

New Invention Health Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at New Invention Health Centre on 20 July 2016. Overall the practice is rated as Good. An inspection had been carried out on the 23 October 2014 and the provider was found to be in breach of legal requirements and was rated as Requires Improvement in the Safe domain. Following on from the October 2014 inspection, the practice wrote to us to say what they would do to meet the legal requirements. We undertook a focused inspection on 9 December 2015 to check that the practice had followed their plan and to confirm that they now met the legal requirements. We found that the action plan had not been completed. As a result, the practice was rated as inadequate in Safe, and warning notices were issued in relation to the outstanding actions. A follow up inspection was carried out on 3 June 2016 to review the actions the practice had taken in response to the warning notices and we found the practice had completed the actions identified. You can read all our inspection reports for this practice by selecting the 'all reports' link for New Invention Centre on our website at www.cqc.org.uk.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses and there was an effective system in place for reporting and recording significant events.
- The practice had strong, visible clinical and managerial leadership and staff felt supported by management.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had no information on display to encourage patients to identify themselves as carers and the practice did not actively identify carers or have information to advise carers of services and support available.
- The practice had made improvements to the building and room allocation to improve access for patients.

Summary of findings

- Governance and risk management arrangements were in place and well managed. Opportunities for learning from incidents were shared with the staff.
- The practice was active in actioning identified areas for improvement of the building and infection control audits and we saw evidence of changes being made.
- Feedback from patients and staff suggested that the GP partners had made positive improvements and there was a sense of stability and continuity in care.
- The practice employed a pharmacist to ensure that patients' medicines were reviewed on a regular basis and medicine audits and alerts were actioned accordingly.
- Patients said they were treated with compassion, dignity and respect and we staff were friendly and helpful and treated patients with kindness and respect.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- The provider was aware of and complied with the requirements of the duty of candour.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. We saw evidence that multidisciplinary team meetings took place every two months.

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

- Ensure that patient records are appropriately coded so that staff are able to identify carers and develop a register of carers.
- Continue to review the registers for patients with learning disabilities to ensure appropriate reviews are in place.
- Review the impact on the accessibility of appointments and telephone access and seek patients' views on the practice closing for patient appointments during normal working hours.
- Consider how to further engage with patients in the patient participation group to offer guidance and support, and encourage new members to join.

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?

Good



- There was an effective system in place for reporting and recording significant events. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses and we saw evidence of quarterly significant events meetings where incidents were discussed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff demonstrated they understood their responsibilities and how to respond to a safeguarding concern.
- We observed the premises to be clean and tidy and since the previous inspections, the practice had employed external cleaning contractors. We saw completed cleaning specifications to demonstrate that the required cleaning had taken place for each area of the practice.
- Systems were in place to ensure the safe storage of vaccinations, and checks were undertaken to monitor the vaccines.
- The practice had implemented an effective recruitment policy and procedure to ensure appropriate recruitment checks were carried out for all staff. This included risk assessing staff who do not have a Disclosure and Barring Service check (DBS).
- The practice had acted on improvements identified and had risk assessments and processes in place to ensure patients were kept safe.

Are services effective?

Good



- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients.
- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and patients' needs and care were assessed and delivered in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and there was evidence that clinical audits were effective in improving outcomes for patients
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice provided enhanced services which included immunisations and advanced care planning.

Are services caring?

Good



- Staff were motivated to offer kind and compassionate care, but data from the national GP patient survey showed that patients rated the practice lower than others for several aspects of care. For example, 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- With the refurbishment of the reception area, the practice had installed a lower section to the reception desk that enabled patients with a disability to have easier access to speak with the receptionists.
- The practice had 16 carers on the carers register, which represented 0.25% of the practice list. The practice was not proactive in using the register or identifying carers at the practice. The practice had no information on display to encourage patients to identify themselves as carers or information to advise carers of services and support available.

Are services responsive to people's needs?

Requires improvement



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had a range of appointments available including extended hours and same day urgent appointments. Patients could access appointments at a time that suited them, with urgent appointments available the same day. Results from the national patient survey in July 2016 showed 70% of patients were satisfied with the practice's opening hours which were lower than the CCG average of 77% and the national average of 76%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had made improvements to the building and room allocation to improve access for patients. From previous

Summary of findings

inspections the practice had not completed a Disability Discrimination Act (DDA) assessment to ensure reasonable adjustments had been made to ensure equal access for disabled patients, we saw evidence to confirm this had been completed and the practice had modernised the reception desk and incorporated a lower level section for patients using wheelchairs.

- Results from the national patient survey of July 2016 showed low results for telephone access. 59% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%. The practice had made changes to the telephone system and increased the number of telephone lines into the practice. We found there was no information on display within the practice to advise patients that telephone lines were diverted to a contracted provider between 1pm and 2pm.
- The practice offered annual health checks for people with a learning disability. Unverified data supplied by the practice showed there were 17 patients on the learning disability register and 82% patients had received their annual health checks. The practice told us they sent out reminders to encourage patients to attend.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

- The practice had a strategy to deliver quality care and staff were clear about their responsibilities.
- There was a clear leadership structure and staff felt supported by management. Staff spoken with demonstrated a commitment to providing a quality service to patients.
- At previous inspections we had identified gaps in the clinical governance arrangements at the practice, at the inspection in July 2016 we found a number of policies and procedures to govern activity had been implemented including regular governance meetings. There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The patient participation group was not active and on speaking with the members of the group they told us they required guidance and support, but they had not approached the practice and the provider was unaware of their concerns.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a focus on continuous learning and improvement at all levels in role specific training.

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

Good



- 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- The practice worked closely with multi-disciplinary teams so patient's conditions could be safely managed in the community.
- The practice pharmacist carried out medicine reviews and held regular meetings with the GPs to discuss patients' needs.

People with long term conditions

Good



- Longer appointments and home visits were available when needed and patients who were housebound received reviews and vaccinations at home.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with long term conditions had a structured annual review to check their health and medicines needs were being met.
- The practice was proactive in encouraging patients to attend reviews. For example, the practice had 412 patients on the diabetic register and 84% had received a flu vaccination during the past 12 months.
- A diabetes specialist nurse visited the practice every fortnight to review patients with complex diabetes.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good



- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. Childhood immunisation rates for under two year olds ranged from 94% to 100% and for five year olds from 81.8% to 100%.
- The practice's uptake for the cervical screening programme was 79% which was slightly lower than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife provided antenatal care every week at the practice.

Working age people (including those recently retired and students)

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Extended surgery hours were offered on Monday evening from 6.30pm to 8.15pm for patients who worked and could not attend during normal surgery hours.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.

People whose circumstances may make them vulnerable

Requires improvement



- The practice held a register of patients living in vulnerable circumstances including homeless people and patients with alcohol or drug dependency. The practice had nine patients on the vulnerable list and all had received a face to face review in the past 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and held meetings with the district nurses and community teams every two months.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had 16 carers recorded on the carers register which represented 0.25% of the practice list. The practice had no information on display to encourage patients to identify themselves as carers or information to advise carers of services and support available.
- The practice offered longer appointments and annual health checks for people with a learning disability. Unverified data supplied by the practice showed there were 17 patients on the learning disability register and 82% patients had received their annual health checks. The practice told us they did send reminders to patients to encourage them to attend their appointments.

People experiencing poor mental health (including people with dementia)

Good



- The practice had 45 patients on the dementia register and 64% had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- A mental health therapist ran a clinic once a week to support patients.
- The practice was currently taking part in a mental health project with the support of a consultant psychiatrist. The project had 19 patients and looked at a group approach to managing the patients' condition with co-ordinated care management plans.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had 38 patients on their mental health register and 82% had had their care plans reviewed in the last 12 months.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing lower in some areas in comparison to local and national averages. 270 survey forms were distributed and 117 were returned. This represented 43% response rate.

- 59% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 85%.
- 76% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 50% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the 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 received 24 comment cards which were all positive about the standard of care received. Patients told us they received an excellent service and the reception staff were helpful and friendly.

On the day of the inspection we spoke with three patients. All of the patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring. Patients told us that they had seen improvements in the practice in recent months and were positive about the practice and the changes that had been implemented, including updating of the premises.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that patient records are appropriately coded so that staff are able to identify carers and develop a register of carers.
- Continue to review the registers for patients with learning disabilities to ensure appropriate reviews are in place.
- Review the impact on the accessibility of appointments and telephone access and seek patients' views on the practice closing for patient appointments during normal working hours.
- Consider how to further engage with patients in the patient participation group to offer guidance and support, and encourage new members to join.

New Invention Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to New Invention Health Centre

Dr Sinha, Rischie, Sinha, Shanker practice are the registered providers for New Invention Health Centre. They are registered for primary medical services with the Care Quality Commission (CQC) and have two registered locations, Pleck Health Centre and New Invention Health Centre.

We only inspected New Invention Health Centre on this inspection. The practice is based inside a converted house. The registered patient list size is approximately 6300 patients. The practice has an Alternative Provider Medical Services contract (APMS). An APMS contract allows practices to supply enhanced and additional primary medical services. The provider acquired the contract for New Invention Health Centre in April 2016 having been the 'caretakers' for the practice since April 2014.

The practice is open Mondays, Tuesdays, Wednesdays and Fridays from 8:30am to 6:30pm and telephone lines were available from 8am. Phone lines were diverted between 1pm and 2pm on these days to a contracted provider. The practice closed on alternate Tuesdays from 12pm until 2pm and Thursdays from 1pm. We have been advised by the practice that as of 1 October 2016 they will not be closing on Thursday afternoon. Extended opening hours are

available on Mondays from 6.30pm to 8.15pm. When closed during normal working hours, the practice subcontracts with a local GP provider to provide access to primary medical services to its patients.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by an external out of hours service contracted by Walsall Clinical Commissioning Group (CCG).

There are four GP partners, (three male and one female) and two salaried GPs (one male and one female). The practice employs a pharmacist, two nurse prescribers (female), and a health care assistant (female) who also undertakes phlebotomy (the taking of blood). The non-clinical team consists of a business manager who works at both practices, a practice manager and reception and administration staff.

The practice is part of NHS Walsall Clinical Commissioning Group (CCG) which has 63 member practices. The CCG serves communities across the borough, covering a population of approximately 274,000 people.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection was a follow up of previous inspections carried out in October 2014 and December 2015. The inspection carried out on the 23 October 2014 found the provider to be in breach of legal requirements

Detailed findings

and was rated as Requires Improvement in the Safe domain. Following on from the October inspection, the practice wrote to us to say what they would do to meet the legal requirements. We undertook a focused inspection on 9 December 2015 to check that the practice had followed their plan and to confirm that they now met the legal requirements. We found that the action plan had not been completed. as a result, the practice was rated as inadequate in Safe, and warning notices were issued in relation to the outstanding actions. A follow up inspection was carried out on 3 June 2016 to review the actions the practice had taken in response to the warning notices and we found the practice had completed the actions identified.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 July 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We viewed a summary of five significant events that had occurred in the past 12 months.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events and kept a record on the shared drive for all staff to review actions taken and lessons learnt.
- Significant events, comments and complaints were a standing item at the monthly staff meeting agendas and we reviewed minutes of meetings where these were discussed. The practice also held quarterly meetings to discuss significant events in depth to identify learning needs.
- The practice had a system in place to ensure all safety alerts had been actioned appropriately. Safety alerts were disseminated by the practice manager and records were kept to demonstrate action taken. Medicine alerts were reviewed by the practice pharmacist and changes were discussed with the GPs. We also saw that discussions relating to safety alerts were discussed with staff and documented in minutes of monthly practice meetings.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs were trained to child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken in May 2015 and the practice achieved 83% overall. The practice had a further review in May 2016 by a nurse consultant from Health Protection England who made some recommendations. We saw evidence that action was taken to address any improvements identified. For example, environmental cleaning was identified as a risk with dust evident in the consulting rooms. The practice had contracted a new cleaning company to improve standards of cleanliness and we saw completed cleaning schedules for all areas of the practice.
- The practice kept records to support that clinical staff were up to date with the immunisations recommended for staff who are working in general practice, such as Hepatitis B, mumps and rubella (MMR) vaccines.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The vaccination fridge temperatures were recorded and monitored in line with guidance from Public Health England.

Are services safe?

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and the practice pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription stationery was securely stored and there were systems in place to monitor their use.
- The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. 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. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines. The practice also had a system for the production of Patient Specific Directions to enable the healthcare assistants to administer vaccinations.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- We reviewed three personnel files including GP locums and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice had up to date fire risk assessments, the last assessment had been completed in July 2016. Fire extinguishers were checked on an annual basis and regular checks were completed on the fire alarm system.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The last review had been completed in May 2016.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment had been carried out in June 2016.
- 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 all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a health and safety risk assessment had been completed in July 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice achieved 88.6% of the total number of points available; this was lower than the national average of 94.8%. Exception reporting was 7.3%, which was lower compared to the national average exception reporting of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was lower than the national average. The practice achieved 71.7%, in comparison to the CCG average of 91.4% and the national average of 89.2%. The practice was working with a diabetes specialist nurse to improve the outcomes in this indicator. The latest unpublished results show an improvement in diabetes related indicators, for example:
- 75% of patients on the diabetes register, who had IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months compared to the latest published results of 60%.

- 87% of patients on the diabetes register, with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria who are currently treated with an ACE-I (or ARBs) compared to the latest published results of 82%.
- Performance for mental health related indicators was better than the national average. The practice achieved 98.1%, in comparison to the CCG average of 94.7% and the national average of 92.8%.

There was evidence of quality improvement including clinical audit.

We reviewed two audits with re-audit and evidence of improvement. We reviewed two audits with re-audit and evidence of improvement. We reviewed a two cycle completed audit for patients with coronary heart disease (CHD) or diabetes that were currently not on a statin medication. The audit identified a total of 117 patients, with 29 having CHD. A review of the patients' medicines was completed in line with NICE guidelines and the second cycle of the audit showed seven CHD patients met the criteria for statins and were commenced on the medicine.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example the practice was currently working with a diabetes specialist nurse to review patients with complex diabetes.

Findings were used by the practice to improve services. For example, a recent audit had seen the reduction of antibiotic prescribing.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the reduction of antibiotic prescribing.

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 asthma, diabetes, chronic obstructive pulmonary disease (COPD), mental health and prescribing.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, clinical supervision and facilitation and support for revalidating the GP and practice nurse. All staff had received an appraisal within the last 12 months. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals every two months when care plans were routinely reviewed and updated for patients with complex needs.

The practice took an active approach to joint working and engaged well with other health and social care services and was currently taking part in a mental health project with the support of a consultant psychiatrist. The project had 19 patients and looked at a group approach to managing the patients' conditions with co-ordinated care management plans.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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, recorded the outcome of the assessment.
- Patients' consent to care and treatment was sought in line with legislation and guidance. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. The health care assistant had recently qualified to do smoking cessation at the practice.

The practice's uptake for the cervical screening programme was 79%, which was lower than the national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.1% to 100% and five year olds from 81.8% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed lower results for some of its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

Satisfaction scores for the nursing staff were comparable to the CCG and national averages. For example:

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 98% of patients had confidence and trust in the last nurse they saw or spoke to, compared to the CCG average of 97% and the national average of 97%.

Satisfaction scores for the reception staff were lower than the CCG and national average, for example:

- 74% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed survey results were lower than the CCG and national average for questions about their involvement in planning and making decisions about their care and treatment. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice had a carers register, but the practice was not proactive in using the register and identifying carers. There were 16 carers on the carers' register, which represented 0.25% of the practice list. There was no information available in the waiting area to direct carers to the various

avenues of support available to them and no information in the practice leaflet. The GP partners said they were going to introduce a system to encourage staff to identify more carers and ensure that carers were appropriately coded.

The practice worked with a local mental health service to help provide counselling to patients. A weekly session was held to support patients with mental health and wellbeing.

Staff told us that if families had suffered bereavement, a notification would be sent to all staff so they were aware. Sympathy cards were sent to the family and the patient's family were contacted to offer support and advice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered an 'extended evening surgery until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and patients were referred to other clinics for vaccines only available privately.
- There were disabled facilities and translation services available. There was no hearing loop available, but alerts were added to patients' records to advise staff of patients who had hearing and sight difficulties, so support could be offered if required. An equality act audit had been completed in December 2015 which recommended a lowered section of the reception desk be created for patients with disabilities. This was actioned with the refurbishment of the practice in May 2016.

Access to the service

The practice was open Mondays, Tuesdays, Wednesdays and Fridays from 8.30am to 6.30pm and Thursday from 8.30am to 1pm. We have been advised by the practice that as of 1 October 2016 they will not be closing on Thursday afternoon. The practice telephone lines were available from 8am. Between 1pm and 2pm on Monday, Tuesday, Wednesday and Friday, the telephone lines were diverted to a contracted provider and we found no notices to advise patients of this. Appointments were available from:

- 9.10am to 12.50pm and 2.30pm to 5.50pm and 6pm to 8.15pm Monday
- 9.20am to 11.50am and 2.30pm to 5.50pm Tuesday
- 9am to 12.20pm and 3pm to 5.10pm Wednesday,

- 9am to 12.20pm Thursday as of 1 October the practice will not be closing in the afternoon.
- 9am to 12.20pm and 1pm to 5.50pm Friday.

In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments and a duty doctor were also available each day.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than the local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 59% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

The practice had made changes to the telephone system and increased the number of telephone lines into the practice. We found there was no information on display to advise patients that telephone lines were diverted to a contracted provider between 1pm and 2pm.

The practice had not reviewed the results from the July 2016 survey, but an in-house survey had been carried out. The practice had distributed 50 questionnaires and had 46 returned, this represented a 92% response rate. Results showed that 89% of patients were confident about the GPs ability to provide care.

People told us on the day of the inspection that they were able to get appointments when they needed them and found the staff helpful and caring.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, for example a leaflet was available explaining the process.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints. Action was taken as a result to

improve the quality of care. The practice held a monthly meeting where staff reflected on complaints. We saw in the meeting minutes that learning was shared and where required action was taken to improve safety in the practice. Examples included reviewing how decisions on medication requests are made and explained to patients effectively.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

At previous inspections we had identified gaps in the clinical governance arrangements at the practice, at the inspection in July 2016 we found a number of policies and procedures to govern activity had been implemented including regular governance meetings. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff had lead roles across a number of areas. For example, leads were in place for chronic disease management.
- Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues. For example, staff we spoke with were aware of whom to report safeguarding concerns to, who to go to with a confidentiality query and who to go to for infection control guidance.
- Practice specific policies were implemented, regularly reviewed and well embedded. Policies and documented protocols were well organised and available as hard copies and also on the practice's intranet. Staff we spoke with were able to easily access policies and demonstrated that they understood key policies on areas such as whistleblowing and safeguarding.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, we saw a range of comprehensive risk assessments in place where risk was monitored and mitigated.
- There was a strong focus placed on the importance of joint working with other health and social care

organisations at the practice. The team met frequently and engaged well with other services through a programme of multidisciplinary team (MDT) meetings and supported outreach clinics for the improvement of health outcomes for patients.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GP partners demonstrated they had the experience, capacity and capability to run the practice and ensure quality care. They told us they prioritised safe, quality and compassionate care. Staff told us the GP partners were approachable and always took the time to listen to all members of staff.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The provider encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback

Are services well-led?

Good 

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

and engaged patients in the delivery of the service. It had gathered feedback from patients through complaints received and the patient participation group (PPG). (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). We saw minutes of a PPG meeting held in April 2016 where improvements to the practice were discussed with the group. On speaking with three of the PPG members, they informed us that the group need guidance and support and were currently inactive. The group had not raised this with the practice and on speaking with the provider they confirmed that the PPG had not mentioned this to them. The practice had completed their own inhouse survey to gain patient feedback, and had distributed 50 questionnaires and had 46 returned. This represented a 92% response rate.

Results from the practice questionnaire showed 69% patients felt the GPs were very good or good at listening to them and 60% said the GPs were very good or good at involving them in decisions about their care.

The practice had gathered feedback from staff through appraisals and staff meetings. Staff told us they would not

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice had gone through significant change over the last few months, with the GP partners taking on the contract for the practice.

- A new practice manager had been appointed and had made improvements to areas identified from previous inspections. For example risk assessments were completed and monitored.
- The practice was working towards making changes to the building to improve the accessibility and functionality of the premises. For example, the use of the rooms had been evaluated and all clinics were offered on the ground floor.
- Infection control action plans were being actioned and evidence of improvements was seen. For example new sinks in line with national guidance had been installed.