

Birches Head Medical Centre

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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Birches Head Medical Centre on 18 January 2016. The overall rating for the practice was Good with requiring improvement in providing safe services. We found one breach of a legal requirement and as a result we issued a requirement notice. The practice provided us with an action plan detailing how they were going to make the required improvements in relation to:

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Safe care and treatment.

You can read the report from our inspection on 18 January 2016 by selecting the 'all reports' link for Birches Head Medical Centre on our website at www.cqc.org.uk.

We undertook a comprehensive follow up inspection of Birches Head Medical Centre on 24 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Our key findings were as follows:

- There was effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Effective systems were now in place for identifying, assessing and mitigating the risks to the health and safety of patients and staff.
- The practice had clearly defined and embedded safeguarding procedures in place. A system was now in place to alert staff to known vulnerable adults.
- The practice system for prescribing high risk medicines on a shared care basis had improved ensuring patients had received the recommended monitoring before prescriptions were issued.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver care and treatment.
- Patients said they were treated with kindness, dignity and respect and they were involved in their care and decisions about their treatment.
- Data from the national GP patient survey published July 2017 showed patient satisfaction continued to be above local Clinical Commissioning Group (CCG) and national averages for most areas measured.

Summary of findings

- Patients found it easy to make an appointment, with urgent appointments available the same day and routine appointments available within 48 hours.
- There was a clear leadership structure in place and staff felt supported by the partners and practice management team. Staff were aware of the vision and values for the delivery of services.
- The practice was proactive in gaining feedback from patients and staff and made improvements following suggestions.
- The provider was aware of and complied with the requirements of the Duty of Candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvements are:

- Consider anonymising significant events in addition to completing an analysis of significant events to identify any common trends and embed learning.
- Review the process for the monitoring of uncollected prescriptions.
- Consider expanding the availability of staff to chaperone to provide a more flexible service for patients.
- Consider developing a documented business plan.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as Good for providing safe services.

Good



- There was effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- The practice had clearly defined and embedded safeguarding procedures in place. Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- Effective systems were now in place for identifying, assessing and mitigating the risks to the health and safety of patients and staff.
- The storage and handling of blank prescriptions was secure and relevant staff had up to date medical indemnity insurance in place.
- The practice system for prescribing high risk medicines on a shared care basis had improved ensuring patients received the recommended monitoring before prescriptions were issued.
- There was now a formal system in place to monitor and audit external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts.

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 local and national averages for most clinical indicators.
- Staff were aware of and worked in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement in patient outcomes.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of completed appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey published in July 2017 showed patients rated the practice higher than others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services was easy to understand and accessible.
- Staff treated patients with kindness and respect, and maintained confidentiality.
- The practice held a register of carers and signposted them to local services offering support and guidance.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Patients told us they found it easy to make an appointment, with urgent appointments available the same day and routine appointments available within 48 hours.
- Patients under 12 and over 75 were given priority access to appointments.
- The practice provided good facilities across both sites and was well equipped to treat patients and meet their needs.
- There was a designated person responsible for handling complaints. Information about how to complain was available and evidence reviewed showed the practice responded to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure. The partners encouraged a culture of openness and honesty and staff felt supported by the practice management team and were provided with opportunities for learning and personal development.
- The practice had policies and procedures to govern activity.
- Effective arrangements were now in place for managing and overseeing risk to ensure that patients, staff and visitors were protected from the risk of harm.
- The provider was aware of the requirements of the duty of candour.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients and acted on it.

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.

- 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 requests for home visits were triaged by GPs within an hour to help prevent hospital admissions.
- The practice provided holistic assessments and care plans for older people.
- The practice followed up on older patients when discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- Patients aged 75 years or over had a named GP and details of the GP were printed on the back of their prescription.

Good



People with long term conditions

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

- There was a system to recall patients for ongoing monitoring and regular review to check their health and medicines needs were being met.
- Self-management plans were in place for patients with specific conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- The practice followed up on patients with long-term conditions discharged from hospital within two days of discharge and ensured their care plans were updated to reflect any additional needs.
- Staff were qualified to perform lung function testing.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care and held.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and children who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances and those who did not attend (DNA) their appointments.
- Immunisation rates for the vaccinations given were above standard for childhood vaccinations for children aged two and comparable to the Clinical Commissioning Group (CCG) for children aged five.
- Same day appointments were available for children aged 12 and under with urgent medical need.
- Appointments were available outside school hours and the premises were suitable for children and babies.
- Maternity care was provided twice a week by a visiting midwife.

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, extended hours were provided on a Monday evening until 8.15 pm at the main practice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone consultations were available to benefit patients that worked away from home and the practice was looking to introduce video consultations in the future.
- New patient health checks in addition to NHS Health checks for patients aged 40 to 74 years were available.
- The practice enabled the temporary registration of students whilst home on holiday leave.

Good



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 for patients with complex needs.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Good



Summary of findings

- The practice had 47 patients recorded with a learning disability. Twenty one of these patients had received an annual health assessment since 1 July 2016. There were plans for more reviews to be scheduled shortly.
- The practice had information available for patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable.

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 regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. An external counsellor from Healthy Minds held a weekly clinic at the practice to see patients. Appropriate referrals were made to the mental health team, Child and Adolescent Mental Health Service (CAMHS) for patients under 18 and the alcohol team for counselling.
- The practice had information available to signpost patients experiencing poor mental health. Patients with severe mental health conditions were seen the same day, their medicines were reviewed by a GP and weekly prescriptions issued if deemed appropriate to help safeguard these patients.
- Performance for mental health related indicators was comparable to the local CCG and national averages. For example, the percentage of patients with an agreed care plan documented in the preceding 12 months was 90%, which was the same as the CCG average and comparable with the national average of 89%. However, the practice clinical exception rate of 0% was lower than the local CCG average of 12% and the national average of 13%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 73%, which was lower than the CCG and national averages of 84%. However, the practice clinical exception rate of 3% was lower than the CCG and the national averages of 7%, meaning more patients were included.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2017. The survey invited 263 patients to submit their views on the practice and 98 surveys were returned. This gave a return rate of 37%. The results showed the practice was performing higher than local and national averages for most questions asked. Data showed:

- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 84%.
- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 71%.
- 94% of patients said they had confidence and trust in the last GP they saw or spoke with compared to the CCG and the national averages of 95%.
- 82% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 75% 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 33 completed comment cards. All of these were very positive about the standard of care received. Staff were cited as 'friendly', 'polite' 'professional', 'excellent' 'approachable' and 'reassuring'. All the cards contained positive comments in relation to the care, treatment and service received from the practice.

We spoke with seven patients during the inspection including a representative 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.

The practice took part in the NHS Friends and Families test (FFT). This is a feedback tool that provides patients the opportunity to give feedback on their experience and asks would they recommend the services they have used. We saw the practice had received 16 responses during April to June 2017. All of the patients who had completed the test, with the exception of one patient, said they would extremely likely or likely to recommend the service. The member of the PPG we spoke with told us the practice shared the results with the PPG and the practice saw the FFT as an opportunity for continuous improvement.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider anonymising significant events in addition to completing an analysis of significant events to identify any common trends and embed learning.
- Review the process for the monitoring of uncollected prescriptions.
- Consider expanding the availability of staff to chaperone to provide a more flexible service for patients.
- Consider developing a documented business plan.

Birches Head Medical Centre

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 manager specialist advisor.

Background to Birches Head Medical Centre

Birches Head Medical Centre is located in Stoke-on-Trent and is registered with the CQC as a partnership provider. The provider holds a General Medical Services contract with NHS England and is a member of the NHS Stoke-on-Trent Clinical Commissioning Group (CCG). A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract. The practice provides Directed Enhanced Services, such as childhood immunisations, family planning services and minor surgery.

The practice has approximately 7,200 registered patients. An increase of 500 patients since the last inspection. The area is one of higher deprivation when compared with the national average. The practice has 8% of unemployed patients compared to the local average of 7% and the national average of 4%. The practice has 50% of patients with a long standing health condition compared to the local average of 57% and the national average of 53%.

Patients can access services at either of the practices two locations at their convenience:

- Birches Head Medical Centre, Diana Road, Stoke-on-Trent, ST1 6RS (main practice).

- Hulton House Surgery, 1479 Leek Road, Stoke-on-Trent, ST2 8DA (branch practice).

The practice is an accredited teaching practice for medical students and is also involved with medical research in partnership with a local university.

Both the main and branch practices are open between 8.30am and 6pm Monday to Friday and 8am to 1.00pm on a Thursday. Extended opening hours are provided on a Monday evening from 6pm to 8.15pm at the main practice. Surgery times are from 8.30am to 12.30pm and from 2pm to 5.30pm and until 8.15pm on a Monday at the main practice. Routine appointments can be booked in person, by telephone or on-line. Home visits are triaged by a GP to assess whether a home visit is clinically necessary and the urgency of the need for medical attention.

The practice staffing comprises of:

- Four male GPs
- Two nurses
- One health care support worker
- One practice manager
- One assistant practice manager
- Two secretaries and a team of seven reception and administrative staff.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Birches Head Medical Centre on 18 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good overall with requiring improvement in providing safe services. The full comprehensive report following the inspection on 18 January 2016 can be found by selecting the 'all reports' link for Birches Head Medical Centre on our website at www.cqc.org.uk.

We undertook a comprehensive follow up inspection of Birches Head Medical Centre on 24 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements

How we carried out this inspection

We carried out a comprehensive inspection of Birches Head Medical Centre on 24 July 2017 and visited both the main and branch practice. Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We also reviewed information the practice provided us in preparation for the inspection. During our visit we:

- Visited the main practice site and the branch practice.
- Spoke with a range of staff including three GPs, a foundation doctor, two nurses, the health care support worker, the practice manager, assistant practice manager and five receptionists. We also spoke with an external cleaner.
- Spoke with seven patients who used the service, including a member of the Patient Participation Group (PPG).

- Observed how patients were being cared for and talked with carers and/or family members
- 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.
- Reviewed online information where patients and members of the public shared their views and experiences of the service, and looked at survey information.
- 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 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

When we inspected the practice on 18 January 2016 we identified issues affecting the delivery of safe services to patients. At that time we rated the practice as requires improvement.

This was because:

- The provider was not always following current infection prevention and control guidance.
- The provider had not undertaken a formal risk assessment for minimising the risk of Legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

We issued a requirement notice in respect of these issues. Improvements were also required around the monitoring of patients on long term high risk medicines, ensuring that all relevant staff have up to date medical indemnity insurance, improving the storage and handling of blank prescription forms and implementing a system to alert staff to known vulnerable adults.

We found these arrangements had significantly improved when we undertook a follow up inspection of the service on 24 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was an effective system for reporting and recording significant events.

- The practice had updated their significant event policy in March 2017 and informed all staff they had an equal responsibility for reporting a significant event. We saw the policy was readily accessible to staff. Staff we spoke with understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. They told us they would inform the practice manager of any incidents and complete a standard 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).
- Seven significant events had been recorded in the previous 12 months, however these had not been

anonymised on the summary of events and an analysis of significant events had not been undertaken to identify any common trends and embed learning. We saw that all of the significant events had been investigated and discussed at clinical meetings and where necessary changes implemented to minimise the chance of reoccurrence. For example, we saw as a result of an incident that happened to a patient following a consultation with a foundation doctor, lessons had been learnt and changes implemented to prevent a further occurrence.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- Since the last inspection the practice had introduced a formalised system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice had signed up to receive all external alerts and had designated staff to check on a daily basis any new alerts issued. GPs also received the alerts. We saw the practice had taken the appropriate action following recent medicine alerts received, for example they had carried out searches, identified patients and invited patients to attend reviews. We saw MHRA alerts were a standing item on the clinical meeting agenda and were discussed and recorded at meetings held.

Overview of safety systems and process

The practice had improved their systems, processes and practices to minimise risks to patient safety.

- Arrangements for safeguarding 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. Contact details were clearly displayed in consulting and treatment rooms and office areas. There was a lead GP for safeguarding and all staff spoken with were aware of the lead and demonstrated they understood their responsibilities regarding safeguarding. All but one new member of staff had

Are services safe?

received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurses were trained to child safeguarding level three. Safeguarding concerns were shared and discussed at clinical meetings held.

- Staff were made aware of children with safeguarding concerns by computerised alerts on their records. Vulnerable adults were now identified following the last inspection.
- A notice advising patients that chaperones were available if required was displayed in the waiting rooms in both practices. However, notices were not displayed in treatment or consulting rooms. The provider immediately actioned this at the time of the inspection. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. Discussions with patients showed they were aware and had been offered this service. Only the nursing team acted as chaperones and were trained 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 provider told us they were considering reviewing and increasing the number of chaperones to offer patients more flexibility across the two practices given the increasing numbers of patients registered.
- The management and monitoring of infection prevention and control had improved across both locations since the last inspection. We saw issues we previously identified had been addressed. We observed both practices to be clean and tidy. There were cleaning schedules and monitoring systems in place. Clinical rooms were well equipped and staff had access to personal protective equipment such as disposable gloves and aprons. A minor surgery audit had been carried out which concluded there had been no infections for the year identified.
- A practice nurse was the infection prevention and control (IPC) clinical lead and had received guidance and support from the Clinical Commissioning Group (CCG) infection control nurse. Discussions with them demonstrated they were aware of their responsibilities and had mitigated risks effectively. There was an infection control policy in place and staff had received training or were in the process of undertaking e-learning training. An infection control audit had been carried out in July 2017 and there was no outstanding actions identified.
- The cleaning was outsourced to an external contractor and their work was regularly monitored. However discussions held with a cleaner identified they were not aware of the lead and had not had sight of the IPC audit.
- There were arrangements in place for managing medicines, including emergency medicines and vaccinations, (including obtaining, prescribing, recording, handling, storing and security). Patient Group Directions (PGDs) had been adopted by the practice to allow a practice nurse to administer immunisation and vaccines in line with legislative requirements. Patient Specific Directions (PSDs) were in place for the healthcare support worker.
- The practice had a comprehensive repeat prescribing policy that was reviewed and updated in December 2016. We saw processes were in place for handling repeat prescriptions however, the process for monitoring uncollected prescriptions needed to be reviewed and reflected in the practice policy as the practice had not followed up a small number of uncollected prescriptions at both practices. We saw patients now had full access to the electronic prescribing service (EPS), allowing prescriptions to be sent direct to pharmacies through the IT system used in the practice. Blank prescription forms and pads were now securely stored and there were systems in place to monitor their use.
- We saw that patients who took high-risk medicines that required close monitoring for possible side effects had their care and treatment shared between the practice and hospital. The hospital organised the assessment and monitoring of the condition and the practice prescribed the medicines required. A shared care protocol was in place and we saw the practice now ensured prescriptions were audited by a named clinician and prescriptions were only issued after they had checked patients had received the appropriate blood monitoring.
- We reviewed four staff personnel files and found Medical indemnity insurance arrangements were now place

Are services safe?

where required and held in individual staff personnel files. The practice manager agreed to maintain a central spreadsheet to gain a greater oversight of the group insurance arrangements in place and staff registration status.

Monitoring risks to patients

Procedures for assessing, monitoring and managing risks to patient and staff safety had improved.

- There was a health and safety policy available and staff had access to this on the computer system. A fire risk assessment had been completed. Weekly fire alarm testing was carried out and a written log of these checks was now being maintained. A fire evacuation policy was in place and two drills had been carried out since the last inspection. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control. Following the last inspection a Legionella risk assessment had been completed by an external contractor and the practice were frequently monitoring water temperatures at both locations. .
- Following the last inspection the provider had ensured the fixed electrical wiring had been tested as required.
- During the inspection we saw the provider took immediate action to mitigate risks to patients using the automated doors when entering the main practice, due to a young child nearly trapping their fingers in the doors when visiting the practice.
- There were arrangements in place to cover for staff sickness and leave to ensure appropriate staffing levels were maintained. The practice had not required the services of a locum GP for over two years for covering periods of leave or sickness and currently had no staff vacancies.

Arrangements to deal with emergencies and major incidents

We saw that arrangements to deal with emergencies and major incidents had improved.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received basic life support training to prepare them in the event of a medical emergency. Staff were able to recall a recent incident that had occurred in the waiting room at the main practice and this was managed well.
- The practice had emergency equipment which included automated external defibrillators (AEDs), (An AED provides an electric shock to stabilise a life threatening heart rhythm). We saw the AEDs were now in working order at both practices.
- Emergency medicines were available. A risk assessment had been completed for medicines assessed as not required. We saw that the practice now had medicines available to treat a person who had a sudden drop in blood sugar (hypoglycaemia) and the recommended strength of medicine used to treat suspected meningococcal septicaemia (blood poisoning from meningitis) in an adult. Medicines were stored securely, staff knew of their location across both practices.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage and this had been reviewed in April 2017. The plan included emergency contact numbers for staff and electronic copies were accessible off site.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 18 January 2016, we rated the practice as good for providing effective services. When we undertook a follow up inspection on 24 July 2017 we continued to rate the practice as good for providing effective services.

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.
- We saw that change to guidance was discussed periodically at the clinical meetings held.

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). QOF results for 2015/16 showed the practice:

- Achieved 99% of the total number of points available. This was higher than the Clinical Commissioning Group (CCG) average of 97% and the national average of 95%. The overall clinical exception reporting was 4%, which was below the CCG average of 5.3% and the national average of 5.7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels

had been over a period of time was recorded as 80% compared with the CCG and the national average of 78%. The practice exception reporting rate of 5% was lower than the CCG average of 9% and the national average of 12.5%.

- Performance in the outcomes for patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) were comparable to the CCG and national average. For example, 91% of patients had received a review of their condition in the preceding 12 months compared with the CCG and national average of 90%. COPD is the collection of lung diseases. Clinical exception reporting was better at 3% compared to the CCG average of 11% and the national average of 12%.
- Performance for mental health related indicators was mainly comparable to the local CCG and national averages. For example, the percentage of patients with an agreed care plan documented in the preceding 12 months was 90% which was the same as the CCG average and comparable with the national average of 89%. However, the practice clinical exception rate of 0% was lower than the local CCG average of 11.5% and the national average of 13%, meaning more patients were included.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 73%, which was lower than the CCG and national averages of 84%. However, the practice clinical exception rate of 3% was lower than the CCG and the national averages of 7%.
- The practice had 44 patients recorded with a learning disability. Thirty two of these patients had received an annual health assessment so far this year.
- The practice effectively monitored patients with long-term conditions and had the least patients admitted to hospital in the locality. Patients admitted to hospital were reviewed by a GP following their discharge from hospital and medicine changed as appropriate.

There was evidence of quality improvement including clinical audit. Ten audits had been undertaken since the last inspection to include two completed two cycle audits. An audit had been undertaken in September 2016 to identify any suicides or near misses in the past 12 months, and determine if the practice could improve in any areas. The first audit identified that patients who took overdoses

Are services effective?

(for example, treatment is effective)

tended to be on monthly prescriptions. As a result of the audit patients were reviewed and put on weekly prescriptions if deemed in their best interests and any discharges relating to mental health overdose and suicide were followed up on the same day. The reaudit in March 2017 showed patients' medications had been reviewed and all correspondence relating to mental health relapse were booked for an appointment on the same day to see or speak with a GP. Patients who did not attend for appointments were followed up. Staff had since attended a communication skills workshop and a GP had completed mental health training.

Effective staffing

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

- The practice had an induction checklist in place for all newly appointed staff and we saw evidence of this on the personnel files we reviewed. New staff were mentored for a month depending on their previous experience. Induction training covered core topics to include information governance, safeguarding, moving and handling, fire safety and health and safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice was looking to upskill their staff. The practice nurse was due to commence an independent prescriber's course in September 2017. A practice nurse, who had recently joined the practice, had just completed a course for taking samples for the cervical screening programme and was due to attend an immunisations training course the day after the inspection. The healthcare support worker was a former receptionist and had received role specific training to support them in their work. GPs had lead roles and had received additional training in areas to include cancer care and end of life, women's health and minor surgery.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support from colleagues and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal of their work and arrangements were in place for clinical supervision. Nurse training was now funded by GPs and

staff were being encouraged to access e-learning training modules funded in conjunction with the local GP Federation, a not for profit organisation made up of 83 practices working together to further develop primary care services. GPs attended clinical updates subsidised by the Clinical Commissioning Group (CCG).

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals when care plans were reviewed and updated for patients with complex needs. There were arrangements in place to follow up patients with complex conditions within two days following their discharge from hospital.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. We saw that the care of these patients was discussed and recorded during weekly practice meetings held involving the GPs, foundation doctor, medical students, nurses, healthcare support worker and office leads where deceased patients were discussed and any patients with significant concerns. Bi-monthly palliative care meetings were also held with external professionals to share information and review patients' needs.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2015 and a policy was in place.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Staff we spoke with were able to share examples of how they sought and obtained patient consent. For example, written consent was obtained for minor surgery and verbal consent obtained for all nurse delivered processes. Consent templates were completed and scanned onto the patient records. Medical students sought patient consent prior to consultations and posters were displayed in the waiting area advising patients to inform the reception staff should they not wish to be seen by a student.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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 and or substance misuse.
- We saw patients had access to appropriate support, health screening and checks. These included new patient checks and NHS health checks. Patients with long-term conditions were reviewed at appropriate intervals to ensure their condition was stable. The practice offered travel advice and vaccinations available on the NHS via their travel clinic.
- The practice website included a link to information on NHS Choices about healthy living.

- The practice had purchased a machine for patients to monitor their own blood pressure when visiting the practice.

The practice's uptake for the cervical screening programme was 81%, which was higher than the Clinical Commissioning Group (CCG) average of 79% and the same as the national average. The practice exception reporting was 2% (37 patients) which was lower than the CCG average of 5.5% and the national average of 6.5% which meant that the practice had maximised, where possible, the number of patients screened. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. There was a system in place to follow up patients who did not attend for their cervical screening test to encourage them to attend for screening.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 74% of female patients aged 50 to 70 years had attended screening to detect breast cancer in the last 3 years. This was higher than the CCG average of 72% and the national average of 72.5%.
- 51% of eligible patients aged 60-69 had been screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was lower than the CCG average of 54% and the national average of 58%.
- The practice offered family planning advice including implant insertion and removal.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the 90% standard. For example, rates for the vaccines given to under two year olds ranged from 96.6% to 98.8%. The uptake rates for vaccines given to five year olds were above the CCG and national averages and ranged from 94.4% to 97.8%.

Are services caring?

Our findings

At our previous inspection on 18 January 2016, we rated the practice as good for providing caring services. When we undertook a follow up inspection on 24 July 2017 we continued to rate the practice as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed members of staff were courteous and helpful to patients and treated them with dignity and respect. For example, we saw a member of staff assisting a patient who was hard of hearing. They were empathetic and attentive to the individual needs of the patient.

- Privacy curtains were provided in nurse 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.
- Patients could not always be treated by a clinician of the same sex as the practice had continued to experience difficulty recruiting a female GP. The nursing team were available to chaperone during GP consultations. The practice had requested a female foundation doctor to assist in the future. The practice had not received any recent complaints regarding the lack of female GP and all of the patients we spoke with told us they had no preferences whom they saw.

We spoke with seven patients during the inspection and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 33 completed cards. All comment cards highlighted a very high level of patient satisfaction. Patients commented that the service they received was excellent, that staff were pleasant, polite and helpful and their privacy and dignity was always respected. We spoke with a representative of the Patient Participation Group (PPG). They also told us they were very satisfied with the care they received from the practice.

We reviewed the national GP patient survey results, which were published on 7 July 2017. The survey invited 263 patients to submit their views on the practice, 98 forms were returned giving a completion rate of 37%. Results

showed patients felt they were treated with compassion, dignity and respect. The practice scores were comparable to the Clinical Commissioning Group (CCG) and national averages for its satisfaction on consultations with GPs and nurse consultations. For example:

- 83% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 88% of patients said the GP gave them enough time, which was higher than the CCG and the national averages of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages 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 85% and the national average of 86%.
- 98% of patients said the last nurse they saw or spoke with was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 97% of patients said the last time they saw or spoke with a nurse they were good at giving them enough time compared to the CCG and the national averages of 92%.

The survey also showed that 94% of patients said they found the receptionists at the practice helpful which was higher than the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with during the inspection 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.

Results from the National GP Patient Survey, published on 7 July 2017, showed patients responded more positively to questions about their involvement in planning and making decisions about their care and treatment particularly regarding their experience with nurses. For example:

Are services caring?

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 99% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 91% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice website had information available for non-English speaking patients.

- Patients told us that GPs and the nursing team were good at explaining about their condition.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 84 patients as carers (1% of the practice list). The practice had a carers policy in place that detailed useful contact numbers and also sent carers a letter to inform them of the local services available. We saw information was displayed in the waiting room and on the practice website to direct carers to the various avenues of support available to them including a free telephone befriending service.

Information in times of bereavement was available on the practice website in addition to leaflets in the waiting area signposting patients to support groups. Sympathy cards were also sent to bereaved families and staff were informed of any deceased patients in practice meetings to ensure they were kept up to date.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 18 January 2016, we rated the practice as good for providing responsive services. When we undertook a follow up inspection on 24 July 2017 we continued to rate the practice as good for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- Home visits were triaged by a GP to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.
- Patients under 12 and over 75 were given priority access to appointments and seen the same day even if the practice was fully booked.
- Telephone consultations had been introduced since the last inspection and were available with the duty GP from 8am to 6pm.
- The practice offered extended hours from 6.00pm to 8.15pm on a Monday evening at the main practice, Birches Head Medical Centre. The practice had increased the number of GPs available during these hours following an audit they had carried out which identified an increased need for GP availability. A nurse clinic was also available every other Monday evening.
- Patients could be seen at either location. Appointments could be booked in person, by telephone or on line for those patients who had registered for this service. Same day appointments were released at 8am and 2pm with routine appointments available within 48 hours.
- There were longer appointments available for those that needed them including patients with a learning disability and complex medical needs.
- Online services were available for booking appointments, ordering repeat prescriptions and requesting a summary of care records.
- Patients were able to receive travel advice and vaccinations available on the NHS through a travel clinic provided.

- A variety of services were available for people to access. These included health promotion, child health surveillance and immunisations, family planning and minor surgery.
- There were disabled facilities with designated car parking and translation services were available in the practice and on the practice website for patients. Staff shared positive examples with us of how they had assisted patients who did not have English as a first language.
- The practice enabled the temporary registration of patients for example students home from university. Patients with no fixed abode were also able to register at the practice and were issued with a card advising them of how best to keep in contact with the practice.

Access to the service

Both the main and branch practices were open from 8:30am to 6pm on Monday, Tuesday, Wednesday and Friday and 8:30 to 1pm on a Thursday. During these times telephone lines and the reception desk were staffed and remained open. Extended appointments were offered on

Monday from 6pm to 8.15pm at the main practice. When the practice was closed patients could access help by telephoning the practice, after which their call was transferred to the NHS 111 service for assistance.

Results from the National GP Patient Survey published in July 2017 showed that patient satisfaction with how they could access care and treatment continued to be higher when compared to local and national averages.

- 95% of patients said they could get through easily to the practice by phone compared with the CCG average of 67% and the national average of 71%.
- 93% of patients said the last appointment they made was convenient compared to the CCG and the national averages of 81%.
- 90% of patients described their experience of making an appointment as good compared to the CCG and the national averages of 73%.
- 94% of patients said they found receptionists helpful compared to the CCG average of 86% and the national average of 87%.
- 82% of patients were satisfied with the practice's opening hours compared with the CCG average of 79% and the national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

The feedback we received about access to the service was very positive. All of the patients we spoke with during the inspection told us they were able to get appointments when they needed them. Patients also shared positive experiences in relation to the availability of appointments in the numerous CQC comment cards completed.

Since the last inspection the practice had undertaken an internal satisfaction survey in March 2016 with the support of the patient participation group (PPG). One hundred and forty one patients shared their views to a number of questions asked. Responses in relation to access to the service included:

- 91% of patients said it was fairly or very easy to get an appointment for the time they wanted.
- 93% of patients were fairly or very satisfied with the practice's opening hours.
- Only 3% of patients were not able to see the GP or nurse they wanted to see.

Listening and learning from concerns and complaints

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- The practice manager was the designated responsible person who handled all complaints in the practice.
- Complaint forms were available in the waiting room and information about how to complain was detailed on the practice website. Patient Advice and Liaison Service (PALS) leaflets were also readily accessible should patients require advice, with making a complaint. PALS is a free, informal confidential help and advice service for patients, carers and their families.
- One of the patients we spoke with during the inspection told us they had previously made a complaint and it was dealt with promptly and to their satisfaction. Other patients told us they had not had any cause to make a complaint but were aware of the procedure should they wish to complain.
- A comments and suggestion box was also available.

The practice had received four complaints in the last 12 months. We reviewed two of these in detail and found they had been well documented and appropriately managed. Complaints were shared with staff during meetings held.

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 18 January 2016, we rated the practice as good for providing well-led services. When we undertook a follow up inspection on 24 July 2017 we continued to rate the practice as good for providing well-led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- Following the last inspection the practice had developed a written mission statement with their aim being to provide the best possible clinical care from their team of GPs and nurses and a courteous, efficient and friendly service from their reception staff. S
- The practice did not have a documented business plan in place but the partners were proactive and forward thinking and had shared their vision for the future with the team.
- The practice had identified what they did well and the challenges ahead.

Governance arrangements

The practice had improved their overall governance arrangements.

- There was a clear leadership structure and staff were aware of their own roles and responsibilities.
- Staff understood how to access policies and procedures and we saw these were readily available to all staff.
- Arrangements for assessing, monitoring and managing risks to patient and staff safety had improved. A legionella risk assessment had been completed and the monitoring of patients on high risk medicines had improved. The practice had clear process for acting on external alerts that may affect patient safety. Infection prevention and control had also improved. The storage and handling of blank prescription forms had improved however greater monitoring of uncollected prescriptions required review.
- There was a system of sharing practice wide learning and governance issues across the team and medical indemnity insurance had been obtained where relevant.

- An understanding of the performance of the practice was shared and maintained. Weekly meetings between clinicians and managers were held, recorded and outcomes shared across the whole team. Reception staff were asked to contribute agenda items but currently did not attend meetings. However, any issues concerning them was fed back electronically or verbally. The partners and management team had identified a need to improve the engagement with the reception and administrative team and were looking to promote a receptionist to a senior role to represent the reception staff at these meetings going forward.

Leadership and culture

During the inspection the partners demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they took equal responsibility and shared the same ethos in providing safe, high quality and compassionate care. We saw the GPs and practice management team were visible and staff we spoke with across the two practices told us the partners and management team were approachable and always took the time to listen to them. They felt valued and supported within their role and were able to make suggestions for improvement. Staff felt involved and were aware of what was happening within the practice.

The partners and practice management team was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty.

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

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

- Patient satisfaction was established by consideration of NHS Friends and Family test (FFT) results, GP national patient and internal patient satisfaction survey results and complaints.
- The practice had a well-established and innovative patient participation group (PPG) of around six regular

Are services well-led?

Good 

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

members. The PPG met every two months and meetings held were recorded. Any urgent issues were shared electronically in between meetings held. During the inspection we met with a representation of the PPG. They told us the group had continued to make every effort to recruit new members to reflect the demographics of the patient population. They told us the Chair of the PPG attended other meetings in the locality to share information and they were kept well informed of any proposed changes within the practice. They had actively been involved in making a number of changes to improve patient experience and were currently involved in acquiring a new patient check in service and were due to carry out a further internal patient survey shortly.

- The practice regularly reviewed the feedback gained through the NHS Friends and Families test (FFT). The member of the PPG told us the practice shared the results of the FFT in addition to outcomes of any complaints received.
- Although whole practice staff meetings did not take place staff spoken with told us they had the opportunity to speak with the partners and the practice management team on a daily basis. Staff social events were regularly held and staff used an instant messaging application on their mobile telephones to exchange text messages across the team.

- The practice continued to have a well-used and active social media page. The page was open to all who used the social media platform. The practice responded to all comments posted and used the media to advertise services provided and promote health screening and lifestyle advice for patients.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was an accredited research practice and were looking to evolve as a teaching practice by having a skill mix of clinicians to include foundation doctors and GP trainees from August 2017. They were also looking to recruit additional clinicians, for example an advanced nurse practitioner (ANP) and a paramedic officer to meet patient demand in addition to providing additional clinical provision across both practices. A nurse was also due to start a course in September 2017 funded by the partners to become an independent prescriber. The partners were looking to extend the range of surgical procedures provided by one of the GPs after appropriate accreditation. The partners engaged with various external partners to include a local university, the GP Federation, NHS England and the Clinical Commissioning Group (CCG) and attended regular events organised by the CCG.