the practice and provided updates.

This section is primarily information for the provider

## 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>Care and treatment must be provided in a safe way for service users for example</b> <ul style="list-style-type: none"><li>• Ensure care and treatment is provided in a safe way to patients by considering and actioning all relevant patient safety alerts.</li></ul>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	