

# Alpha Medical Practice

## 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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

### Detailed findings from this inspection

Our inspection team	13
Background to Alpha Medical Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Alpha Medical Practice on 31 May 2017. Overall the practice is rated as good.

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

- During our inspection we received positive feedback from patients and staff. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. Significant events, incidents and complaints were used as opportunities to drive improvements.
- Although we saw that was shared learning during meetings, we found that the locum nurses and locum GPs could not always attend the meetings; these clinicians worked at the practice on a regular basis.
- The practice took a proactive approach to understanding the needs of different groups of people, this included identifying patients with different cultural needs in order to offer them support where needed. For example, the practice had tailored their end of life care to meet the specific cultural and religious needs of their population.
- The practice was committed to working collaboratively with other services and healthcare professionals. For instance, the practice worked closely with a pharmacist from the clinical commissioning group to significantly improve antibiotic prescribing rates. The practice was also working with Cancer Research UK to improve cancer screening rates.
- Carers were offered a range of support including annual reviews and flu vaccinations, 1% of the practice's list had been identified as a carer.
- On the day of our inspection the practice could not provide assurance to support that the long term locum nurses received regular supervision and that they were all annually appraised. Shortly after our inspection took place, the senior GP partner provided assurance

# Summary of findings

regarding peer support plans for the nurses and had successfully arranged to have peer support for nursing provided by the local clinical commissioning group (CCG) which was due to commence on 5 June 2017.

- There were accessible facilities in the practice for patients with mobility needs. The practice had a hearing loop for patients with hearing impairments. There were translation services available at the practice and some staff members could also speak a variety of languages including Punjabi and Urdu. Information was made available to patients in a variety of formats and in different languages. The practice also utilised its text messaging and online appointment service for deaf patients to book appointments and to request translation services where needed.
- In addition to patients aged 40 and over, the practice opportunistically screened patients for diabetes. This resulted in the practice's high rates of diabetes diagnosis and above average QOF performance for diabetes care. The practice also took part in various diabetes research projects such as an integrated diabetes care model with Heart of England NHS Foundation Trust. An analysis of the project

highlighted improvements in diabetic management and a total of 70 patients were discharged from secondary care after joint intervention by primary and secondary care.

The areas where the provider should make improvements are:

- Strengthen the clinical oversight of long term locum clinicians, gain assurance that peer support and supervision is in place where needed and ensure that learning is formally shared with long term locum staff to support the practice's learning culture.
- Continue to identify carers in order to offer them support where needed.
- Ensure that a tighter monitoring process is implemented to support the practice nurses when administering vaccines using patient group directions (PGDs).
- Continue to focus on improving cancer screening rates.

**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.

- Significant events, incidents and complaints were used as opportunities to drive improvements. Staff shared learning during monthly practice, monthly clinical and quarterly locality meetings. However we found that the locum nurses and locum GPs could not always attend the meetings, these clinicians worked at the practice on a long term locum basis.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- We observed the premises to be visibly clean and tidy. One of the locum nurses was the infection control lead. The infection control lead was visible in the practice one day a week but there were deputies in place for staff to approach if specific infection control guidance was needed in the absence of the infection control lead.
- There were adequate arrangements in place to help deal with medical emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- The practice was committed to working collaboratively with other services and healthcare professionals. The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission. The practice also reviewed their patients' attendances at the local Accident and Emergency departments.
- The practice had participated in an antibiotic guardian programme and achieved a 20% reduction in their antibiotic prescribing rate. The practice was also working with Cancer Research UK to improve cancer screening rates.

Good



# Summary of findings

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Audits were discussed during practice meetings and staff were actively engaged in activities to monitor and improve quality and patient outcomes.
- During our inspection we saw that most staff received annual appraisals and regular supervision was in place for some staff. For instance, the physician's associate was formally supervised by one of the GPs. However, on the day of our inspection the practice could not provide assurance to support that the locum nurses received regular supervision and that they were all annually appraised.
- Shortly after our inspection took place, the senior GP partner provided assurance regarding peer support plans for the nurses and had successfully arranged to have peer support for nursing provided by the local clinical commissioning group (CCG) which was due to commence on 5 June 2017.

## Are services caring?

The practice is rated as good for providing caring services.

- We observed a strong patient-centred culture and we saw that staff treated patients with kindness and respect.
- Patient feedback received during our inspection and on comment cards was very positive.
- The practice had developed a comprehensive action plan to improve on some of the areas identified through the national GP patient survey however this focussed on access and appointments and did not address other areas for improvement.
- 1% of the practice's list had been identified as carers. Carers were signposted to services such as the carer's hub and the IAPT counsellor if needed. There was a carer's pack and a carer's protocol in place, as well as a range of carer information on display in the waiting area. The practice offered annual reviews and flu vaccinations for anyone who was a carer.
- The practice had tailored their end of life care to meet the specific cultural and religious needs of their population. Additionally, staff we spoke with told us that if families had suffered bereavement, their usual GP contacted them. Patients were also offered a consultation at a flexible time and at a location to meet their needs and by giving them advice on how to find a support service.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients could access appointments and services in a way and at a time that suited them. There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health.
- Urgent access appointments were available for children and those with serious medical conditions. The practice also offered on the day appointments for patients who could be seen by the Physicians Associate for minor illnesses.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- A phlebotomy service (taking blood for testing) was available in the practice and at home for housebound patients who could not attend the practice. Telephone consultations were also available for patients who wished to speak with a clinician over the phone.
- Patients we spoke with during our inspection commented that they were satisfied with appointment access. The practice had also developed a comprehensive action plan to improve on some of the areas identified through the national GP patient survey. Examples of improvement included employing a Physicians Associate to support patients by offering same day appointments and treating minor illnesses. This had helped to meet appointment demand with an average of 18 to 20 appointments being provided on the same day.
- There were accessible facilities in the practice for patients with mobility needs. The practice had a hearing loop for patients with hearing impairments. There were translation services available at the practice and some staff members could also speak a variety of languages including Punjabi and Urdu. Information was made available to patients in a variety of formats and in different languages.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision to provide high quality primary medical services to patients in a safe and professional manner. Members of the management team described plans to form a super partnership to enable sustainability and new ways of working, following the NHS Five Year Forward view.
- During our inspection staff spoke positively about working at the practice and described an open culture. Staff we spoke with said they felt valued, supported and that they worked well as a team. The practice as a whole encouraged a culture of openness and honesty and staff at all levels were supported and encouraged to raise concerns.
- In some areas we found that governance arrangements reflected best practice. For example, policies and documented protocols were well organised and easily accessible to staff. There were adequate arrangements in place to support the practice's arrangements for identifying, recording and managing risks across areas such as health and safety.
- Although the practice monitored themes and reflected on significant events and incidents during monthly clinical meetings, practice meetings and during locality meetings, we found that the locum nurses and locum GPs were rarely able to attend these meetings. Shortly after our inspection took place, the senior GP partner provided assurance regarding peer support plans for the nurses.

# 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 people in its population. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery. A phlebotomy service (taking blood for testing) was available in the practice and at home for housebound patients who could not attend the practice.
- Reports provided by the practice demonstrated that the practice's flu uptake was above average for patients aged 65 and over. For example 83% of patients aged 65 and over had received a flu vaccination, compared to the CCG average of 65%.

Good



### People with long term conditions

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

- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice was able to deliver services such as insulin and other injectable initiation in house for patients with diabetes, as the senior GP partner specialised in diabetes care.
- In addition to patients aged 40 and over, the practice opportunistically screened patients for diabetes. This resulted in the practice's high rates of diabetes diagnosis; data provided by the practice highlighted that the practice had the highest diagnosis rate in the area. QOF performance for overall diabetes related indicators was 96%, compared to the CCG average of 91% and national average of 92%.
- The practice also took part in various diabetes research projects. This included piloting an integrated diabetes care model with Heart of England NHS Foundation Trust. A total of

Good





# Summary of findings

154 patients were seen as part of the project, across four local practices. An analysis of the project highlighted that overall, patient baseline glycaemic control had improved considerably. Furthermore, after joint intervention by primary and secondary care a total of 70 patients were discharged from secondary care.

- We saw evidence that multidisciplinary team meetings took place on a regular basis with regular representation from other health and social care services. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates for under two year olds were below national standards in some areas and high in others. For example, 88% of children had received a pneumococcal conjugate booster vaccine compared to the national standard of 90%. However 91% of children had received their MMR (measles, mumps and rubella vaccine) compared to the national standard of 90%.
- Immunisation rates for five year olds ranged from 95% to 98% compared to the CCG average of 83% to 95%.
- The practice offered urgent access appointments for children, as well as those with serious medical conditions. There was also a weekly maternity clinic available for those who needed to see the midwife as well as weekly clinics with the health visitor.
- Clinicians had direct access to a paediatric hotline which enabled discussions to take place with a consultant; this helped with efficient care planning, admission avoidance and reduced delays when caring for children and when referring them to secondary care if needed.

Good



# Summary of findings

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

Good



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

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online. The practice offered extended hours every Monday from 6:30pm until 9pm.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group. Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 80%, compared to the CCG average of 79% and national average of 81%.
- 2015/16 cancer data from Public Health England highlighted that breast cancer screening rates and bowel cancer screening rates were below local and national averages. To improve this, the practice approach the local clinical commissioning group (CCG) and participated in a Cancer Research UK project which was initiated by the CCG. We saw that the practice had started to work through the action plan developed in May 2017 to make improvements; we also saw that a comprehensive education pack had been developed for patients to access screening information at the practice.
- Patients had access to appropriate health assessments and checks. Practice data highlighted that they identified and offered smoking cessation advice to 91% of their patients and 3% had successfully stopped smoking.

## **People whose circumstances may make them vulnerable**

Good



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

- The practice regularly worked with other health and social care organisations in the case management of vulnerable people. Multi-disciplinary team (MDT) meetings took place on a regular basis with regular representation from other health and social care services. Vulnerable patients and patients with complex needs were regularly discussed during the MDT meetings.
- There were 29 patients registered at the practice with a learning disability. Practice data highlighted that 80% received medicines reviews where eligible within a 12 month period and there was an ongoing programme of recalling patients in for annual reviews.

# Summary of findings

- We saw that the practice's palliative care register was regularly reviewed; practice data highlighted that all of the patients on the palliative care register had a care plan in place.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations. The practice offered a cultural sensitive IAPT (Improving Access to Psychological Therapies) service to patients. Carers were also signposted to support services such as the carer's hub.
- The practice utilised its text messaging and online appointment service for deaf patients to book appointments and to request translation services where needed.

## 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 other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia.
- Staff highlighted that they didn't have as many patients on their dementia register due to the practice's demographics of mostly younger and working age people. However the practice continually monitored their dementia register and actively screened patients for dementia where appropriate.
- 96% of patients diagnosed with dementia had their care plans reviewed (in a face-to-face review) in the preceding 12 months, compared to the CCG average of 87% and national average of 88%.
- Performance for mental health related indicators was 88% compared to the CCG average of 91% and national average of 92%. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

The practice received 68 responses from the national GP patient survey published in July 2016, 365 surveys were sent out; this was a response rate of 19% and this represented 1% of the practice's list. The results highlighted that:

- 48% found it easy to get through to this surgery by phone compared to the CCG average of 60% and national average of 73%.
- 65% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and national average of 85%.
- 39% described the overall experience of the practice as good compared to the CCG average of 66% and national average of 73%.

- 48% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 74% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with five patients during our inspection including two members of the patient participation group (PPG). Service users also completed 35 comment cards. Patients and comment cards gave positive feedback with regards to the service provided. Staff were described as friendly and helpful. Comment cards described the service as efficient and some patients commented that they never had problems booking appointments and were rarely kept waiting.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Strengthen the clinical oversight of long term locum clinicians, gain assurance that peer support and supervision is in place where needed and ensure that learning is formally shared with long term locum staff to support the practice's learning culture.

- Continue to identify carers in order to offer them support where needed.
- Ensure that a tighter monitoring process is implemented to support the practice nurses when administering vaccines using patient group directions (PGDs).
- Continue to focus on improving cancer screening rates.

# Alpha Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Alpha Medical Practice

Alpha Medical Practice is a long established practice located in the Alum Rock of Birmingham in the West Midlands. There are approximately 5120 patients registered and cared for at the practice. The levels of deprivation in the area served by the practice are below the national average, ranked at one out of 10, with 10 being the least deprived. The practice serves a diverse population and 98% of its population are Pakistani and Bangladeshi. The practice also serves a higher than average younger population. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes a male senior GP partner and a female GP partner. There is also a female salaried GP, a male locum GP and a female locum GP. Both locum GPs have worked at the practice on a long term basis. The nursing service is provided by four locum nurses who have worked at the practice on a long term basis. The practice also employs a physician's associate and a healthcare assistant.

The GP partners and practice manager form the management team. They are also supported by a team of six support staff that cover reception, secretarial and administration roles.

The practice is open between 8am and 6:30pm and offers appointments between 9:30am and 12:30pm and then from 4pm to 6:30pm during weekdays. There is a GP on call between 8am and 9:30am and during the day between 12:30pm and 4pm. The practice offers extended hours every Monday from 6:30pm until 9pm. There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed during the out-of-hours period.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

## How we carried out this inspection

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

# Detailed findings

- 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 are provided for specific groups of people and what good care looks 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)

The inspection team:

- Reviewed information available to us from other organisations such as NHS England
- Reviewed information from CQC intelligent monitoring systems
- Carried out an announced inspection on 31 May 2017
- Spoke with staff and patients
- Reviewed patient survey information
- Reviewed the practice's policies and procedures

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. This included systems in place for formally reporting incidents, patient safety alerts, comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.

The practice had recorded five significant events that had occurred during the previous 12 months. Significant event records were well organised, clearly documented and continually monitored. We saw that when significant events were recorded a thorough investigation took place and learning was applied to prevent recurrence. For example, we saw that the practice implemented a process for patients to have a telephone consultation with the GP if test results from secondary care were taking longer than expected. This was implemented as a safety net following a delayed test result from secondary care which had occurred due to an external data entry error.

Staff monitored themes and reflected on significant events and incidents during monthly practice and clinical meetings. Minutes of these meetings demonstrated that most staff attended the meetings, however during our inspection staff we spoke with highlighted that it was difficult for all staff members to attend due to other working commitments. For example we found that the locum nurses and locum GPs could not always attend the clinical meetings or the practice meetings, these clinicians worked at the practice on a long term locum basis. We saw that minutes of the meetings were stored on the practice's computer system so that staff could access them if needed. Members of the management team explained that locums were updated on an informal basis before each shift, where items such as significant events were discussed.

On the day of our inspection there were no locum nurses on duty, however we spoke with a locum nurse shortly after our inspection who advised that they were invited to the meetings but could not always attend due to other working commitments. The nurse also described an open culture in the practice and advised that they were kept informed of changes, significant events and complaints by the practice team on an informal day to day basis.

The practice often engaged with local practices in the area and we saw that learning from significant events was shared on a quarterly basis amongst other practices within the locality. We saw records of locality meetings to support this and we saw that learning across areas such as information governance and vaccination guidelines had been shared across the locality.

### Overview of safety systems and processes

- Safety alerts were disseminated by the practice manager and clinicians also received alerts directly. There was a system in place to track and monitor the alerts; the system clearly specified when action had been taken as a result of an alert also. This included alerts from the Medicines and Healthcare products Regulatory (MHRA). For example, we saw that the practice informed a patient to obtain a replacement batch of medicine from the pharmacy following a specific medicine recall alert; we saw that this action was appropriate as instructed on the medicines alert.
- The practice had clearly defined and embedded systems in place to keep people safe and safeguarded from abuse. Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation. We noted that staff had access to current safeguarding information, resources for patients, policies and access to training material. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- The senior GP partner was the lead member of staff for safeguarding. The GP attended regular safeguarding meetings, provided reports where necessary for other agencies and also held regular child safeguarding meetings with the health visitor. We also saw that safeguarding was covered each month during the monthly practice meetings and during multidisciplinary team (MDT) meetings.
- Staff we spoke with demonstrated that they understood their responsibilities and all had received the appropriate level of safeguarding training relevant to their role including level three training in children's safeguarding for clinicians.
- The practice was an IRIS (Identification and Referral to Improve Safety) practice and had direct access to Women's Aid. This service provided domestic violence

## Are services safe?

awareness training, support and a referral programmes to the GPs and other practice staff, helping them to understand and respond to patients who may be affected by domestic violence or abuse.

- We viewed eight staff files including four locum files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body and Disclosure and Barring Service (DBS) checks. 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.
- Notices were displayed to advise patients that a chaperone service was available if required. Locum nurses and the health care assistant would usually act as chaperones and three members for the non-clinical team also offered this service when needed. We saw that DBS checks were in place for members of staff who chaperoned and all of them had received chaperone training.
- We observed the premises to be visibly clean and tidy. On the day of our inspection we saw that practice cleaning specifications and completed cleaning records were in place. These covered various areas and rooms within the practice, as well as medical equipment and items such as keyboards. There was an infection prevention control protocol in place. Staff had received up to date infection control training and the training was also incorporated in to the induction programme for new staff members.
- One of the locum nurses was the infection control lead and the evidence reviewed during our inspection indicated that the infection control lead was only visible in the practice one day a week during their shift and there was no deputy in place for staff to approach if specific infection control guidance was needed at other times during the week. The practice provided assurance and supporting evidence following our inspection which confirmed that a team of infection control deputies were in place for staff to approach in the absence of the infection control lead. Deputies were outlined in the practices infection control policy; these included the practice manager and senior GP partner.
- We saw records of a recent infection control audit carried out in May 2017 by Public Health England. The audit highlighted some areas for improvement and the practice had started to work on the actions in relation to this, such as ensuring that guidance for specific cleaning equipment was in place and accessible for cleaners.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury. We saw calibration records to ensure that clinical equipment was checked and working properly. The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and during our inspection saw that temperatures were logged in line with national guidance.
- The practice used an electronic prescribing system. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription stationery was securely stored and the practice followed an appropriate system to monitor and track their prescriptions. Uncollected prescriptions were checked on a regular basis and that those exceeding a two month period were reviewed by the GP and securely disposed of where needed; this was also documented on the patient record system to provide a clear audit trail.
- There were effective systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medicines remained relevant to their health needs. Patients prescribed high risk medicines were monitored and reviewed.
- We saw evidence that the practice nurses had received appropriate training to administer vaccines. Practice nurses administered vaccines using patient group directions (PGDs). PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. On the day of our inspection we found that not all of the locum nurses had signed some of the PGDs and we found some PGDs which required authorisation. We raised this with members of the management team during our inspection and we received assurance that the PGDs would be reviewed



## Are services safe?

and signed as required. Shortly after our inspection took place the practice provided evidence to support that the required action was taken and that a tighter monitoring process would be implemented as a priority.

- The health care assistant was trained to administer vaccines and medicines against a patient specific direction (PSD) from a prescriber. We saw evidence to support this during our inspection.

### Monitoring risks to patients

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for different staffing groups to ensure that enough staff were on duty. Staff we spoke with explained that staff often covered each other if they were away from the practice, for instance during annual leave. The practice employed two long term locum GP. Locum GPs were sourced through locum agencies, we saw that appropriate recruitment checks had been undertaken prior to employment for locum GPs. The practice nursing service was provided by a group of long term locum nurses, some of the locum nurses were sourced directly and some were recruited through a locum agency. A physician's associate and a healthcare assistant also supported the GP and nursing service.

There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises, fire risk and risks associated with the control of substances hazardous to health and legionella. Legionella is a term for

a particular bacterium which can contaminate water systems in buildings. The practice used action plans to ensure risks were managed effectively when risks were identified. For instance, we saw that temperature checks and flushing of the practice's water systems were completed on a regular basis to manage potential risks relating to legionella, records were also kept to support this. There was an appointed fire and safety lead in place and we saw records to show that regular fire alarm tests and fire drills had taken place.

### Arrangements to deal with emergencies and major incidents

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of how to access the plan.

There was a system in all the treatment rooms and on the practice's computer system which alerted staff to any emergency in the practice. The practice had a defibrillator available on the premises and an oxygen cylinder with adult and children's masks. Emergency medicines were accessible to staff in secure areas of the practice. Staff explained that emergency equipment and emergency medicine was regularly checked and records were kept to demonstrate this, we saw that this included regular checks of the defibrillator and the oxygen cylinder. There was also a first aid kit and accident book available. Records showed that all staff had received training in basic life support.

# 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. The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission. The practice also reviewed their patients' attendances at the local Accident and Emergency departments. During our inspection we saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medicines reviews and general health reviews.

### Management, monitoring and improving outcomes for people

The practice used the information collected for QOF as well as performance against national screening programmes to monitor outcomes for patients. The practice's overall QOF achievement for 2015/2016 was 98% compared to the CCG and national average of 95%. The practice's exception reporting rate was 6% compared to the CCG and national averages of 8%. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The practice had 16 patients on their dementia register. QOF data showed that the overall performance for dementia related indicators were 100%. A breakdown of these indicators highlighted that the practice was above average for specific areas relating to dementia care. For example, 96% of patients diagnosed with dementia had their care plans reviewed (in a face-to-face review) in the preceding 12 months, compared to the CCG average of 87% and national average of 88%.
- Exception reporting was 17% for dementia related indicators, compared to the CCG average of 10% and national average of 12%. We discussed this exception rate with members of the clinical team who confirmed

that they followed an appropriate process for exception reporting; including exception report patients who refused to attend on at least three occasions within 12 months.

- Staff highlighted that they did not have as many patients on their dementia register due to the practice's demographics of mostly younger and working age people. However the practice continually monitored their dementia register and actively screened patients for dementia where appropriate. Clinicians we spoke with also found that in some cases, dementia had been hard to identify due to the practice's population which consisted of many close families that cared for their older relatives. To help this, the GPs were actively educating patients and carers to help with identifying patients who required screening. This was an ongoing piece of work and the register had increased from two to 16 patients since 2014 as a result of this.
- Performance for mental health related indicators was 88% compared to the CCG average of 91% and national average of 92%. The practice had 48 patients on their mental health register. The data provided by the practice highlighted that 90% of these patients had a care plan in place and 90% received medicines reviews where eligible within a 12 month period. There was also an ongoing programme of recalling patients in for annual reviews.
- The percentage of patients with hypertension having regular blood pressure tests was 100% compared to the CCG and national average of 98%. The practice exception reported 0% for this indicator.
- The senior GP partner specialised in diabetes care and recognised that diabetes rates were higher amongst the south Asian population group and that younger patients were at risk of developing type two diabetes. During our inspection the GP explained that current guidelines only required testing of patients aged 40 and over. In addition to patients aged 40 and over, the practice focussed on screening those with high risk factors and opportunistically screened patients for diabetes. This resulted in the practice's high rates of diabetes diagnosis and recent data provided by the practice highlighted that the practice had the highest diagnosis rate in the area. QOF performance for overall diabetes related indicators was 96%, compared to the CCG average of 91% and national average of 92%.

# Are services effective?

(for example, treatment is effective)

The practice worked closely with a pharmacist from the Clinical Commissioning Group (CCG) who attended the practice on a regular basis. The pharmacist assisted the practice with medicines audits and monitored the use of antibiotics to ensure they were not overprescribing.

The practice previously participated in an antibiotic guardian programme which involved analysing prescribing data and developing an action plan for improvements. As a result of this work the practice achieved a 20% reduction in their antibiotic prescribing rate; due to these improvements the practice had continued to implement this approach over the last two years. Prescribing reports provided by the practice showed that they continued to maintain low prescribing levels for antibiotics, as well as Nonsteroidal anti-inflammatory medicines (NSAIDs). Data from the NHSBSA- electronic Prescribing Analysis and Costs (ePACT) system also highlighted that prescribing rates for specific antibiotics were at 1% between July 2015 and June 2016, compared to the CCG and national averages of 5%.

The practice had a programme of continuous clinical audit; the practice shared seven clinical audits during our inspection. Audits were discussed during practice meetings and staff were actively engaged in activities to monitor and improve quality and patient outcomes. Six of the audits had been repeated to demonstrate improvement.

- We looked at records of an audit focussing on Atrial Fibrillation management. The completed audit showed improvements across many areas between August 2016 when the first audit was conducted and January 2017 when the audit was repeated. For example, initially the practice identified that 86% of patients diagnosed with Atrial Fibrillation who were not on an anticoagulant had a documented score in relation to stroke risk within the preceding 15 months. The audit was repeated approximately five months later and 100% of patients within this criterion had a documented CHA<sub>2</sub>DS<sub>2</sub>-VASc within the preceding 15 months. Audit records indicated that improvements were made in relation to a detailed action plan which was developed in line with the first audit cycle. Actions included updating the medicines review template for use when reviewing patients diagnosed with Atrial Fibrillation.
- We also saw that an audit on improving the quality of referrals had been completed by the Physicians Associate with support provided by the senior GP partner. The aim of the audit was to focus specifically on

the quality of diagnosis and referrals in general practice. The audit involved a review of 15 referral letters at random and findings highlighted that all referrals contained a clear reason with clinical findings, all referrals also contained past medical history and medicines information. We saw that referrals included some social history such as general issues as well as the name and expectations of the referring GP. However, the audit also identified that in some cases the urgency of the referral was not always clear. We saw that considerations had been made as an ongoing piece of work on how to improve this and the practice was exploring and encouraging peer review amongst the GPs as an effective measure. The practice had also started to work on specific areas to improve on, such as ensuring that the urgency of referrals was always made clear and there was a plan to repeat the audit in 12 months' time.

## Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a mixture of enhanced skills and were trained to lead on areas such as diabetes and chronic disease care. The practice supported staff to complete mandatory training, e-learning and role specific training. For example, a member of the reception team was supported throughout their training to become a healthcare assistant. The healthcare assistant held a dual role and also worked as a receptionist. We saw that the practice had sent them on additional training courses including NHS health check and flu vaccination training.

The practice had an induction programme for newly appointed members of staff that covered topics such as safeguarding, infection control, fire safety, health and safety and confidentiality. Induction programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules. There was a locum induction programme in place and a locum pack was available which contained useful information for locum GPs and nurses.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated. During our inspection we saw that most staff received annual appraisals and regular supervision was in place for some staff; this was with the exception of some of locum nurses. The healthcare assistant received

# Are services effective?

(for example, treatment is effective)

mentorship and support from the practice GPs and competencies were regularly assessed by one of the GP partners. The physician's associate was formally supervised by one of the GPs. We saw that they had completed an accredited training programme which complied with the standards set by the Royal College of Physicians and the Royal College of General Practitioners. We saw that they were registered on a voluntary register with a professional body and had completed a variety of continual professional development training. There was a programme of competency assessments in place enabling one of the GPs to regularly review the duties undertaken by the both the physician's associate and the health care assistant. This ensured they remained safe and effective and furthermore, identified if additional training and support was needed.

During our inspection we had no concerns regarding the clinical care provided by the nursing service however we found that lines of responsibility within the nursing service were not always clear or established well enough to manage potential risk and to ensure that specific processes were well governed. For example, the practice could not provide assurance to support that the locum nurses received regular supervision and that they were all annually appraised. Shortly after our inspection took place, practice explained that as the locum nurses were not employed by the practice, their appraisals were carried out by their permanent employers and that copies of appraisal records were shared with the practice. However, on the day of our inspection we did not see evidence of these appraisals. The practice provided evidence of an appraisal for one the locum nurses following our inspection.

One of the locum nurses was an advanced nurse practitioner; they had also qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. The practice could not provide evidence to support how they received mentorship and support from the medical staff for this extended role. Members of the management team explained that they did not formally supervise or appraise the locum nurses internally but that they supervised and provided feedback on an informal basis.

Staff highlighted that they worked closely with the locum nurses and that the nurses also worked for other practices within the locality, this included local practices that they often engaged with. Although members of the

management team had no concerns regarding nurse competencies, there was no or little evidence in place to support this such as evidence of supervision or competency assessments.

Shortly after our inspection took place, the senior GP partner provided assurance regarding peer support plans for the nurses and had successfully arranged to have peer support for nursing provided by the local clinical commissioning group (CCG) which was due to commence on 5 June 2017.

## Coordinating patient care and information sharing

- 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 people moved between services, including when they were referred, or after they were discharged from hospital.
- The practice followed the Gold Standards Framework (GSF) for end of life and palliative care. We saw that the practice's palliative care register was regularly reviewed and discussed as part of the practice's GSF meetings to support the needs of patients and their families. Representation from other health and social care services such as district nurses was made at the meetings and we saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. The practice had 12 patients on their palliative care register. The data provided by the practice highlighted that all of these patients had a care plan in place and 100% had received a review in a 12 month period.
- Multi-disciplinary team (MDT) meetings took place on a regular basis with regular representation from other health and social care services. Vulnerable patients and patients with complex needs were regularly discussed during the MDT meetings. There were 29 patients registered at the practice with a learning disability. Practice data highlighted that 80% received medicines reviews where eligible within a 12 month period and there was an ongoing programme of recalling patients in for annual reviews.

## Consent to care and treatment

# Are services effective?

(for example, treatment is effective)

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff had received training in the Mental Capacity Act 2005 and understood the relevant consent and decision-making requirements of legislation and guidance. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

## Supporting patients to live healthier lives

The practice frequently worked with a health trainer from Public Health England to identify and support patients in need of extra support. This included those at risk of developing a long-term condition and those requiring diet and lifestyle advice.

2015/16 childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. Immunisation rates for under two year olds were below national standards in some areas and high in others. For example, the Percentage of children administered with a pneumococcal conjugate booster vaccine was 88% compared to the national standard of 90%. However 91% of children had received their MMR (measles, mumps and rubella vaccine) compared to the national standard of 90%. Immunisation rates for five year olds were ranged from 95% to 98% compared to the CCG average of 83% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Practice data highlighted that they identified and offered smoking cessation advice to 91% of their patients and 3% had successfully stopped smoking.

The practice offered annual reviews and flu vaccinations for various population groups including patients with a long term condition, carers and patients aged 65 and over. Reports provided by the practice demonstrated that the practice's flu uptake was above average for patients aged

65 and over and for patients at risk or with a long term condition. For instance 83% of patients aged 65 and over had received a flu vaccination, compared to the CCG average of 65%.

Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 80%, compared to the CCG average of 79% and national average of 81%. 2015/16 cancer data from Public Health England highlighted that breast cancer screening rates for were at 48% compared to the CCG average of 68% and national averages of 72% and bowel cancer screening rates were at 19% compared to the CCG average of 48% and national average of 55%.

We discussed these screening rates with members of the management team, staff explained that although they actively encouraged patients to partake in cancer screening, they experienced a lot of DNAs (missed appointments) and uptake was generally low. Staff also highlighted that the practice demographics of a younger population also contributed towards low screening rates.

To improve this, the practice approached the local clinical commissioning group (CCG) and participated in a Cancer Research UK project which was initiated by the CCG. As part of the project the practice met with Cancer Research UK and met with a number of local practices to analyse and compare cancer screening rates on a wider scale. We saw that the practice developed an action plan in May 2017 in conjunction with Cancer Research UK, examples of actions included:

- Signing up to EComm's (an electronic tool used to receive bowel cancer screening results electronically). The practice also planned to use this to streamline processes and to help to identify and follow up on specific cohorts of patients such as those who miss any screening appointments. We saw that a process was being put together in relation to this, this included provided patients with a Freephone telephone number so that they could request replacement screening kits if needed.
- There was a policy to offer telephone reminders for patients who did not attend for their cancer screening tests and the practice was utilising its text messaging service to promote and encourage screening.
- We also saw that a comprehensive education pack had been developed for patients to access screening information at the practice.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We received 35 completed CQC comment cards. All comment cards contained positive comments with regards to the care and treatment provided. Staff throughout the practice were described as caring and many comments noted that they would recommend the practice to others. One card highlighted that occasionally conversations could be heard at the reception desk due to the open planned waiting area. During our inspection staff advised that a private room was available to patients who wanted to discuss sensitive issues or appeared distressed. There was also a notice in the waiting room to ask patients to wait behind the line so to avoid overhearing private conversations at the reception desk.

- During our inspection we saw that members of staff were friendly and helpful to patients both attending at the reception desk and on the telephone.
- We saw that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Members of the management team explained that the practice took an open and welcoming approach to patients. Staff encouraged patients to feel comfortable to access any of the practice's services and to have trust that they would be treated with respect, dignity and compassion.

Although patient feedback received during our inspection and on comment cards was very positive, the results from the national GP patient's survey (published in July 2016) highlighted that patients were not always happy with how they were treated, for example:

- 70% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 66% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.

- 90% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 69% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 76% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national averages of 87%.
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

The practice received 68 responses from the national GP patient survey and this represented 1% of the practice's list. The practice had developed a comprehensive action plan to improve on some of the areas identified through the national GP patient survey however this focussed on access and appointments.

The practice also conducted an in house patient survey using the GPAQ (General Practice Assessment Questionnaire) tool from the Department of Public Health and Primary Care following the published results from the national GP patient survey. A total of 100 surveys were sent out, the practice received 91 responses, 2% of the practice's registered patient list responded to the in house survey.

- An analysis of the survey highlighted that the practice received a rating of 91 with regards to consultations with the GP, compared to the bench mark of 95.
- The practice received a rating of 94 for confidence and trust in the GP, compared to the bench mark of 96.
- The practice achieved a rating of 100 in response to seeing the same GP again, compared to the bench mark of 99.
- The practice received a rating of 86 with regards to consultations with the GP, compared to the bench mark of 90.

We spoke with five patients on the day of our inspection including two members of the patient participation group (PPG). Patients told us they were satisfied with the care provided by the practice and that their dignity and privacy was respected. Staff were described as caring, approachable and helpful. Some patients shared examples of how the GPs had supported them through difficult times

## Are services caring?

when caring for relatives with complex conditions. We noted that although the practice used locum nurses, the patients we spoke with were familiar with them as the practice made sure they used the same locum nurses on a regular basis. Patients spoke highly of the care provided by all clinicians at the practice.

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

Patients told us that they felt involved in decision making about the care and treatment they received. Patients highlighted that the GPs often took the time to explain information, that they felt involved in decisions about care and never felt rushed during consultations. This feedback also reflected the comments made on our CQC comment cards. However, this was not consistent with the results from the national GP patient survey with regards to involvement in planning and making decisions about care and treatment:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 64% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

The practice submitted records of a comprehensive survey analysis conducted through use of the Improving Practice Questionnaire (IPQ) following our inspection.

The practice received 105 responses from the IPQ and this represented 2% of the practice's list. The survey analysis demonstrated that the practice received positive responses across all areas of the survey. Overall, 98% of all patient ratings about the practice were good, very good or excellent. For example:

- All 105 respondents were happy with how they were greeted at the practice
- 100% of the respondents rated staff as good, very good or excellent with regards to how they communicated with patients, including listening and providing explanations
- All patients who completed the survey felt reassured by staff when they visited the practice and all had confidence in the team's ability

- Survey results indicated that patients never felt rushed during consultations, furthermore all respondents rated the practice as good, very good or excellent with regards to being treated with respect
- All 105 respondents rated the practice as good, very good or excellent for care and concern and all respondents indicated that their privacy and confidentiality was respected at the practice

The practice's survey results were also benchmarked within the highest 25% for positive responses compared to surveys carried out at other practices.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice supported patients by referring them to an IAPT (Improving Access to Psychological Therapies) counsellor. Feedback from patients highlighted that they were not always benefitting from this service due to cultural and language barriers, therefore the practice contacted the local IAPT team and were since able to offer a more culturally sensitive service.

The practice had 40 carers on the carers register which was 1% of the practice's list. The practice applied reminders to patient record systems to ensure that staff were aware of carers in order to offer them support where needed. Carers were signposted to services such as the carer's hub and the IAPT counsellor if needed. There was a carer's pack and a carer's protocol in place, as well as a range of carer information on display in the waiting area. The practice offered annual reviews and flu vaccinations for anyone who was a carer.

During our inspection the senior GP partner explained that the practice cared for a population consisting of over 98% Muslim patients. Due to this, the practice had tailored their end of life care to meet the specific cultural and religious needs of their population. This included prompt burial of those who passed away particularly for Muslim patients and their families with respect to their religious needs. In order to reduce delays or problems obtaining a death certificate, for instance during weekends when the practice was closed, the practice worked with the local Mosques and developed a process whereby the GPs could be

## Are services caring?

contacted at all times to issue death certificates and support same day burial. Staff expressed how patients were extremely thankful for this service due its strong religious element.

Additionally, staff we spoke with told us that if families had suffered bereavement, their usual GP contacted them. Patients were also offered a consultation at a flexible time and at a location to meet their needs and by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- Appointments could be booked over the telephone, face to face and online. The practice offered patients text messaging reminders for their appointments.
- The practice actively encouraged patients to register for online access. Members of the management team highlighted how this helped to ease access for those patients who preferred to make telephone appointments. Data from the practice highlighted that approximately 10% of patients had registered for online access.
- There were urgent access appointments available for children and those with serious medical conditions. There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health.
- The practice offered on the day appointments for patients who could be seen by the Physicians Associate.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were offered to vulnerable patients at home, such as patients who were housebound and could not attend the practice. Telephone consultations were also available for patients who wished to speak with a clinician over the phone.
- The practice offered a range of chronic disease clinics. There was also a weekly maternity clinic available for those who needed to see the midwife as well as weekly clinics with the health visitor. The practice was able to deliver services such as insulin and other injectable initiation in house for patients with diabetes, as the senior GP partner specialised in diabetes care.
- A phlebotomy service (taking blood for testing) was available in the practice and at home for housebound patients who could not attend the practice.
- Clinicians had direct access to a paediatric hotline which enabled discussions to take place with a

consultant; this helped with efficient care planning, admission avoidance and reduced delays when caring for children and when referring them to secondary care if needed.

- The practice was based in a two story building with purpose built consulting and treatment rooms on the ground floor of the building. The building did not have automatic doors however there was a doorbell in place to allow for wheelchair users, pushchair users and patients with mobility difficulties to ring for assistance if needed. There were accessible facilities in the practice for patients with mobility needs.
- The practice had a hearing loop for patients with hearing impairments and the practice also utilised its text messaging and online appointment service for deaf patients to book appointments and to request translation services where needed.
- The practice served a high migrant population and 98% of its population were of Pakistani and Bangladeshi heritage. There were translation services available at the practice and some staff members could also speak a variety of languages including Punjabi and Urdu. Information was made available to patients in a variety of formats and in different languages.

### Access to the service

The practice was open between 8am and 6:30pm and offered appointments between 9:30am and 12:30pm and then from 4pm to 6:30pm during weekdays. There was a GP on call between 8am and 9:30am and during the day between 12:30pm and 4pm. The practice offered extended hours every Monday from 6:30pm until 9pm. Pre-bookable appointments could be booked up to six weeks in advance.

Patients we spoke with during our inspection commented that they were satisfied with appointment access. Some patients commented on how useful the online appointment system was while others highlighted that it was helping to ease telephone access. Comment cards described the service as efficient and some patients commented that they never had problems booking appointments and were rarely kept waiting.

Results from the national GP patient survey published in July 2016 highlighted that responses in relation to access were below average, for example:

# Are services responsive to people's needs?

## (for example, to feedback?)

- 48% found it easy to get through to this surgery by phone compared to the CCG average of 60% and national average of 73%.
- 39% patients described their experience of making an appointment as good compared to the CCG average of 66% and national average of 73%.
- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 30% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 60% and national averages of 65%.
- 24% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 53% and national average of 58%.

However, the practice had developed a comprehensive action plan to improve on the areas identified through the national GP patient survey; these were specific to improving access. Examples of improvements included:

- Improving telephone access by encouraging patients to register for online access. The patient participation group (PPG) supported the practice in relation to this; posters were displayed on notice boards and staff made use of the practice's text messaging service to promote online access. In 2016 only five patients were registered for online access, this year there had been a significant increase to 545 patients which was 10% of the practice's population.
- The practice started offering more telephone consultations in order to offer more face to face appointments to those that needed to be seen in the practice.
- The practice continually monitored appointment demand and found that there was a high need for on the day appointments. A Physicians Associate was employed to support this need by offering same day appointments and treating minor illnesses. Members of the management team explained that this had helped to meet appointment demand with an average of 18 to 20 appointments being provided on the same day.

The practice was continuing to work on the action plan and had set further goals for 2017/18 which included continued focus on online registrations and working on a campaign to reduce waste in medicines.

We also discussed the practice's appointment times with members of the management team during our inspection. Staff we spoke with explained that previously appointments ran from earlier times such as 8:30am however the practice found that uptake and attendance was low. To monitor this, the practice completed frequent capacity and demand audits and found that later appointment times during the morning were more suitable to cater to the needs of their practice population.

The practice also conducted an in house patient survey using the GPAQ (General Practice Assessment Questionnaire) tool from the Department of Public Health and Primary Care in response areas for improvement identified on the national GP patient survey. A total of 100 surveys were sent out, the practice received 91 responses, 2% of the practice's registered patient list responded to the in house survey.

An analysis of the survey highlighted that the practice received a rating of 81 with regards to booking an appointment, compared to the bench mark of 71. The practice also received a rating of 71 for telephone access, compared to the bench mark of 69.

### Listening and learning from concerns and complaints

- The practice had an effective system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice. The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We saw a notice on display in the waiting area informing patients to speak with the practice manager if they had any concerns or complaints. The practice website, complaints leaflet and complaints form also encouraged patients to contact the practice manager to discuss complaints.
- The practice had received six complaints in the last 12 months. Records demonstrated that complaints were satisfactorily handled and responded to with openness

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

and transparency. We saw that most staff shared learning and monitored themes from complaints during the practice meetings and we saw minutes of meetings which supported this.

# Are services well-led?

Good 

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

## Our findings

### Our findings

#### Vision and strategy

The practice had a clear vision to provide high quality primary medical services to patients in a safe and professional manner. Members of the management team described plans to form a super partnership to enable sustainability and new ways of working, following the NHS Five Year Forward view. The future business plan incorporated six local practices, these practices worked closely together within the locality.

Throughout our inspection there was a strong theme of positive feedback from staff and patients. Staff spoke positively about working at the practice and described an open culture. Staff demonstrated a commitment to providing a high quality service to patients. Staff we spoke with said they felt valued, supported and that they worked well as a team.

#### Governance arrangements

In some areas we found that governance arrangements reflected best practice, for example:

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Policies and documented protocols were well organised and easily accessible to staff. There were adequate arrangements in place to support the practice's arrangements for identifying, recording and managing risks across areas such as health and safety.

On the day of our inspection we found that lines of responsibility were not always clearly defined in terms of the organisational structure, particularly in relation to the nursing service. For example:

- One of the locum nurses was the infection control lead however we noted that the infection control lead was only visible in the practice one day a week and there was no deputy in place for staff to approach for specific infection control guidance.
- Soon after our inspection took place we spoke with a locum nurse who advised that locum nurses attended quarterly nurse forums facilitated by the local clinical

commissioning group, this also enabled the practice locum nurses to engage and share learning. However, although the practice monitored themes and reflected on significant events and incidents during monthly clinical meetings, practice meetings and during locality meetings, we found that the locum nurses and locum GPs were rarely able to attend these meetings.

- Although we had no concerns regarding nurse competencies or clinical care, there was no evidence in place to support this such as evidence of supervision or competency assessments. One of the locum nurses was a qualified independent prescriber and could prescribe medicines for specific clinical conditions. The practice could not provide evidence to support how they received mentorship and support from the medical staff for this extended role.

Shortly after our inspection took place, the senior GP partner provided assurance regarding peer support plans for the nurses and had successfully arranged to have peer support for nursing provided by the local clinical commissioning group (CCG) which was due to commence on 5 June 2017.

#### Leadership, openness and transparency

The GP partners and the practice manager formed the management team. The management team were visible in the practice. The practice as a whole encouraged a culture of openness and honesty and staff at all levels were supported and encouraged to raise concerns. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The practice had systems in place to ensure that when things went wrong with care and treatment, people were given reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

# Are services well-led?

Good 

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

The practice's patient participation group (PPG) consisted of eight members, the group held formal meetings on a quarterly basis. The practice manager regularly attended the PPG meetings. We spoke with two members of the PPG as part of our inspection. The PPG members were aware and supportive of the practice's vision and future plans. The members commented that they felt very involved in practice improvements. They shared examples of how changes had been made as a result of patient feedback and comments made through the practice's comments box. This included a PPG suggestion to utilise the text messaging service for deaf patients and allowing patients to use this service to book translators when needed. Additionally, to help reduce missed appointment rates the PPG suggested using text message reminders to remind patients when they had an appointment and to prompt them to cancel if they could not attend.

In addition comments made through the practice comments box the team actively reviewed and responded to comments on the practice's NHS Choices webpage, as well as feedback gathered through the NHS Friends and Family Test (FFT); results highlighted that 76% of the respondents would recommend the practice to family and friends. This was based on 67 completed surveys. More recent FFT data was provided by the practice following our inspection; this demonstrated that out of 11 ratings 10 of the respondents would recommend the practice to family and friends.

## Continuous improvement

- The practice had plans in place to form a super partnership to enable sustainability and new ways of working such as enhanced long term condition management.
- The senior GP partner specialised in diabetes care and took the lead on a project to provide an enhanced level of diabetic care across the locality, due to varied service provision in the area. This included piloting an integrated diabetes care model with Heart of England NHS Foundation Trust. The project involved joint working with a diabetic specialist consultant to offer training and education at four local practices. Direct telephone access was also provided to other practices

for specialist diabetic advice and guidance. A total of 154 patients were seen as part of the project. An analysis of the project highlighted that overall, patient baseline glycaemic control had improved considerably. Furthermore, after joint intervention by primary and secondary care a total of 70 patients were discharged from secondary care. The practice presented the results of the project at the annual diabetes UK conference.

- The practice took part in a diabetes lifestyle programme where patients with type two diabetes were invited to the practice and provided detailed education on healthy eating and lifestyle to better manage their diabetes. Staff highlighted that the practice had one of the highest diabetes rates in the country; as a result the practice received good engagement from patients that had attended a total of 14 educational sessions. An independent evaluation was underway by Diabetes and You Ltd at the time of our inspection however we saw examples of feedback given by patients indicating significant levels of positive behavioural change, increased understanding of type two diabetes and confidence to better manage their condition.
- The practice had signed up to take part in the Aspiring to Clinical excellence (ACE) Foundation scheme. This scheme involved a range of minimum standards set by the clinical commissioning group as focus areas for practices that opted in to the scheme. Standards included quality, safety and engagement and involvement with other practices. The practice had passed the ACE Foundation minimum standards for the last three years.
- The senior GP explained that they had a high rate of unemployed patients and were in the early stages of working on a plan to work in order to support patients in getting back to work. Public Health England data for 2015/16 showed that 15% of the practice's population were unemployed. The senior GP had met with a local MP to discuss how to help and was planning on working with a Department for Work and Pensions advisor (DWP) advisor (Department for Work and Pensions advisor) for benefits to advise patients about work.