

Bloxwich Medical Practice

Quality Report

Pinfold Health Centre
Field Road
Bloxwich
West Midlands
WS3 3JP
Tel: 01922 775138
Website: www.bloxwichmedicalpractice.co.uk

Date of inspection visit: 14 November 2017
Date of publication: 11/12/2017

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

Ratings

Overall rating for this service	Good 
Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

Summary of findings

Contents

Summary of this inspection

Overall summary

Page

2

Detailed findings from this inspection

Our inspection team

4

Background to Bloxwich Medical Practice

4

Detailed findings

5

Action we have told the provider to take

18

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. The practice was rated as Good at our previous inspection on 16 October 2014).

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Bloxwich Medical Practice on 14 November 2017. We carried out this inspection as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learnt from them and improved their processes.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks and patient specific directions.
- The practice worked closely with other health and social care professionals involved in patient's care. Regular meetings were held with the community nursing teams and palliative care teams to discuss the care of patients who were frail / vulnerable or who were receiving end of life care, and with the health visitor to discuss any children in need or on the at risk register.
- The practice had responded to an unmet need in the local community and carried out eight-week baby checks on behalf of two neighbouring practices where this service was not available.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

Summary of findings

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The practice had carried out a number of audits which demonstrated health improvement activity. The practice was a training practice for GP Registrars to gain experience in general practice and family medicine.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed. For details, please refer to the requirement notice at the end of this report.
- Ensure care and treatment is provided in a safe way to patients. For details, please refer to the requirement notice at the end of this report.

The areas where the provider **should** make improvements are:

- Continue to review and update the risk assessments.

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

Bloxwich 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.

Background to Bloxwich Medical Practice

Bloxwich Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider in Bloxwich, West Midlands. The practice is part of the NHS Walsall Clinical Commissioning Group (CCG). The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice operates from Pinfold Health Centre, Field Road, Bloxwich, West Midlands, WS3 3JP.

There are approximately 4,951 patients of various ages registered and cared for at the practice. Demographically the practice has a lower than average young population with 19% of patients being under 18 years old compared with CCG average of 23% and national average of 21%. Twenty-three per cent of the practice population is above 65 years which is higher than the CCG and the national averages of 17%. The percentage of patients with a long-standing health condition is 72% which is higher than the local CCG average of 57% and national average of 53%. The practice provides GP services in an area considered as one of the more deprived within its locality. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial.

The staffing consists of:

- Two GP partners (one male / one female) and one male salaried GP.
- Two practice nurses, a health care assistant and a part time phlebotomist (all female).
- A practice manager and administration/reception staff.

The practice is open between 8am and 6.30pm Monday to Thursday and 8am and 1pm on Friday. Extended hours GP appointments are offered between 6.30pm and 7.45pm on Mondays (Tuesdays if there is a Bank Holiday). GP clinics operate between 8.30am and 11.30am Monday to Friday, and 3.30pm and 6.30pm Monday to Thursday. The practice is closed on the last Wednesday of each month for training. On Friday afternoons and the last Wednesday of every month between 1.00pm and 6.30pm the practice had an arrangement with WALDOC, who answer the telephones. Pre-bookable appointments can be booked up to three months in advance and urgent appointments are available for those that need them. Telephone consultations are also available to suit the needs of the patient. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hours service, via the NHS 111 service when the practice is closed.

The practice is a training practice for GP Registrars to gain experience in general practice and family medicine.

The practice offers a range of services for example: management on long term conditions, child development checks and childhood immunisations, contraceptive and sexual health advice. Further details can be found by accessing the practice's website at www.bloxwichmedicalpractice.co.uk.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- The practice had not obtained all of the required staff checks when recruiting new staff.
- Patient specific prescriptions or directions from a prescriber for the nurses or the health care assistant to administer specific medicines were not always in place.

Safety systems and processes

- The practice had some systems to keep patients safe and safeguarded from abuse.
- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- Contact details for safeguarding teams were on display in treatment and consultation rooms.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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)
- However we looked at three staff files and found that not all of the required information was available, for example, full employment history, proof of identity

including a photograph, satisfactory information about any physical or mental health conditions which were relevant to the duties for which the person was employed and full immunisation status.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. Refresher chaperone training had been booked for January 2018.
- There was an effective system to manage infection prevention and control (IPC). The local IPC team had carried out audits in February and October 2017. A member of the nursing team had accompanied the IPC team during the audit and had taken action to address a number of the issues identified. The practice had recently received the report and was developing an action plan.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice had recently reviewed the staffing levels for the nursing team due to one member of staff being on maternity leave and another reducing their hours. The practice had employed locum practice nurses to provide additional nursing hours.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Reception staff had been made aware of the risk factors to listen / look out for when dealing with patients.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, there was evidence of proactive succession planning to ensure the needs of the patients were met in preparation of a key person leaving the practice.

Are services safe?

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the practice had a system in place for sharing information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- The GPs held regular meetings with the community nursing teams and palliative care teams to discuss the care of patients who were frail / vulnerable or who were receiving end of life care. The GPs also met regularly with the health visitor to discuss any children in need or on the at risk register.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Clinicians followed local microbiology protocols when prescribing antibiotics and the Clinical Commission Group (CCG) audited antimicrobial prescribing for all practices. The practice's prescribing rates for antibiotics were comparable to the CCG and England rates.
- Patients' health was monitored to ensure medicines were being used safely and followed up appropriately. The practice involved patients in regular reviews of their medicines. The practice had an effective system in place to ensure that repeat prescriptions were not issued when a medicine review was overdue.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines. However, patient specific prescriptions or directions from a prescriber had not been produced appropriately for a specific medicine given by the nurses or the health care assistant.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The practice manager acknowledged that the risk assessments required reviewing and updating as they were last reviewed in July 2016.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Significant events were discussed at the monthly practice meetings. For example, an incident when the fire alarm went off highlighted a lack of fire wardens and not all staff followed the correct procedure. Arrangements had been made for additional staff to train as fire wardens, and the correct procedures to follow discussed.
- There was a system for receiving and acting on safety alerts. Safety alerts were a standard agenda item for clinical and practice meetings. Clinicians we spoke with told us of recent alerts they had received and the actions they had taken to ensure the safety of their patients. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all the population groups as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions. All staff had received training on equality and diversity.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication, assessment on falls and a discussion on their care.
- Patients aged over 75 were offered a health check. Reception staff were aware of this service and encouraged new patients to attend for a health check.
- The practice followed up older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice provided a service to four local care homes and visited patients on request.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Clinical staff had access to templates to assist with the assessment of long term conditions.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

- The practice also used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice.
- The most recent published results for 2016/17 showed that 90% of patients with asthma had received an asthma review in the preceding 12 months that included an assessment of asthma control. This was higher than the Clinical Commissioning Group (CCG) and national average of 77%. Their exception reporting rate of 8% was above the CCG average of 3% and the same as the national average.
- Exception reporting is the removal of patients from QOF calculations where, for example, patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.
- 86% of patients with diabetes had a blood pressure reading (measured in the preceding 12 months) within recognised limits. This was higher than the CCG average of 80% and the national average of 78%. Their exception reporting rate of 7% was comparable to the CCG average of 6% and the national average of 9%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice offered sexual health services, for example screening for sexually transmitted diseases and contraception.

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

- The practice's uptake for cervical screening was 83%, which was in line with the 80% coverage target for the national screening programme. Their exception reporting rate of 7%, was the same the CCG and national average.
- 91% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months. This was comparable with the CCG average of 92% and the national average of 90%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged

Are services effective?

(for example, treatment is effective)

40-74. During the previous five years the practice had identified all eligible patients and invited them to attend a health check, to date around 1,000 patients had attended. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability and children in need or with a child protection plan in place.

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

- Seventy-eight per cent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was lower than the CCG average of 85% and the national average of 84%. Their exception rate of 6% was comparable to the CCG average of 6% and the national average of 7%.
- 93% of patients with a diagnosed mental health disorder had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was comparable with the CCG average of 91% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 93% compared to the CCG average of 93% and the national average of 91%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 93% compared to the national average of 91%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, a review of patients with a specific lung condition had been carried out to determine if any changes could be

made to improve their management and review inhaler prescribing. Where the need for improvements were identified, patients were called in for a formal review and appropriate changes to medication made.

Where appropriate, clinicians took part in local and national improvement initiatives. The practice had taken part in the National Diabetes Audit through the Healthcare Quality Improvement Partnership. The audit measured the effectiveness of diabetes healthcare against National Institute for Health and Care Excellence clinical guidelines and quality standards. The practice was above average for the monitoring of three core treatment areas (blood sugar level, blood pressure and cholesterol). The national average was 40% and the practice achieved 53%. However the practice had decided that they would try to further improve outcomes for patients by aiming to lower cholesterol levels in diabetic patients.

The practice had engaged in local initiatives funded by the Clinical Commissioning Group, for example increasing the uptake of bowel screening and the diabetes prevention programme. The bowel screening initiative involved following up patients who failed to respond or responded inappropriately to the screening kit. The practice identified these patients, contacted them and encouraged participation and ordered a new screening kit if required.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results for 2016/17 showed the practice had achieved 100% of the total number of points available compared with the CCG average of 97% and national average of 96%. Their overall clinical exception reporting rate was 10% which was comparable with the CCG rate of 8% and national rates of 10%. Their exception reporting rate in each indicator was comparable with the CCG and national averages.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Are services effective?

(for example, treatment is effective)

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- The practice had identified the need to improve shared learning and had introduced a dedicated agenda items for discussing case studies. This enabled the clinicians to explore situations and explore whether the care may have been managed differently.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. We saw evidence of this when an issue was identified through the audit process.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.
- The clinical staff at the practice met every three months with the community nurses, palliative care team and the community matron to discuss patients identified with palliative or end of life care needs.
- The GPs discussed patients newly diagnosed with cancer during their weekly clinical meetings.

- Staff from the local care homes told us they had a good working relationship with all staff at the practice and the GPs visited promptly when requested or made alternative arrangements for patients to be seen.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice was effective in referring patients with possible cancer. Data from Public Health England showed that 56% of new cancer cases (among patients registered at the practice) were referred using the urgent two week wait referral pathway. This was above the CCG average of 49% and the national average of 50%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The practice had identified patients at risk of developing diabetes and signposted them to an intensive health prevention programme. Sixty-eight patients had been identified and signposted, although only four had chosen to attend.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Forty-four out of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. Patients commented that they were treated with dignity and respect when they visited the practice.
- Patients spoken with (including the chairperson of the patient participation group) told us they were very happy with the service they received.
- However, two comment cards contained negative comments about a specific member of staff. These were discussed with the GPs and practice manager at the time of the inspection.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and twenty nine surveys were sent out and 102 were returned. This represented about 2% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 86%.
- 93% of patients said the nurse was good at listening to them compared with the CCG average and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average and national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Staff told us that a member of staff was fluent in British Sign Language and supported a number of patients during consultations. The practice manager told us they had identified patients who needed to receive communication in a certain way, that is written rather than by telephone and this was recorded on their electronic record.
- Practice staff had received dementia friends training to raise their awareness of how to support and involve patients with dementia in decisions about their care.

We spoke with staff from three local care homes. They told us the GPs took time to speak with patients and families, especially around end of life care and 'do not attempt cardiopulmonary resuscitation' decisions.

The practice proactively identified patients who were carers. Staff had received training and patients were offered

Are services caring?

a carer's pack and referred to other services as required. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 78 patients as carers (1.6% of the practice list).

- Carers were offered a health check and the 'flu vaccination.
- The patient participation group had received information from the Walsall Carers Centre and planned to share this with the support of the practice by promoting the role of carers and support available at 'awareness events' held at the practice.
- Staff told us that if families had experienced bereavement, the practice sent a letter of condolence. The letter gave advice on how to find support services.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments and a separate mobile number for care homes to contact the practice in the case of an emergency.
- The practice improved services where possible in response to unmet needs. The practice carried out eight-week baby checks on behalf of two neighbouring practices where this service was not available.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, home visits were provided for housebound patients and telephone consultations for patients unable to access the practice within normal opening times.
- The practice provided a GP service to local care homes and visited on request. We spoke with staff from three of the homes and they told us they received a good service from the practice. They told us the GPs visited on request and the practice nurses visited to administer 'flu vaccines.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The patient participation group supported the practice with awareness days and poster campaigns to support and sign post patients for additional support. Recent events included heart health and stroke awareness and promoting patient access via the on-line services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs or who were unable to attend the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues or required end of life care.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- The GPs met regularly with the health visitor to discuss any concerns regarding children including those who did not attend for appointments.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice co-hosted weekly antenatal clinics with the community midwives.
- Young adults had access to sexual health services including chlamydia screening.

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

- The needs of this population group 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 opening hours offered Monday 6.30pm until 7.45pm
- Telephone consultations with the GPs and practice nurses were available which supported patients who were unable to attend the practice during normal working hours.

Are services responsive to people's needs?

(for example, to feedback?)

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice worked with the palliative care team and community nursing teams to support patients near the end of their life and those who were frail and / or housebound.

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

- Both of the GP partners had undertaken additional training in substance misuse and management of alcohol problems. The GPs supported shared care agreements for patients with substance misuse and worked closely with the local substance misuse team.
- The practice was a dementia friendly practice and staff had received training.
- Patients with a mental health diagnosis were offered an annual review of their physical and mental health needs.
- The practice had a good working relationship with the community mental health team who were based in the same building. The GPs were able to refer patients quickly for support from this team.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or above the CCG and national averages. This was supported by observations on the day of inspection and completed comment cards. Two hundred and twenty nine surveys were sent out and 102 were returned. This represented about 2% of the practice population.

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average and the national average of 71%.
- 89% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 92% of patients said their last appointment was convenient compared with the CCG average of 78% and the national average of 81%.
- 82% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 75% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice had received eight complaints in the last year. We reviewed four complaints and found that they were satisfactorily handled in a timely way.
- We saw that complaints were discussed at practice meetings to make staff aware of the learning from complaints and any specific action that they were required to take.
- We saw that the practice responded to comments left on the NHS Choices website.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. As a consequence of a complaint staff used the alert system

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

on the patient notes to notify staff about any specific instructions, for example needs to be seen on time due to medical condition, patient has impaired vision / hearing.

Are services well-led?

Good 

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

Our findings

We rated the practice, and all of the population groups, as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The nursing staff and administration staff spoke highly of the support provided by the GPs.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The GP partners had discussed succession planning, which had been incorporated into the business strategy plan.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with staff. The aims and objectives were to provide the best patient care for patients, and to include the patients whenever possible in the decision making process of their health.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. For example, taking part in national and local initiatives around diabetes and providing baby checks for other local practices.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff told us they were supported to develop their skills and expand their roles.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw that patients received apologies where appropriate and a clear explanation about what had occurred. The practice told patients what action had been taken as a consequence, for example using alerts on the electronic records for patients with specific needs. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. It was evident when speaking with the GPs and staff that they cared about each other as a team.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out,

Are services well-led?

Good 

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

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Case studies of patient consultations were discussed at regular clinical meetings. Practice leaders had oversight of Medicines and Healthcare Products Regulatory Agency (MHRA) alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required. The practice had notified us that a partner left the practice in 2013. However, that partner had not cancelled their registration with the Care Quality Commission. We discussed this during the inspection.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice reviewed the national GP survey results, comments on NHS Choices and The Friend and Family Test comments to identify any areas for improvement.
- There was an active patient participation group (PPG). We spoke with the chairperson of the PPG. They told us they enjoyed a good working relationship with the practice, and they GPs and staff treated them as equals and valued their input and comments. The PPG supported the practice with health awareness events.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice had introduced peer review into the weekly clinical meetings, whereby case studies of patient consultations were discussed.
- The practice had carried out a number of audits which demonstrated health improvement activity.
- The practice participated in locally commissioned services, for example: bowel screening and diabetes prevention programme.

Are services well-led?

Good 

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

- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements. For example, an incident when the fire alarm went off highlighted a lack of fire wardens and not

all staff followed the correct procedure. Arrangements had been made for additional staff to train as fire wardens, and the correct procedures to follow discussed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: There was improper management of medicines. In particular: <ul style="list-style-type: none">• Patient specific prescriptions or directions from a prescriber for the nurses or health care assistant to administer specific medicines were not always in place. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular <ul style="list-style-type: none">• Full employment history, proof of identity including a photograph, satisfactory information about any physical or mental health conditions which are relevant to the duties for which the person is employed and full immunisation status. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.