

Dr Abid Hussain

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

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We had previously inspected Dr Abid Hussain (known as Pearl Medical Centre) in April 2015 and had found serious concerns. As a result the practice was rated as inadequate and placed into special measures. The inspection report was published in October 2015. Specifically, we found the practice inadequate for providing safe, effective and well led services. The practice required improvement for providing a caring and responsive service. Following the inspection the practice sent us an action plan of how they were going to address the issues.

We carried out an announced comprehensive inspection at the practice on 19 April 2016 to consider whether sufficient improvements had been made by the provider, and whether the concerns we had at the previous inspection had been addressed. The practice had made significant improvements. We have rated the practice as requires improvement in providing caring and responsive services, and good for providing safe, effective and well led services. Overall the practice is rated as requires improvement at this inspection.

- There was a more structured, open and transparent approach to the reporting of and recording of significant events and complaints. Staff were aware of and understood their responsibilities to report these. Learning was shared with staff at team meetings.
- Risks to patients were assessed and well managed through practice meetings and through discussions with the multi-disciplinary teams.
- Staff had completed training that confirmed they had the skills, knowledge and experience to deliver effective care and treatment. Staff training needs had been identified and planned for the following year.
- A more robust recruitment process had been implemented since our last inspection and this had been followed when recruiting staff.
- Patients confirmed on the comment cards that 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 to patients in the reception area and on the practice website. This was easy to understand.

Summary of findings

- The practice was proactively seeking feedback from staff and patients. The Patient Participation Group had been re-formed and an open day had been held for patients to share their views and ideas.
- Checks had been introduced to ensure emergency equipment was available for use at all times.

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

- When an assessment of clinical staff skills is being carried out details of specific skills assessed should be recorded.

- Take steps to ensure that recent improvements to quality monitoring are embedded and sustained.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There were effective systems in place to report and record significant events. Staff demonstrated they knew the process and their responsibilities to raise concerns, and to report any incidents and near misses. Significant events were discussed with staff to ensure that learning was shared and improvements made where applicable.
- 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).
- When things went wrong patients were offered support. They were given explanations as well as information about any action the practice had taken to prevent similar things happening again. Apologies were given where these were appropriate.
- The practice had appropriate systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well-managed. The practice had made improvements to the management of infection control as a result of concerns we identified at the previous inspection.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 2014/15 showed patient outcomes were rated in line with the local and national averages, although exception rating was higher than both local and national levels. For example, 90% of patients with diabetes had received an annual review including foot examinations (with 16% exception rate). The practice had increased the numbers of clinics provided to ensure more regular patient reviews were completed; they had completed a patient list cleansing; and they had carried out a review of patient records to ensure correct coding had been applied. We saw the latest unpublished data for the practice which showed

Summary of findings

improvements in patient outcomes were being achieved. For example, 94% of patients with diabetes had received an annual review including foot examinations which was an increase of 4% on data for the previous year.

- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely.
- Clinical audits demonstrated quality improvement. We looked at a range of audits the practice completed since our last inspection, three of which were completed audits. For example, a medicines audit conducted in May 2015 with a re-audit done in February 2016.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.
- Staff had received training to ensure they had the skills, knowledge and experience to deliver effective care and treatment. Appraisals and personal development plans had been completed for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Regular meetings were held which enabled information to be shared.

Are services caring?

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

- Feedback from patients was well below local and national averages for providing services that were caring. The National GP Patient Survey results published in January 2016 showed that overall patients' experience of the practice and the satisfaction scores on consultations with GPs, nurses and interactions with reception staff was well below local and national averages. (Latest results published in July 2016 are shown in brackets for comparison). For example, 59% (67%) said the last GP they spoke to was good at treating them with care and concern. This was below the CCG average (84%) (83%) and national average (85%). 74% (73%) of patients said they found the receptionists at the practice helpful which was below the CCG average of 86% and national average of 87%.
- The practice was proactively seeking feedback from staff and patients with the aim to make improvements in these areas. The Patient Participation Group (PPG) had been re-formed in October 2015 and an open day had been held in November 2015 for patients to share their views and ideas.
- Data showed that patients rated the practice below local and national averages in planning and making decisions about their

Requires improvement



Summary of findings

care and treatment. 63% (69%) of patients said the last GP they saw was good at explaining tests and treatments which was below the CCG and national averages of 86% (85%). 52% (63%) of patients said the last GP they saw was good at involving them in decisions about their care which was below the CCG average of 81% (80%) and the national average of 82%.

- The practice register of all patients who were carers was below national averages (0.7% of their patient register). The practice told us the low numbers of carers was reflected in the practice population. The practice told us that most of older patients were cared for at home with family who were reluctant to be identified as carers.
- Patients completed comment cards and told us they felt they were treated well by all staff. They felt they received compassionate care and were treated with dignity and respect. They confirmed they were involved in decisions about their care and treatment.
- We saw that staff treated patients respectfully, and in a way that maintained their confidentiality.
- Information about the services provided was available to patients and was easy to understand.

Are services responsive to people's needs?

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

- Feedback from patients at the time of the inspection reported that access to a named GP and continuity of care was available quickly, and urgent appointments were available the same day. However, national data for January 2016 reported that only 50% (47%) of patients said they could get through easily to the practice by telephone. This was lower than the CCG average (71%) (70%) and national average (73%). Additionally, 57% (47%) of patients described their experience of making an appointment as good which was below the CCG average of 70% and the national average of 73%; 52% (50%) of patients said they usually waited 15 minutes or less after their appointment time which was below the CCG average of 60% and national average of 65%. The practice had reviewed this and additional staff had recently been appointed to answer telephone calls in the mornings to improve access. (Latest results published in July 2016 are shown in brackets for comparison).
- The practice's complaints policy and procedures had been developed and were now in line with recognised guidance and contractual obligations for GPs in England. Information about

Requires improvement



Summary of findings

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.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. They were aware of the needs of their practice population and had regular meetings with the local Clinical Commissioning Group (CCG) and NHS England to take into account the complex needs of their patients.

Are services well-led?

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

- There was a clear leadership structure in place and staff felt supported by the management team. Governance and performance management arrangements had been proactively reviewed and updated since our last inspection.
- The practice had a clear vision and a plan in place to deliver quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- The management team encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had been proactive in gathering feedback from staff and patients, which it acted on. The Patient Participation Group (PPG) had been reformed four months before this inspection and a number of meetings had taken place. There was an improved level of constructive engagement with staff and staff told us they were more involved in the running of the practice and their feedback was encouraged.

Good



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for two of the five key questions we ask; is it safe, effective, caring, responsive and well led? The issues identified as requiring improvement affected all patients and included this population group. There were however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. The number of older patients registered with the practice was 6% which was low in comparison to the local average of 23%, and the national average of 27%. Most of their older patients were cared for at home.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those patients unable to access the practice.
- The practice held regular meetings with the multi-disciplinary team (MDT) for the planning and delivery of palliative care for patients approaching their end of life. The practice knew how many patients they had who were receiving palliative care and kept a palliative care register.
- A mobile number was given to patients with enhanced needs so they could contact the GP at weekends and out of hours so that continuity of care could be maintained.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for two of the five key questions we ask; is it safe, effective, caring, responsive and well led? The issues identified as requiring improvement affected all patients and included this population group. There were however, examples of good practice.

- GPs were supported by the practice nurses in their lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. The practice employed two pharmacists who worked closely with the principal GP to ensure safe and effective prescribing through medicine reviews.

Requires improvement



Summary of findings

- For patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The quality monitoring data (QOF) for 2014/2015 showed that management of patients with long-term conditions was generally in line with the local and national averages, although exception rates were higher than both local and national levels. For example, the number of patients with Chronic Obstructive Pulmonary Disease (COPD) (lung diseases) who had a review of their condition in the preceding 12 months was 98%. The exception rate of 20% however, was higher than the local and national averages of 13% and 12% respectively. The practice had increased the numbers of clinics provided to ensure more regular patient reviews were completed to address the high rates of exception reporting. Unpublished data showed that improvements had been made across all areas for patients with long term conditions.

Families, children and young people

The provider was rated as requires improvement for two of the five key questions we ask; is it safe, effective, caring, responsive and well led? The issues identified as requiring improvement affected all patients and included this population group. There were however, examples of good practice.

- 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 patients who had a high number of accident and emergency (A&E) attendances.
- Childhood immunisation rates for the vaccinations given were in line with the local Clinical Commissioning Group (CCG) averages for under two year olds, but they were slightly lower than CCG averages for under five year olds.
- Appointments were available outside of school hours. There were changing facilities for babies and a room was also available for breast feeding should this be needed.
- We saw good examples of joint working with midwives and health visitors. The practice contacted parents when babies and children did not attend for their vaccinations and informed Child Health Services when appropriate. We saw minutes of meeting where issues relating to children were discussed.

Requires improvement



Summary of findings

- The practice's uptake for the cervical screening programme was 82% which was above the local average of 78% and in line with the national average of 82%. Exception rating of 28% was higher than both local and national averages of 8% and 6% respectively.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for two of the five key questions we ask; is it safe, effective, caring, responsive and well led? The issues identified as requiring improvement affected all patients and included this population group. There were however, examples of good practice.

- 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.
- With the launch of the practice website the practice had been proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group.
- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions. This was advertised on the practice website.
- Extended hours appointments were available so that patients did not need to take time off work. Patients could also book appointments up to four weeks in advance or order repeat prescriptions online.
- 14% of the patients over 30 years of age at this practice had a diagnosis of diabetes, compared with the national average of 6%. The practice had recognised the need for more effective monitoring and this was reflected in their diabetes management achievements for this year (97%).

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for two of the five key questions we ask; is it safe, effective, caring, responsive and well led? The issues identified as requiring improvement affected all patients and included this population group. There were however, examples of good practice.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability. Annual health checks were carried out and patients were offered longer appointments for these.
- Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children who were considered to be at risk of harm. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. Information was provided for patients about how to access various support groups and voluntary organisations. For example, leaflets were available in the waiting area and on the practice's website.
- Vulnerable patients were supported to register with the practice, such as homeless people.
- The practice had a palliative care register and provided culturally sensitive end of life care for patients.
- Interpreters and chaperone services were available to patients.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for two of the five key questions we ask; is it safe, effective, caring, responsive and well led? The issues identified as requiring improvement affected all patients and included this population group. There were however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those patients with dementia. Annual health checks were carried out for all 14 patients on the practice's register.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was in line with local and national averages.
- The GPs and the practice nurses understood the importance of considering patients' ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005.
- The practice had given patients experiencing poor mental health information about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Counselling services were available at the practice, provided by Healthy Minds and Faith Counselling.

Summary of findings

What people who use the service say

We reviewed the National GP Patient Survey results published in January 2016 (July 2016) for the practice on patient satisfaction. There were 413 (369) surveys sent to patients with 72 (62) responses which represented a response rate of 17%. (17%). The latest results for the National GP Patient Survey were published in July 2016, the results of which are shown throughout the report in brackets for comparison.

The survey results highlighted that the practice was rated below the local and national averages in relation to access to appointments:

- 50% (40%) of patients found it easy to get through to this practice by phone which was below the Clinical Commissioning Group (CCG) average of 71% (70%) and a national average of 73%.
- 70% (65%) of patients were able to get an appointment to see or speak to someone the last time they tried which was below the CCG average of 80% (81%) and a national average of 85%.
- 93% (90%) of patients said the last appointment they got was convenient which was in line with the CCG average of 90% and the national average of 92%.
- 57% (47%) of patients described their experience of making an appointment as good which was below the CCG average of 70% and a national average of 73%.
- 52% (50%) of patients said they usually waited 15 minutes or less after their appointment time to be seen which was below the CCG average of 60% and the national average of 65%.

- 74% (73%) of patients found the receptionists at this practice helpful which was below the CCG average of 86% and a national average of 87%.
- 38% (40%) of patients felt they did not normally have to wait too long to be seen which was below the CCG average of 53% and the national average of 58%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards, all of which were positive about the standard of care received. Patients commented that the practice staff were all very good and treated them with respect; that staff were helpful and caring; they were very happy with the care they received from their GP. Two patients commented that they had experienced difficulty in getting same day appointments when they had wanted, and that they had not been notified when the GP they had arranged to see had been changed.

During the inspection we spoke with a patient who was also a member of the newly formed Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. The patient we spoke with and the views expressed on the comment cards told us that patients received good care from the GPs and the nurses and could get an appointment when they needed one.

Areas for improvement

Action the service **SHOULD** take to improve

- When an assessment of clinical staff skills is being carried out details of specific skills assessed should be recorded.
- Take steps to ensure that recent improvements to quality monitoring are embedded and sustained.

Dr Abid Hussain

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector accompanied by a second CQC inspector. The team included a GP and Practice Nurse specialist advisors.

Background to Dr Abid Hussain

Dr Abid Hussain's practice is known locally as Pearl Medical Centre. It is located in Ward End, Birmingham which is an area of high deprivation and associated health needs. The practice is based across two adapted shops and one residential property that have been extended to provide primary care services. The practice has approximately 9950 registered patients. Pearl Medical Centre has an inherently younger population with twice the national average of 5 to 14 year olds (23% compared to 13%) and very low numbers of older patients. For example, the practice has 2% of patients aged 75 years or over registered with the practice compared to a national average of 7%. The practice also has a high ethnic population, mainly from the Pakistani community and low levels of economic activity.

This is a single-handed practice. (A practice with one GP who has managerial and financial responsibility for running the business). The principal GP is supported by three salaried GPs and two regular locums. The GPs are supported by an acting practice manager, two practice nurses, two practice pharmacists, three healthcare assistants and receptionists. A consultant practice manager, who has been in post to provide support to the practice while they were in special measures, was due to leave the practice following the inspection.

The practice has a Primary Medical Services Growth contract with NHS England. This contract enables the practice to respond to the needs of the community by allowing more flexibility in the approach to disease management by utilising a wide variety of health care professionals. The practice also provides some enhanced services. Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract.

The principal GP told us of their plans to move the practice to a new site across the road to a property that they had purchased in 2009. They told us that they were working with the local Clinical Commissioning Group (CCG) and hoped to realise this vision in the near future.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for services such as minor surgery, well women clinics, child health surveillance and smoking cessation.

The practice is open on Monday to Friday each week from 8.30am to 6.30pm. Telephone lines remain open when the practice is closed at lunchtime from 1pm to 2pm. Extended hours appointments are available on Monday evenings from 6.30pm to 8pm and on Saturday mornings from 8.30am to 1pm.

The practice does not provide an out-of-hours (OOHs) service but has alternative arrangements in place for patients to be seen when the practice is closed. OOHs support is provided from 6.30pm to 8.30am weekdays. (The OOHs care provider is Badger). The practice has a recorded message on its telephone system advising patients on the numbers to call. This information is also available on the practice's website and in the practice leaflet.

Detailed findings

Home visits are also available for patients who are too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book routine GP appointments. Booking of appointments can also be made up to three weeks in advance.

The practice manager post remains vacant since our last inspection. The practice has however been supported by two experienced practice managers through the Royal College of General Practitioners (RCGP) recovery team (Special Measures Project). There is an acting manager in post and we saw evidence that efforts have been and continue to be made to recruit a full time practice manager.

The practice is a GP training practice for trainee GPs (qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine) and medical students. The principal GP is responsible for the induction and overseeing of the training for the trainee GPs at Pearl Medical Centre. No trainee GPs have been working at the practice whilst the practice has been in special measures.

Why we carried out this inspection

This inspection took place under Section 60 of the Health and Social Care Act 2008 and was in response to concerns identified at an inspection in May 2015. The purpose was to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. The inspection looked at specific areas of the service under the Care Act 2014.

The practice was previously inspected in May 2015 when we found serious concerns. As a result the practice was rated as inadequate and placed into special measures. Specifically, we found the practice inadequate for providing safe, effective and well led services. The practice required improvement for providing a caring and responsive service.

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

How we carried out this inspection

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

We carried out an announced inspection on 19 April 2016.

During this inspection we:

- Spoke with a range of staff that included three GPs, the consultant practice manager, the acting practice manager, two practice nurses, two pharmacists, a health care assistant, and reception and administration staff.
- Spoke with a patient who was also a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care.
- Looked at procedures and systems used by the practice.
- Observed how staff interacted with patients who visited the practice and saw how patients were being cared for.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older patients

Detailed findings

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

Are services safe?

Our findings

Safe track record and learning

At our inspection in May 2015 we found that there were concerns relating to the safety of the service. There was a lack of systems or processes to make sure that assessment and monitoring was taking place to mitigate risks relating to the health, safety and welfare of patients and others.

This included a lack of a clear systematic process for recording events according to type such as accidents, near misses or significant events to allow a clear analysis. There had been insufficient information or documented evidence made available to show how the practice had managed risks to patients which demonstrated a safe track record over time. Following the inspection the provider sent an action plan describing how they were going to address this.

At this inspection we found a more structured system for reporting and recording significant events had been established. Staff told us they would inform the practice manager of any incidents and confirmed they felt confident and able to do so. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We were told that significant events were discussed at weekly staff meetings. We saw minutes of meetings that confirmed this, such as the meeting held on 2 February 2016.

We reviewed six incident reports that had occurred in the last year and looked at minutes of meetings and records where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient's scan result had been mistakenly filed which had resulted in the GP not being alerted. Although no harm came to the patient the incident was discussed and an action ensured that administration staff scanned all results directly to the GP for action. Staff had been informed by the acting practice manager.

The practice had developed a system which enabled an overview of significant events and complaints. We found however, that the action taken to address the themes which they had identified had not always been recorded.

For example, they told us that staff training had been carried out where themes had indicated this need. Although training records confirmed the training had been completed this was not clear from the overview.

When things went wrong patients were offered support. They were given explanations as well as information about any action the practice had taken to prevent similar things happening again. Apologies were given where these were appropriate. The practice also ensured that information was shared with Clinical Commissioning Group (CCG) who then escalated these nationally, as necessary. A CCG is a group of general practices that work together to plan and design local health services in England.

Overview of safety systems and processes

At our last inspection we had concerns that although the practice had systems to manage and review risks to vulnerable children, young people and adults they were not robustly followed.

At this inspection we found that:

- Systems had improved and information was now available to show that all staff had received role specific training that included safeguarding of adults and children. Staff we spoke with confirmed they had completed this training and were aware of their responsibilities should they have any concerns in relation to the safety of adults and children.
- Minutes of meetings were available that showed joint working and sharing of information between the practice and other agencies in relation to safeguarding adults and children from the risk of harm. For example, we reviewed the minutes of the child safeguarding meeting of 10 February 2016 which was attended by the health visitor. We saw that individual patients care was reviewed and records updated following the discussions. We noted however, that the safeguarding meetings focused on the adults and children who were on the safeguarding register. Those patients who were highlighted on the practice system considered to be at risk of harm were not routinely discussed. The practice told us they would review how they reviewed those patients to ensure they were more effectively monitored.

Are services safe?

- The chaperone policy had been reviewed and staff who acted as chaperones had completed training for this role. DBS checks had been carried out as required to ensure staff were suitable to work with vulnerable patients. Staff and training records confirmed this.

At our last inspection we had concerns because there was a lack of systems or process in place to ensure assessment and monitoring was taking place to mitigate risks relating to the health, safety and welfare of patients and others. The medicines policy had been incomplete. It did not show details about how the stock should be managed or how often the stock checks should take place. At this inspection we found that improvements had been made.

The arrangements for managing medicines, including emergency medicines and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The medicines policy had been reviewed and updated and included procedures for staff to follow to ensure medicines were kept at the required temperatures. Guidance which described the action staff should take in the event of a potential failure was detailed and up to date. Details about how the stock should be managed or how often the stock was to be checked were recorded. Evidence showed that weekly checks were carried out on stock levels and expiry dates of medicines.

The practice carried out regular medicines audits, with the support of the practice pharmacists to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and systems were in place to monitor when blank prescription stationery was issued to GPs and printers.

Monitoring risks to patients

At our last inspection we were concerned about the lack of stability within the clinical staff team to ensure patients received continuity of care. At this inspection we found that there had been staffing improvements and changes at the practice. There was now a staff structure in place and new staff had been recruited. The recruitment policy had been reviewed in October 2015 and now contained clear procedures for the practice to follow when recruiting clinical and non-clinical staff. We checked recruitment records for five staff of varied roles. We found that recruitment procedures had been followed and that DBS checks were in place for all clinical and non-clinical staff.

At our previous inspection we had concerns relating to the lack of systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. There had been no evidence to show that any health and safety checks of the building had been undertaken. At this inspection we found a more structured system was in place to ensure regular health and safety checks were carried out on the building.

- A health and safety risk assessment had been completed in March 2016 and identified areas where action was needed. For example, the report identified that fire doors were to be kept closed with a rating of medium risk applied. We saw that this had been actioned and regular, routine checks were carried out to ensure continued safety of everyone on the premises.
- A Legionella risk assessment had been reviewed on 23 October 2015. (Legionella is a bacterium which can contaminate water systems in buildings). This had assessed the risk of Legionella bacteria as low as there were no water tanks in the building and the shower head had been removed.
- Comprehensive checklists were in place to ensure that regular checks of the building were carried out. These were completed daily and were regularly monitored by the management team. Cleaning schedules had been introduced that ensured cleaning staff completed a routine programme of cleaning. The practice nurse was the infection control clinical lead. An infection control protocol was introduced in November 2015 and regular infection control audits were scheduled to be carried out as routine, with actions required to be identified. Staff had received up to date infection control training.

Arrangements to deal with emergencies and major incidents

At our last inspection we had concerns about the arrangements to deal with emergencies and major incidents should they occur. At this inspection we found that appropriate arrangements were in place to enable the practice to respond to emergencies, which included the availability of emergency medicines and equipment.

- We checked the training records and spoke with staff to confirm that all staff were up-to-date with their basic life support training. A policy was in place that specified that staff should complete annual updates for this training. Staff told us they had completed mandatory

Are services safe?

training throughout the year and records we viewed confirmed this. For example, staff had completed fire training in November 2015, basic life support in October 2015, and health and safety training in November 2015.

- There were suitable arrangements in place for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. We found that the stock of emergency medicines held by the practice had been reviewed and updated. Emergency medicines were now held to cover a range of emergencies including those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and stored securely. Staff confirmed they knew where emergency medicines and equipment was stored should they need to access these.
- A system had been devised to ensure that regular checks were carried out on all emergency equipment routinely. Emergency equipment included access to oxygen and a defibrillator (used to restart a person's

heart in an emergency). We checked the emergency oxygen cylinder and saw this was full of oxygen. A risk assessment had been carried out in October 2015 on the storage of oxygen, with guidance for staff to follow.

- The practice had established effective systems in order to assess, monitor and mitigate risks in relation to the health, safety and welfare of everyone who used the service. These systems had been reviewed and updated in October and November 2015. This included risk assessments and awareness training for all staff to maintain fire safety. Two staff had been trained as fire marshals. Fire evacuation procedures were now carried out six monthly, with the last drill completed on 6 March 2016.
- The business continuity plan had been reviewed in October 2015 and provided comprehensive information for staff to respond to a range of emergencies that may impact on the daily operation of the practice. For example, loss of telephone system and loss of electricity. The acting practice manager confirmed that hard copies of the plan were held offsite by key personnel.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

There were systems in place to ensure all clinical staff were kept up to date. Clinical staff had access to best practice guidance from NICE and used this information to develop how care and treatment were delivered to meet patients' needs. Staff told us they received information electronically which helped them keep their practise up to date. They confirmed that guidance was also discussed in clinical staff meetings. The principal GP told us they monitored that all clinicians worked to the latest guidance although they had not carried out routine audits to confirm this.

Management, monitoring and improving outcomes for patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results for the practice for 2014/2015 were 93% of the total number of points available, with 11% exception reporting. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition. The practice exception rate was 2% higher than the local and the national averages.

Data from 2014/2015 showed varied results when compared with local and national levels, with higher than average exception rates in some instances:

- Performance for diabetes related indicators such as patients who had received an annual review including

foot examinations was 90% which was in line with local and national averages. Exception rating of 16% was higher than both local and national averages of 6% and 8%.

- Patients with hypertension (high blood pressure) having regular blood pressure tests in the last 12 months was 84% which was in line with the local and national averages. Exception rating of 6% was 2% higher than local and national averages of 4%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 92% which was above the local and national averages of 89% and 88% respectively. Exception rating of 16% was higher than both local and national averages of 6% and 8%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 81% which was in line with local and national averages. Exception rating of 38% was higher than both local and national averages of 11% and 13%.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months was 83% which was higher than the local average of 74% and the national average of 75%. Exception reporting at 14% was higher than the local and national averages of 7% and 8%.

The practice had recognised their rate of exception reporting was high and had taken steps to address these. They had increased the numbers of clinics they provided to ensure more regular patient reviews were completed; they had completed a patient list cleansing; and they had carried out a review of patient records to ensure correct coding had been applied. Patients were encouraged to attend for reviews of their care through reminder letters, through repeat prescriptions and opportunistic reviews to maintain their wellbeing.

We saw the latest unpublished data that showed improvements had been made during 2015/2016. For example:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 94%, an increase of 4%.

Are services effective?

(for example, treatment is effective)

- Patients with hypertension (high blood pressure) having regular blood pressure tests in the last 12 months was 87%, an increase of 7%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 94%, an increase of 4%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100%, an increase of 19%.

Clinical audits

A programme of continuous clinical and internal audit was in place and used to monitor quality and make improvements to the services provided by the practice. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. It included an assessment of clinical practice against best practice such as clinical guidance, to measure whether agreed standards were being achieved. The process required that recommendations and actions were taken where it was found that standards were not being met.

We saw that a range of audits had been completed. Findings were used by the practice to improve services and outcomes for patients.

- An audit cycle had been carried out on a medicine which was considered by recent guidance as potentially unsuitable for some female patients. The original audit had been done in May 2015 and looked at the total number of female patients prescribed this medicine. Nine patients were identified and full medicine reviews were carried out which resulted in changed medicines for one patient. The audit was repeated in February 2016 and eight patients were identified on this occasion. Reviews were carried out and treatment remained unchanged. The practice found they were prescribing in line with the guidance and no changes were required.
- An audit cycle had been carried out on patients over the age of 75 with a bone thinning disease, for which no medicines were prescribed. Current guidance indicated that patients may be at increased risk of bone fractures. This audit was first done in January 2016 and repeated in March 2016. Five patients eligible for medicines to reduce their risk of fragility fractures were identified. All

patients were reviewed and appropriate medicines were prescribed. At the follow up audit seven patients had been identified and all had been prescribed appropriate medicines in line with current guidance.

The practice participated in applicable local audits, national benchmarking, accreditation, and peer review. GPs each led in specialist clinical areas such as substance misuse, mental health, diabetes, heart disease, chronic obstructive pulmonary disease (COPD) (lung diseases) and female health. The GPs were supported by the practice nurses in this work. The GPs attended educational meetings facilitated by the Clinical Commissioning Group (CCG), attended regular clinical skill update courses and engaged in annual appraisal and other educational support.

Effective staffing

At our last inspection we had concerns about staff having the skills, knowledge and experience to deliver effective care and treatment. At this inspection we found that improvements had been made to ensure that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had developed training opportunities for all staff, with access to specific courses and online e-learning courses. Staff received training that included safeguarding, dementia awareness, fire safety, information governance and basic life support.
- There was an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. New staff told us they had been supported and had received sufficient information to safely perform their roles. There was an induction programme in place for locum GPs although the practice told us they tended to use their part time GPs to ensure consistency for patients.
- The learning needs of staff had been identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation. Staff told us they had received an appraisal within the last 12 months and

Are services effective?

(for example, treatment is effective)

records we viewed confirmed this. For example, we saw that role specific training needs had been identified and facilitated for nursing staff such as childhood immunisations.

- The practice demonstrated how they ensured role-specific training and updating for relevant staff such as those administering vaccines and taking samples for the cervical screening programme. Training records showed that relevant role specific training had been completed by staff and that clinical assessments of nurses had been carried out by the principal GP. We noted from the completed clinical assessments that specific details of tasks assessed had not been recorded to provide evidence of the skills assessed. We discussed this with the principal GP who confirmed they would revise their assessment format for clinical staff to provide clearer evidence.
- Patient Specific Directions (PSDs) had been fully completed by GPs and signed by both nursing staff and the prescribing GP. Procedures for Health Care Assistants (HCAs) to follow were clearly recorded.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient records and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information leaflet such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. Patients told us they had been referred promptly and appreciated the information the GPs and nursing staff had provided.

We saw evidence that meetings were held regularly with link professionals such as health visitors, midwife and district nurses, and that care plans were routinely reviewed and updated. It was evident from minutes of meetings held throughout 2015 and 2016 that patients who needed end of life care and support were discussed.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance.

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Consent to treatment was obtained when providing minor surgery for patients in line with relevant guidance. We saw evidence of written consent given by a patient in advance of treatment that confirmed this. Consent information and forms were available to staff on the practices computer. We found however, that no audits had been carried out in order to monitor that consent had been obtained in all instances and recorded appropriately.
- GPs or nurses assessed patients' capacity and, where appropriate, recorded the outcomes of assessments where a patient's mental capacity to consent to care or treatment was unclear.
- When providing care and treatment to young patients under 16, the GPs and practice nurses understood the need to consider Gillick competence. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Health promotion and prevention

At our last inspection we had concerns that the practice had no website to provide information and links to patient information on various health conditions such as diabetes, as well as advice on self-care for treating minor illnesses. We were told that this facility was being explored to provide a community resource for patients and the wider community. A practice website had been developed since the last inspection and access was available for all patients. This included patient support links to health conditions such as diabetes and self-care for treating minor illnesses.

Health checks were carried out by the GPs, practice nurses or HCAs for all new patients registering with the practice, to patients who were 40 to 70 years of age and also some patients with long term conditions. The NHS Health Check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years.

The GPs and practice nurses followed up patients within two weeks if they had risk factors for disease identified at the health check and described how they scheduled further investigations. They would also use their contact with patients to help maintain or improve mental, physical

Are services effective?

(for example, treatment is effective)

health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents, promoting health screening programmes or by carrying out opportunistic medicine reviews.

The practice had a comprehensive screening programme, with varied results when compared with local and national levels.

- The practice's uptake for the cervical screening programme was 82% which was above the local average of 78% and in line with the national average. Exception reporting at 28% was higher than both local and national averages of 8% and 6% respectively. The practice told us that they had reviewed how patients had been coded on their patient records and found that in some instances incorrect codes had been applied. The practice had recruited additional nursing staff during the last year. They had also increased the numbers of clinics they provided to ensure more opportunities were available for patients to attend for screening. They told us that data for this year would reflect those changes. The practice had carried out an audit of smear samples taken and found the number of inadequate samples at 1% was within acceptable ranges.
- The practice's uptake for the bowel screening programme in the last 30 months was 24% which was below the local average of 51% and the national average of 58%. Uptake for breast screening for the same period at 45% was lower than the local average of 69% and the national average of 72%.

GPs and nursing staff told us there was a policy to offer telephone reminders for patients who did not attend for their cervical screening test, and patients were actively encouraged to engage in the national screening programmes for bowel and breast cancer screening.

We spoke with the deputy chair of the Patient Participation Group (PPG), who shared with us some of the cultural difficulties for many patients when considering the screening programmes. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We were told that ways to engage with patients in their own communities were being explored by the practice actively working with the PPG. The aim was to promote and encourage future involvement in screening programmes by meeting with women in environments where they felt comfortable about discussions of a sensitive nature. The practice told us they would see this activity extended to reach out to other local communities to encourage further engagement with the NHS screening programme.

Regular meetings with members of the Romanian community had recently been set up, supported by Romanian speaking staff at the practice to discuss health issues and promote attendance for screening programmes. The practice told us this had been a positive experience in reaching patients and that they now had two Romanian speaking staff members working at the practice to help develop this.

The practice held an open day in November 2015 to encourage patients to learn more about the practice and to engage with the PPG. Patients were also invited to attend share any concerns or make any suggestions for improvements, although none had been received for this first open day. The practice told us that the day was well attended and that further open days were being planned.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed how staff engaged with patients throughout the inspection. All staff were polite, friendly and helpful to patients both attending at the reception desk and on the telephone. We observed that patients were treated with dignity and respect.

We saw that staff tried to ensure patient confidentiality when discussing patients' treatments at the reception desk. However, this was difficult due to the layout of the two reception desks. As receptionists answered telephone calls from patients we were able to overhear these in the waiting area. We saw that the practice provided a room next to reception if patients wished to discuss any private issue.

Staff told us they all consultations and treatments were carried out in the privacy of a consultation room. Curtains were available in consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We received 42 comment cards, all of which were positive about the standard of care received by patients at the practice. Patients commented that they were happy with the service they received from the practice; staff were friendly and helpful; the GPs were caring and understood patients' needs; patients felt safe; they were treated with dignity and respect at all times; and that GPs always listened to their concerns and gave them good advice. Two patients however, commented that they were not always able to get appointments when they wanted them as the telephones were always so busy.

Results from the National GP Patient Survey published in January 2016 (and July 2016 with those results shown in brackets) showed that overall the practice scored results that were well below local and national averages in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 78% (75%) of patients said the GP was good at listening to them which was below the Clinical Commissioning Group (CCG) average of 88% and the national average of 89%.

- 63% (65%) of patients said the GP gave them enough time which was below the CCG average of 85% (86%) and national average of 87% (89%).
- 85% (87%) of patients said they had confidence and trust in the last GP they saw or spoke to which was below the CCG and national averages of 95%.
- 59% of patients said the last GP they spoke to was good at treating them with care and concern which was below the CCG average of 84% and national average of 85%.
- 67% (67%) of patients said the last nurse they spoke to was good at treating them with care and concern which was below the CCG average of 87% (83%) and national average of 91% (85%).
- 74% (73%) of patients said they found the receptionists at the practice helpful which was below the CCG average of 86% and national average of 87%.

We saw from the Patient Participation Group (PPG) meeting minutes for 2015 that the survey results had been discussed with them. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The minutes showed that discussions had taken place about actions required to improve service for patients. This included the promotion of online booking options, and the introduction of telephone triage with GPs and pharmacists to improve patient access to appointments. The PPG reported they had received positive feedback from patients on their experiences of the online prescribing system.

The practice had carried out its own surveys in December 2015 and March 2016 to monitor improvements on the National Patient Survey results. The resulting reports showed that of the 206 and 207 patients surveyed (2% of the practice population) some improvements had been achieved. For example, patients had indicated that overall improvements between 5% and 10% had been achieved. In some areas the increase had been greater. For example, feedback on the waiting time for appointments had shown a 15% increase in patient satisfaction. The practice planned to carry out quarterly surveys to monitor patient feedback.

The practice had initiated ways of engaging with patients through their open day and through a suggestions box that was available in the reception area. Patients were offered

Are services caring?

the chance to shape the service they received, and informed that all suggestions were valued and important to the practice. No suggestions had been received by the practice from patients at the time of the inspection.

Care planning and involvement in decisions about care and treatment

Patients told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. However, the results from the National GP Patient Survey published in January 2016, (July 2016) showed results that were mainly below national and local averages.

When asked about their involvement in planning and making decisions about their care and treatment patients responded:

- 63% (69%) of patients said the last GP they saw was good at explaining tests and treatments which was below the CCG and national averages of 86% (85% and 86% respectively).
- 52% (63%) of patients said the last GP they saw was good at involving them in decisions about their care which was below the CCG average of 81% (80%) and the national average of 82%.

We discussed these results with the principal GP who told us that they had concerns about the National Patient Surveys as the survey forms were sent to patients who were linguistically diverse (68% of the practice patient population). They felt this was not a true reflection of the services the practice provided, although they told us they had undertaken many improvements in the last six months to improve patient experiences of their services. The practice had carried out surveys in December 2015 and March 2016. For each survey 2% of the practice population indicated that there had been improvements made. For example, 76% of patients surveyed said the last GP they saw was good at explaining tests and treatments. The practice had not included the number of patients surveyed in the report but provided the information following the inspection. For each survey 206 and 207 patients had participated, which represented 2% of the patient population. The practice told us that the improvements they had made were online booking and telephone triage.

We saw that care plans were in place for patients with a learning disability, and patients who were diagnosed with asthma, dementia and mental health concerns. Patients confirmed that they had regular reviews with the GPs or the nurses to discuss their care and felt that they were always able to ask questions if they were unsure about anything.

Staff told us that translation services were available for patients who did not have English as a first language. Over 60% of the patients registered with the practice did not have English as their first language. Staff and patients told us that twice weekly clinics were held specifically for Romanian patients and support from Romanian staff as interpreters was provided. We also found that a number of practice staff could speak other languages to support patients.

Patient and carer support to cope emotionally with care and treatment

There were notices and leaflets available in the patient waiting room which explained to patients how to access a number of support groups and organisations. The practice's computer system alerted the GPs if a patient was also a carer. There was a practice register of all patients who were carers (0.7% of their patient register) and the practice supported these patients by offering health checks and referral for social services support. The low numbers of carers was reflected in the practice population. The number of older patients (over the age of 65 years) registered with the practice was 6% which was low in comparison to the local average of 23%, and the national average of 27%. The practice told us that most of the older patients were cared for at home with family who were reluctant to be identified as carers.

The practice had already acknowledged that improvements were needed to identify carers among their patients. They had recently introduced a pack with information and contact details about support available for carers. A receptionist had undertaken the role of carers lead to speak with patients to determine their carer status. Registration packs for new patients had been amended to incorporate requests for this information.

Staff told us that if families had experienced bereavement the designated GP telephoned them and often visited to offer support and information about sources of help and advice. Leaflets giving support group contact details were also available to patients in the waiting room. Counselling sessions were provided at the practice by Healthy Minds

Are services caring?

and Faith Counselling. Feedback from patients showed that they were positive about the emotional support provided by the practice. Comments included that staff were supportive and caring.

The practice enabled the Citizens Advice Bureau (CAB) to provide two sessions per week for patients at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had made improvements in meeting patients' needs and they made improvements to the systems in place to support them to maintain the level of service provided. The practice was located in an area that was culturally diverse with high levels of deprivation, and they understood the needs of their practice population. The practice took part in regular meetings with NHS England and worked with the local Clinical Commissioning Group (CCG) and other practices to discuss local needs and service improvements that needed to be prioritised.

Services were planned and delivered in ways to ensure the needs of different patient groups were given flexibility, choice and continuity of care. For example:

- Urgent access appointments were available for children and those with serious medical conditions. GPs told us that urgent appointments were available every day and confirmed that patients would always be seen.
- GPs made home visits to patients whose health or mobility prevented them from attending the practice for appointments.
- Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability and dementia.
- Vulnerable patients were supported to register with the practice, such as homeless people or travellers. There was a system for highlighting vulnerability in individual patient records.
- A telephone answer machine message provided information to direct patients to the NHS 111 service for out of hours support. Information was also available to patients about this facility in the practice leaflet and on the website.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. Patients told us that when they had their medicines reviewed time was taken to explain the reasons for the medicines and any possible side-effects and implications of their condition. The GPs and the

nurses told us they shared information with patients to help them understand and manage their conditions. This was confirmed by patients who completed comment cards.

- The practice offered routine ante natal clinics, childhood immunisations and cervical smears. A minor surgery service was provided by the practice which included joint injections.
- The practice provided services across a range of ethnic groups and we saw that translation services were available if they were needed. Staff members spoke a range of different languages to support patients. Information about this facility was available on the information board in the reception area. Additionally, two members of staff worked full time at the practice as receptionists but also provided a translation services for Romanian patients who did not have English as a first language.

Access to the service

The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma, diabetes, epilepsy, and heart disease.

- Comprehensive information was available to patients about appointments on the practice leaflet and online. This included details on how to arrange urgent appointments, home visits and order repeat prescriptions. Daily urgent and routine appointments were available. Online appointments were available with all clinical staff and all patients were offered online access. In addition daily telephone consultation appointments were available with GPs, and with pharmacists who worked at the practice.
- The practice was open on Mondays to Fridays each week from 8.30am to 6.30pm. Telephone lines remained open when the practice was closed at lunchtime from 1pm to 2pm. The practice provided extended hours appointments on Monday evenings from 6.30pm to 8pm and on Saturday mornings from 8.30am to 1pm. The practice did not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. Patients could access a local walk in centre, or call 111 for out-of-hours services.
- Although the practice building was old it was accessible to patients with mobility difficulties. Clinicians

Are services responsive to people's needs?

(for example, to feedback?)

supported patients who used a wheelchair in a ground level consultation room. Other consultation rooms were available on the first floor and a lift was available for those patients who needed it. The corridors on the first floor were very narrow. Staff told us that this was difficult for the number of patients who accessed the practice. There were baby changing facilities and a room was available for breast feeding should this be required. We saw at the last inspection that plans were in place to move to a new building in the future with better facilities. The practice had applied to the Primary Care Infrastructure Fund and had secured support in principle to move the project forward. At the time of this inspection there had been no progress on the project.

We found that patients' satisfaction with how they could access care and treatment was generally below local and national averages. Results from the National GP Patient Survey published in January 2016 (July 2016) showed that:

- 50% (40%) of patients said they could get through easily to the surgery by telephone which was below the CCG average of 71% (70%) and the national average of 73%.
- 57% (47%) of patients described their experience of making an appointment as good which was below the CCG average of 70% and the national average of 73%.
- 52% (50%) of patients said they usually waited 15 minutes or less after their appointment time which was below the CCG average of 60% and national average of 65%.

Patients gave overall positive views about the appointments system. We received 42 comment cards all of which were mainly positive about the availability of appointments at the practice. Patients told us that getting appointments and waiting times were acceptable. Patients commented they could always see a GP if the appointment was urgent.

We saw that the practice had taken steps to improve patient experiences of the services they provided. A team of staff had been set up to manage the appointments system. The practice had carried out two patient surveys one in December 2015 and repeated in March 2016 to monitor improvements in feedback from patients. During this three

month period the practice had undergone significant changes to improve performance and services for patients, including the employment of additional staff. The results of the patient feedback showed that concern about telephone access was still rated below the national average. In response to this the practice had increased the number of staff to answer calls for the mornings when the lines opened. The practice planned to conduct a further survey in three months to monitor improvements in patient feedback and consider where further improvements could be made.

Listening and learning from concerns and complaints

At our last inspection we found that the practice did not have an effective system in place to respond to concerns and complaints they had received, or provide evidence to demonstrate listening and learning from complaints had been achieved.

During this inspection we found that a complaints policy and procedure had been implemented and followed for all complaints and concerns received by the practice. We saw that:

- Information was available in the waiting area to help patients understand the complaints system.
- A comprehensive complaints log had been established in which the person responsible for dealing with the complaint was recorded. Outcomes showed what action had been taken and by whom. Although we were told by the practice that they had identified two areas where improvements were needed, such as customer service and telephone access there was no recorded evidence that a formal, systematic analysis had been carried out. The practice told us they would make changes to the complaints log to ensure this information was captured in future.
- Where learning had been identified from complaints this had been shared with staff in team meetings. We saw minutes of meetings to confirm this. Staff confirmed that discussions had taken place and demonstrated knowledge of learning that had been shared with them.

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 principal GP told us of their plans to move the practice to a new site across the road to a property that they had purchased in 2009. They told us that they were working with the local Clinical Commissioning Group (CCG) and hoped to realise this vision in the near future. Since our last inspection the practice had formalised and developed their strategy and vision plan to include how they would achieve their aims, and who would be responsible for each area identified.

The practice had developed their Statement of Purpose that told us that their aims were:

- To provide the best possible standards of health care for their patients.
- To maintain standards through continuing audit of care provided, through peer assessment and through professional learning and development.

The principal GP told us the practice objectives for the coming year were:

- To achieve compliance on inspection
- To establish stability with GP recruitment
- Re-commence training opportunities for trainee GPs
- Continual monitoring and improvement of the services provided
- Continued development of the Patient Participation Group (A PPG is a way in which the practice and patients can work together to help improve the quality of the service).
- Move and develop the service into new premises.

Governance arrangements

At the previous inspection we found that the practice had policies and procedures in place but they did not have a system in place to assure them that these policies and procedures were being followed and implemented.

During this inspection we found that significant improvements had been made. A review of the management team had taken place and new staff had been appointed. The practice had been supported by other agencies to drive through improvements to the management of the practice. At the time of the inspection there was an acting practice manager in post and adverts had been placed for a full time practice manager.

- Practice specific policies had been reviewed and updated which ensured an appropriate governance framework was in place to support the provision of good quality care. There was a systematic review process in place to ensure that all policies were kept under regular review and that all policies were being fully implemented.
- Policies and procedures were available to all staff on the computer system and staff demonstrated the ease of access and their ability to locate a specific policy or procedure as required. Hard copies were also available in the reception area should these be needed.
- Staff training had been updated and reflected the training required in all identified areas including chaperoning and fire safety training which had been completed. There was a comprehensive training plan in place with a flagging system to identify training for all staff that was nearing update, due, or training that had been completed.
- A robust programme of continuous clinical and internal audit was now in place and used to monitor quality and make improvements to the services provided by the practice.

Leadership, openness and transparency

At the previous inspection staff gave us mixed views about whether they felt they could approach the management in the practice:

During this inspection we found that changes had been made to the management structure of the practice:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and the roles and responsibilities of other staff within the practice. Staff told us they felt supported by management.
- The staffing structure had been streamlined so that supervision and appraisal of staff was more manageable, with responsibilities shared with the team leaders for non-clinical staff. Staff told us they felt this worked really well and that teamwork had improved as a result of these changes.
- The management team had prioritised safe, quality and compassionate care. The GPs and practice manager were visible in the practice and staff told us that they were approachable. Staff told us that they felt able to approach any of the GPs and practice manager if they had any concerns.

Are services well-led?

Good 

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

- Staff told us that the practice held regular team meetings. They felt that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident that they would be supported if they did.
- We found improvements had been made in identifying, recording and responding to significant events in an open and transparent way. Evidence demonstrated a willingness to learn from incidents and near misses, which was confirmed by the members of staff we spoke with.
- Staff said they felt respected, valued and supported by everyone in the practice. They enjoyed working at the practice and felt they were appreciated for the work they did. Staff told us there had been many changes at the practice during the past year and they were actively encouraged to identify opportunities to improve the services delivered.
- An open day had been held on Saturday 7 October 2015 in which patients were invited to attend to talk about the practice and the services provided, with opportunities to provide feedback and suggestions for continued improvements. The patients were also encouraged to join the PPG and membership had increased to 10 as a result of the open day.
- The PPG member confirmed that a meeting had been held recently at the practice. They told us about the wide ranging communication difficulties patients experienced, and were aware that feedback obtained was not always fully representative of their patient population. The PPG in conjunction with the practice, were seeking alternative ways of engaging with patients from their various communities and the barriers they experienced, not only in language and literacy but also where patients culturally were not confident to give their views. Community events and community meetings were examples of those considerations by the PPG.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would feel comfortable giving feedback; and they would discuss any concerns or issues with colleagues and with the practice manager. Staff gave us examples where they had made suggestions for improvements that had been implemented, such as a queuing system for the telephone.

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

At the previous inspection we were concerned because the practice was unable to provide any evidence that they had actively sought the views of patients, the public or staff since 2013.

At this inspection we found that the practice had sought views of patients, staff and the public on the services they provided.

- The PPG had been relaunched at the beginning of 2016. We met with a member of the PPG (the deputy chairperson) who confirmed that meetings had been held and talked about the actions that had been identified at those meetings. This included the introduction of quarterly patient surveys, the first of which had been completed in March 2016. Results from the survey had shown some improvements in all areas surveyed when compared with the National Patient Survey 2016 results.

Continuous learning and development

The practice told us they were focused on embedding current improvements which had been introduced. They planned to continue to work proactively with the CCG and other practices to develop services to promote care within the community.