Dr DC Patel and Partners

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr DC Patel and Partners' practice on 21 September 2016. The practice was rated as inadequate for providing safe and well led services, requiring improvement for effective services, good for providing caring and responsive services and inadequate overall. The practice was placed in special measures for a period of six months.

At our inspection in September 2016 we found that patients were at risk of harm because systems and processes were not in place to keep them safe and there was no systematic approach to assessing and managing risks. While we saw that significant events were analysed and actions identified to mitigate the possibility of the events being repeated, these actions were not consistently implemented. The governance arrangements within the practice were insufficient and policies were not easily accessible to staff and not all were detailed enough to adequately describe the activity to which they related. There was a lack of understanding around what training was required for staff, including safeguarding training, and several staff had not had an appraisal.

The full comprehensive report on the September 2016 inspection can be found at: http://www.cqc.org.uk/location/1-543988133

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 10 May 2017.

Overall the practice is now rated as Good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Actions taken as a result of significant events were reviewed to be effective.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.

Summary of findings

- Safeguarding procedures had improved and there was system to identify vulnerable patients although there was no specific register of these patients to facilitate discussion.
- Practice recruitment processes were comprehensive although the practice had not used confidential health questionnaires for new staff.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment although two GPs had not attained all of the clinical requirements necessary to undertake patient smears. The practice told us that all GPs were now aware of these requirements and that they were treating this as a significant event as a priority.
- Staff training was well governed and there was a comprehensive record of training to ensure that it was completed appropriately and in a timely way.
- Practice staff had access to a range of policies and procedures although some policies were not practice-specific. The practice was in the process of embedding local and practice information into these policies.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Look to re-instate the use of confidential health questionnaires when employing new staff.
- Ensure that the new practice policies and procedures are successfully embedded in the practice.
- Complete the planned cytology significant event analysis to mitigate risks associated with clinicians not attaining clinical competencies.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

At our inspection in September 2016 we rated the practice as inadequate for providing safe services. We found that patients were at risk of harm because systems and processes were not in place to keep them safe including:

- Actions identified by significant event analysis were not always taken.
- Safeguarding policies were not available to all staff and safeguarding training was lacking.
- Practice arrangements regarding the provision of chaperones were insufficient.
- Processes and procedures for infection prevention and control were unsatisfactory.
- There were gaps in the arrangements for managing medicines.
- Appropriate recruitment checks for new staff had not consistently been undertaken.
- Risks to patients were not appropriately assessed nor managed.

At this inspection in May 2017, we found that improvements had been made and the practice is now rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Practice recruitment processes were comprehensive and kept patients safe although the practice had not used confidential health questionnaires for new staff.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Staff had access to contact numbers for local safeguarding teams and knew the practice safeguarding leads although these were not embedded into the practice policy at the time of our inspection.

Summary of findings

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

Are services effective?

Good

During our inspection in September 2016, we found that the practice was unable to demonstrate how it ensured role-specific training and updates for relevant staff. Records of staff training were incomplete and not all staff had received an annual appraisal. We rated the practice as requiring improvement for providing effective services.

At this inspection in May 2017, we found that improvements had been made. The practice is now rated as good for providing effective services.

- Data from the Quality and Outcomes Framework 2015/16 showed patient outcomes were at or above average compared to the national average. Unverified data showed that performance for the management of patients with diabetes was much improved since our inspection in September 2016.
- Staff were aware of current evidence based guidance and were using this to develop practice-specific protocols.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment although two GPs had not attained all of the clinical requirements necessary to undertake patient smears. The practice told us they would treat this as a significant event after we pointed this out.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good

At our previous inspection in September 2016 we rated the practice as good for providing caring services and this rating is unchanged at this inspection.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

At our previous inspection in September 2016 we rated the practice as good for providing responsive services and this rating is unchanged at this inspection.

- The practice understood its population profile and had used this understanding to meet the needs of its population. They offered extended hours appointments on Saturday mornings for working people and discussed all patients in nursing homes on a regular basis.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia. They had recently appointed a patient cancer champion to facilitate access to support services.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

At our inspection in September 2016, we found that the governance arrangements within the practice were insufficient and we rated the practice as inadequate for providing well-led services. There were inadequate systems and processes in place to ensure the delivery of safe care and limited activity to seek patients' feedback and engage patients in the delivery of the service.

At this inspection in May 2017, we found that this been addressed and the practice is now rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff mostly felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings. The practice had purchased policies and procedures from an external supplier and practice-specific policies were not always embedded into this policy framework. The practice was in the process of doing this at the time of our inspection.

Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice had reformed the patient participation group and had engaged with the group regularly.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was supported and generally governed well by management.
- The practice had a strategy for business development and this strategy was reviewed regularly.

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 is rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services such as the out of hours service. They held regular meetings with other health and social care professionals to review all patients who were resident in nursing homes.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. The practice had committed to the new frailty assessment service to recognise patients who could receive early intervention to prevent hospital admissions.

People with long term conditions

Good

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Data from 2015/16 showed that performance for diabetes related indicators was lower than the national average. For example, 69% of patients had had a foot examination and risk assessment done compared to the national average of 89%.

Summary of findings

However, the practice showed us evidence of unverified data for 2016/17 that showed that improvements had been made. This data showed that the practice had increased this percentage of patients to 89%.

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs. Diabetic patients who had been discharged were referred to the practice lead diabetic nurse.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. 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.

Families, children and young people

Good

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

- From the sample of documented examples we reviewed 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people.

Working age people (including those recently retired and students)

Good

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

Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, Saturday morning appointments. Appointments with practice nurses were also available from 8am in the morning until 6pm in the evening.
- The practice phlebotomy clinic started at 8am for patient blood tests and there was also an early evening clinic.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone appointments were available as well as face-to-face consultations.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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 offered longer appointments for patients with a learning disability. These patients were given priority when selecting a particular GP.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.

Summary of findings

- 95% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which was higher than the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, they contacted a patient with dementia before appointments to remind them to attend.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. They had produced a booklet for patients who were taking a particular mood-stabilising medication to give information and advice and record results of blood tests. They included a form in the booklet reminding the patient to book the next appointment for a blood test at the appropriate time.
- The percentage of patients experiencing poor mental health with a comprehensive, agreed care plan documented in the record in the preceding 12 months was 90% compared to the CCG and national averages of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

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 above or in line with local and national averages. A total of 221 survey forms were distributed and 105 were returned (48%). This represented 1% of the practice's patient list.

- 87% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 87% and the national average of 85%.
- 84% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 83% 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 80% 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 102 comment cards of which 75 were totally positive about the standard of care received. There were 23 patients who made both positive and negative comments and four who only made negative comments. Negative comments mainly related to the availability of appointments and the attitude of some staff members. However, many comment cards described the practice, GPs, clinical and reception staff as being responsive, helpful, caring and willing to listen. Comment cards repeatedly stated that the treatment given was timely and appropriate and commended care given to patients experiencing difficult circumstances.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results of the Friends and Family test showed that 92% of patients who completed the survey would be extremely likely or likely to recommend the practice to friends and family based on 176 responses between April 2016 and March 2017.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Look to re-instate the use of confidential health questionnaires when employing new staff.
- Ensure that the new practice policies and procedures are successfully embedded in the practice.
- Complete the planned cytology significant event analysis to mitigate risks associated with clinicians not attaining clinical competencies.

Dr DC Patel and Partners

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 and a second CQC Inspector.

Background to Dr DC Patel and Partners

The practice delivers primary medical services to a patient population of approximately 9688 patients under a General Medical Services (GMS) contract with NHS England. The practice main surgery is situated in the Fulwood area of Preston at 2 Broadway, PR2 9TH with a branch surgery in the Ingol Health Centre, at 87 Village Green Lane, PR2 7DS. This inspection visit was mainly at Broadway Surgery with a short visit to Ingol Health Centre.

Broadway Surgery occupies a converted residential property and is part of the NHS Greater Preston Clinical Commissioning Group (CCG). There is a small car park for patients and the practice is close to public transport services. The building is accessible by a ramp at the entrance and there is a lift to facilitate access to the first floor for patients experiencing mobility difficulties. Ingol Health Centre is a single-story, purpose-built health centre and the practice shares the building with some community services. There is car parking available and easy access to public transport.

The practice is staffed by seven GP partners (three female and four male) and one salaried female GP. Other clinical staff consist of four practice nurses and two health care assistants. Clinical staff are supported by a practice manager, deputy practice manager, two reception managers (one for each surgery premises), and a team of reception and administration staff. At the time of our inspection, a new practice manager had been in post for two days and the two interim part-time practice managers were on-site to facilitate our inspection. The practice also participates in the training of new GPs and is a teaching practice for medical students.

The practice is open between 8am and 6.30pm Monday to Friday at both sites, except for Thursdays when the Broadway surgery closes at 1pm. The surgery at Broadway is also open on Saturday morning from 8am to 11am for pre-booked appointments only. Appointments are offered between 9am and 11.30am and 2.30pm and 5.25pm on Monday and Tuesday, between 9am and 10.50am and 3.30pm and 5.40pm on Wednesday and between 8.40am and 11.10am and 3.30pm and 5.25pm on Thursday and Friday. The afternoon surgery on Thursday is only offered at Ingol Health Centre. Extended hours appointments are available on Saturday mornings between 8.30am and 10.40am at Broadway Surgery. Outside normal surgery hours, patients are advised to contact the out of hours service by dialling 111, offered locally by the provider Go-to-Doc.

The life expectancy of the practice population is in line with the local average and slightly below the national average (82 years for females, compared to the local average of 82 and national average of 83 years, 78 years for males, compared to the local average of 78 and national average of 79 years).

The practice's patient population has a slightly higher proportion of older people than the local averages, for example 20.5% are over the age of 65 (CCG average being 16.4% and national average 17.2%), 11% are over the age of 75 (CCG average 7.5%, national average 7.8%) and 2.9% are older than 85 (CCG average 2.1%, national average 2.3%). The proportion of the practice's patients with a long

standing health condition is 57%, which is higher than the local average of 52% and national averages of 53%. The practice has around 1.1% of its patients in nursing homes which is more than twice the national average of 0.5%. Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr DC Patel and Partners' practice on 21 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services, requiring improvement for effective services, good for providing caring and responsive services and inadequate overall. The practice was placed into special measures for a period of six months.

We issued a requirement notice to the provider in respect of safeguarding service users from abuse and improper treatment and imposed conditions on their registration as a service provider. We undertook a follow up inspection on 10 May 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the September 2016 inspection can be found at http://www.cqc.org.uk/location/1-543988133

We undertook a further announced comprehensive inspection of Dr DC Patel and Partners' practice on 10 May 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the local clinical commissioning group to share what they knew. We carried out an announced visit on 10 May 2017. During our visit we:

- Spoke with a range of staff including three GPs, two practice nurses, a practice healthcare assistant, the new practice manager, two interim practice managers, the deputy practice manager and seven members of the practice administration team including the two reception managers and a medicines co-ordinator.
- Spoke with three patients who used the service, two of which were also members of the practice patient participation group.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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.

Good

Are services safe?

Our findings

At our previous inspection in September 2016, we found that there were failings in systems and processes to keep patients safe. The practice was rated as inadequate for providing safe services. At this inspection, we found that these failings had been addressed and the practice is now rated as good for providing safe services.

Safe track record and learning

During our inspection in September 2016, we found that the process for reporting, recording and sharing significant events and learning from those events, was not always effective. There was also evidence that the practice had not implemented some of the actions identified as a result of significant event analysis.

During the inspection in May 2017, we found that the practice had systems in place that could demonstrate a safe track record and evidence learning for the last six months.

There was a system 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. Staff were aware of the form and would complete it for themselves. 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).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events and also reviewed any actions taken in a timely manner to ensure that they were effective. There were standing agenda items at meetings for discussion of significant events and patient safety alerts. The practice had introduced an incident book for staff to record minor incidents and we saw evidence that these were discussed at staff meetings to share learning points. The practice had a procedure to ensure that action was taken as a result of patient safety alerts. There was an action sheet that detailed who was responsible for responding to the alert, when they received it, the due date for action if required and when action was taken. There was also a governance spreadsheet in place that summarised the alerts and ensured that actions were taken by relevant staff in a timely manner.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice changed suppliers for the vaccination to prevent hepatitis A. This vaccination had an adult version that was meant for use in patients over 18 years of age, not over 16 as for the previously supplied vaccine. The new adult vaccine was given to a patient aged 17 and 10 months in error, when the paediatric version should have been used. The practice checked with the pharmaceutical company who confirmed that there should be no adverse effects. The surgery discussed the event in a meeting, rang the patient and apologised and labelled the new vaccines in the fridge to ensure that it did not happen again.
- The practice also monitored trends in significant events and evaluated any action taken. They scheduled an annual review of significant events and had undertaken this in February 2017.

Overview of safety systems and processes

When we inspected the practice in September 2016 we found that the practice lacked clearly defined and embedded systems, processes and practices to keep people safe. Concerns we found included:

- Some staff had difficulties accessing safeguarding policies. There was a lack of safeguarding training for staff relevant to their role and a lack of understanding as to what training was relevant and appropriate.
- Practice arrangements regarding the provision of chaperones were insufficient.
- Infection prevention and control (IPC) policies had not been reviewed and were incomplete and there was a

lack of staff training in IPC. The IPC audit process was inadequate. There had been no IPC audit since 2015 and no evidence that actions identified as a result of that audit had been completed.

- There were gaps in the arrangements for managing medicines, specifically in the procedure for issuing acute medicines and the authorisation and management of Patient Group Directions (PGDs) to allow nurses to administer medicines in line with legislation. There were no Patient Specific Directions (PSDs) in place to allow practice healthcare assistants to administer vaccines.
- Appropriate recruitment checks for staff had not consistently been undertaken prior to employment.

During the inspection in May 2017 we found that improvements had been made and the practice had addressed the concerns identified at the previous inspection.

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. These policies were new and had not been adapted specifically for practice use and so lacked the names of the practice safeguarding leads and contact numbers for the local safeguarding teams. However, all staff we spoke to knew who the practice leads were and demonstrated a good understanding of the procedure for reporting a concern regarding a patient's welfare. There were contact numbers and details of the procedure for reporting concerns on the wall of every practice treatment and staff room. There were lead members of staff for safeguarding. We were told that GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. Vulnerable patients were discussed regularly at practice safeguarding meetings with other healthcare professionals. The practice management told us that they would adapt the safeguarding policies to include the practice-specific details after our visit as a priority.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. There was a training matrix in place to identify when update training was due. GPs were trained to child protection or child safeguarding level three and nurses to level two or three.
- Notices in the waiting room and in clinical rooms 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 had a list available for staff that clearly identified those staff members who were trained for the role and had a DBS check in place. There was only one staff member who was waiting for the result of a DBS check and was not on the list and they confirmed to us that they would not chaperone until this was received.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. The practice had undertaken an IPC audit in October 2016 and we saw evidence that action was taken to address improvements identified as a result. Further audits were undertaken in January and April 2017 to ensure that the practice was fully compliant with IPC requirements and had addressed actions previously identified. At the time of inspection, the practice was awaiting completion of work needed to replace flooring in one treatment room. The practice had also introduced checklists in each of the treatment rooms so that rooms could be checked for cleanliness each day.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

Good

Are services safe?

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that these PGDs had been signed and authorised by a GP. Healthcare assistants were trained to administer vaccines and patient specific prescriptions or directions from a prescriber were produced appropriately. Staff we spoke to demonstrated how this procedure was carried out safely.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We saw that there were no confidential health questionnaires used for recent new staff. These questionnaires would identify any staff health conditions which could be accommodated by the practice to ensure safe staff working. The practice told us that they would add it to their list of required documents for future recruitment of staff.

Monitoring risks to patients

At our inspection in September 2016 we found that risks to patients were not appropriately assessed nor managed. We found that:

- The practice did not have an up to date fire risk assessment in place and historically identified risks had not been addressed.
- One of the practice vaccine fridges had not been calibrated with other clinical equipment.
- There was no Legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Electrical and gas safety certificates were not easily accessed by the practice.

We found at this inspection in May 2017 that these areas had been addressed appropriately.

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and the practice had carried out suitable health and safety risk assessments for the premises and for staff working.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of both surgery sites such as control of substances hazardous to health and infection control and Legionella. The practice had ensured that they had mitigated the risks associated with the possible presence of Legionella at both premises. Building electrical safety checks had been completed and the practice had addressed the actions identified.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Nursing staff told us that they were experiencing some pressures on their time to complete administration tasks without compromising patient care. The practice told us that they would look to address this in the week following our visit during a planned nurse appraisal and with discussion with other nurses. Two new urgent care practitioners were expected to take up posts at the practice, one in July and one in September and the practice hoped that this would also help.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.

Good

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in a treatment room at both sites.
- The practice had defibrillators available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection in September 2016, we found that staff training and appraisal were insufficient and rated the practice as requiring improvement. These arrangements had improved when we undertook a follow up inspection in May 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice was in the process of developing its own guidelines based on these to provide clinicians with more practice-specific guidance, such as guidelines for the management of patients with hypertension.
- 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 were 94% of the total number of points available, the same as the clinical commissioning group (CCG) average and in line with the national average of 95%. The practice exception reporting rate for the clinical domains was 5.5% which was lower than the CCG average of 9.6% and the national average of 9.8% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for QOF (or other national) clinical targets except in the areas of the management of patients with diabetes and those diagnosed with depression. Data from 2015/16 showed:

- The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 76% compared to the CCG and national average of 78%.
- The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 74%, compared to the CCG average of 79% and national average of 78%.
- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 72% compared to the CCG average of 78% and national average of 80%.
- The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March was 88% compared to the CCG average of 94% and national average of 95%.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 69% compared to the CCG average of 84% and national average of 89%.

Data showed that the practice prevalence of patients with diabetes was 1% higher than local and national averages and that exception reporting rates were considerably lower at 6% than the local rate of 11% and national average of 12%. The practice had addressed QOF results since the previous inspection and they gave us evidence of unverified data for 2016/17 which showed improvements had been made. For example:

- The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 80% (compared to 74% previously).
- The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March was 97% (compared to 88% previously).
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 89% (compared to 69% previously).

Good

Are services effective?

(for example, treatment is effective)

Two of the practice nurses had trained in foot examination for diabetic patients since our last inspection.

Other data from 2015/16 showed:

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 84% compared to the CCG and national averages of 84%.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an appropriate assessment of asthma control was 77%, compared to the CCG and national averages of 76%.
- The percentage of patients with COPD who had had a review undertaken including an appropriate assessment of breathlessness in the previous 12 months was 90%, compared to the CCG average of 87% and national average of 90%.

Performance for mental health related indicators was generally higher than or in line with the CCG and national averages. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 90% compared to the CCG and national averages of 89%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 95% compared to the CCG average of 86% and national average of 84%.

However:

- The percentage of patients aged 18 or over with a new diagnosis of depression in the last year who had been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis was 70% compared to the CCG average of 77% and national average of 83%.

The practice was aware that this figure was low and was working to improve this.

There was evidence of quality improvement including clinical audit:

- There had been 14 clinical audits commenced in the last two years, seven of these were completed audits where the improvements made were implemented and monitored and the remaining seven were scheduled for re-audit. There had also been many medicine audits.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit of GP requests for patient lumbar spine x-rays. These x-rays had been shown to be unproductive in diagnosing spinal problems in primary care and the practice reduced the number of times they were requested with some GPs no longer requesting them at all.

Information about patients' outcomes was used to make improvements such as increasing the screening for detecting diabetes for those patients who had developed the disease while they were pregnant. Screening had been increased from 39% to 58% in six months and another audit was planned to look for further improvement after another six months.

Effective staffing

During our inspection in September 2016, we found the practice was unable to comprehensively demonstrate how it ensured role-specific training and updates for relevant staff. Records of staff training were incomplete and not all staff had received an annual appraisal.

Our inspection in May 2017 showed that considerable improvements had been made in these areas.

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- 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.
- 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 were trained in recognising and respecting equality and diversity and clinical staff had trained in patient sexual health and the management of patient test results. However, we noted from an audit dated January 2017 that two GPs had undertaken one smear each in the previous year. We discussed the fact that Public Health England best practice guidance indicated that cytology update training needed to be

completed every three years and that a minimum of 20 smears need to be done every year in order to maintain clinical skills and competency. One of the GPs had undertaken update training in February 2016 but the other had not completed update training in the previous three years. Following our visit, the practice told us this issue had been raised as a significant event and that all GPs were now aware of the requirements.

- Nursing 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, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. We saw that training provision and support for staff training in the practice was good. The lead practice nurse told us that more regular supervision sessions for clinical staff were planned for this year. One of the practice healthcare assistants had started training to become an assistant practitioner. All staff had received an appraisal within the last 12 months.
- 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, in-house and external training. Practice staff had recently completed a training needs analysis for the CCG so that the CCG could plan further training for practices.

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. The practice also had the use of an online mobile clinical record system for patient home visits.

- This included care and risk assessments, care plans, medical records and investigation and test results. There was a practice protocol in place which allowed Healthcare assistants to file 'normal' chronic disease patient blood test results. The practice also had a protocol that allowed for the practice workflow co-ordinator to remove and file certain communications processed by the practice before they were seen by GPs. These included some general administration documents and letters generated by other clinicians in the practice. This protocol had been devised with the practice GPs and the process was regularly audited. We saw that it was safe although there was some scope for misinterpretation of the practice protocol; some of the wording was subjective such as use of the word "significant". The practice sent us evidence following our inspection that showed that this ambiguity had been removed and the policy amended.
- Documented examples we reviewed showed that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. We discussed the process for referring patients for two week wait appointments and found that the process was safe and timely. The practice audited these referrals to test compliance with the procedure.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice contacted vulnerable patients when they were discharged from hospital. If the patient was diabetic, information was given directly to the practice diabetic lead clinician. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health and social care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

Consent to care and treatment

Good

Are services effective?

(for example, treatment is effective)

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients who needed help with their mental health needs were referred or signposted to the relevant services.
- Smoking cessation advice was available from a local support group. A local council-funded service existed to help patients with all non-clinical needs that affected their health and wellbeing.

The practice's uptake for the cervical screening programme was 75%, which was lower than the CCG and the national average of 81%. The practice showed us unverified data from 2016/17 that showed that this had increased to 78%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems 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.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Practice results for patient attendances at these programmes were higher than local and national averages; figures showed 60% of invited patients attended for bowel screening compared to 58% locally and 74% of invited patients attended for breast screening compared to 65% locally.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than the local and national averages. For example, rates for the vaccines given to under two year olds ranged from 94% to 96% and five year olds from 85% to 97%.

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. The practice told us that they planned to offer health checks for all patients aged 75 years of age and over who had not been seen in the surgery during the last year. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Our inspection in September 2016 found that the practice was rated as good for providing caring services and this rating remained unchanged at this inspection.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains or portable screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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 and there was notice in the patient waiting area to tell them about this.
- Patients could be treated by a clinician of the same sex.

Of the 102 patient Care Quality Commission comment cards we received, 75 were totally positive about the standard of care received. There were 23 patients who made both positive and negative comments and four who only made negative comments. Negative comments mainly related to the availability of appointments and the attitude of some staff members. However, many patients praised the staff at the practice and mentioned specific staff members by name as deserving of praise. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients including two members of the patient participation group (PPG). They told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally 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) and national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 99% 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%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 95% of patients said the nurse was good at listening to them compared with the CCG and the national average of 91%.
- 92% of patients said the nurse gave them enough time, the same as the CCG and the national average.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 95%.
- 90% 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%.
- 90% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Following our last inspection in September 2016, the practice had done their own patient survey in March 2017 using the Improving Practice Questionnaire. They had received 78 responses from patients using the Broadway surgery site and 101 from the Ingol surgery site. Results related to patient care and staff attitude were generally aligned with the national GP patient survey and showed high levels of satisfaction in the areas of patients being given respect and being listened to.

The views of external stakeholders were positive and in line with our findings. The CCG confirmed that there were no concerns with regard to the care and treatment of patients at the practice.

Care planning and involvement in decisions about care and treatment

Good

Are services caring?

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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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 higher than 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 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 and national average of 82%.
- 96% 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%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. The practice website allowed for information to be translated into different languages.
- Information leaflets were available in easy read format. The practice had a choice of three different easy read letters to invite patients with learning difficulties for a health review.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice was able to book a British Sign Language interpreter for patients who were hard of hearing at short notice to accompany them on appointments.

Patient and carer support to cope emotionally with care and treatment

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 133 patients as carers (1.4% of the practice list). Carers were invited for 'flu injections and written information was available to direct them to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Two members of staff acted as a carers' champions to help ensure that the various services supporting carers were coordinated and effective. At the time of inspection, they were in the process of validating the practice carers register and planned to do further work to increase the practice list of carers.

Staff told us that if families had experienced bereavement, they were sent a practice sympathy card and their usual GP contacted them if it was appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice website also gave practical help and advice to families in times of bereavement.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice was rated as good at our last inspection in September 2016 and this inspection in May 2017 found no change to this rating.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Saturday morning until 11.00am for working patients who could not attend during normal opening hours. There were early and later appointments during the week with a practice nurse for those patients.
- The practice allowed patients to book appointments online and both face-to-face and telephone appointments were available.
- The practice phlebotomy clinic started at 8am for patient blood tests and there was also an early evening clinic for working patients.
- There were longer appointments available for patients with a learning disability and for those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. At the time of our inspection, the practice had recently appointed a cancer champion from the staff who had trained in supporting patients in accessing support when needed.
- There were 1.1% of the patients on the practice list in nursing homes which was more than twice the national average of 0.5%. These patients were discussed routinely at monthly meetings with other health and social care workers.
- The practice had committed to the new frailty assessment service to recognise patients who could receive early intervention to prevent hospital admissions.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments to patients at the time of booking.
- Practice staff had produced a booklet for patients who were taking Lithium (a mood-stabilising medication) in order to give information and advice and record results of blood tests. They included a form in the booklet reminding the patient to book the next appointment for a blood test at the appropriate time.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately, including vaccination against Yellow Fever.
- There were accessible facilities, which included a hearing loop, and interpretation services available. The practice had good, timely access to British Sign Language interpreters.
- Broadway surgery had a lift to aid access to treatment rooms on the first floor.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday at both sites, except for Thursdays when the Broadway surgery closed at 1pm. The surgery at Broadway was also open on Saturday morning from 8am to 11am for pre-booked appointments only. Surgeries were offered between 9am and 11.30am and 2.30pm and 5.25pm on Monday and Tuesday, between 9am and 10.50am and 3.30pm and 5.40pm on Wednesday and between 8.40am and 11.10am and 3.30pm and 5.25pm on Thursday and Friday. The afternoon surgery on Thursday was only offered at Ingol Health Centre. The practice offered extended hours appointments between 8.30am and 10.40am on Saturday at Broadway. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

The practice gave us evidence to show that patient attendances at the local hospital A&E department were some of the lowest in the local area, despite the proximity of this department to the practice.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 80% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.
- 90% 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 84% and the national average of 85%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 84% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 52% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

The practice had conducted its own Improving Practice Questionnaire (IPQ) survey in March 2017. It had received 78 responses from patients using the Broadway surgery site and 101 from the Ingol surgery site. The IPQ survey had indicated some dissatisfaction with seeing a practitioner of the patient's choice and with the waiting time for an appointment. The practice had considered these results and had employed two new urgent care practitioners to take up posts in July and September 2017. These practitioners were specialised in urgent care and it was planned that they would be able to manage some patients who needed on the day treatment. This would then free up GP appointments and make booking a routine appointment easier for patients.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. We saw that the first available urgent appointment was that day, and the first available routine appointment was on the following day.

The practice had produced a protocol for handling patient requests for an emergency appointment with a doctor to assess when the patient should call 999.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

GPs telephoned patients requesting visits before visiting to ensure that the visit was clinically necessary and to prepare for the visit. When the urgency of need for a home visit seemed great, staff could contact the on-call GP immediately and, if it was determined that it was inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. This protocol was available to reception staff for guidance. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

When we visited the practice in September 2016, we saw that information was available behind the reception desk to help patients understand the complaints system, although two

of the reception staff we spoke to were unaware of its existence. When the document was located, two versions were found and staff were unclear which was the current document containing the most up to date information. At this inspection, we saw that this situation had been addressed.

The practice had a system 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, the practice manager, who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice had a patient complaint leaflet in reception which staff we spoke to were aware of. There was also a standard complaints form available to patients should they wish to use it.

We looked at nine complaints received in the last 12 months, two of them in detail, and found they had been dealt with in a timely way and with openness and honesty. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care and discussions of complaints and actions taken were carried out in regular practice meetings. For example, GPs were reminded of the signs and symptoms of a particular life-threatening condition and the importance of recording

Good

Are services responsive to people's needs?

(for example, to feedback?)

all patient observations after a patient's family complained of a delayed admission to hospital. The GP spoke to the concerned relative and the practice also wrote to the family.

Are services well-led?

Good

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

Our findings

At our previous inspection in September 2016, we found that there were failings in practice governance arrangements. The practice was rated as inadequate for providing well-led services. At this inspection, we found that these failings had been addressed and the practice is now rated as good for providing well-led services.

Vision and strategy

During our visit in September 2016, we were told that the practice had supporting business plans in place to reflect the vision and values, and that these were monitored regularly. When we

asked to view them to corroborate this evidence they were not available. However, at this inspection, evidence was available for this.

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

- The practice had a statement of this vision which was displayed in the waiting areas and staff knew and understood the values. This statement was: "To be an excellent, efficient, effective, responsive, innovative and sustainable resource for our patients to maintain and improve their health and wellbeing. To be providers of high quality personalised and flexible services from and within a caring team".
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had held a strategic planning away day in January 2017 to review practice values and plan for the future. We saw copies of minutes for this event and the comprehensive business plan that had been developed following it.
- The practice worked with the local clinical commissioning group (CCG) to ensure that the practice strategy was commensurate with local service developments.

Governance arrangements

At our previous inspection we found that there were significant gaps in the governance framework

within the practice. There were inadequate systems and processes in place to ensure the delivery of safe care including:

- Poor management of practice policies and procedures including their ordering and timely review. Some policies were insufficient and not fit for purpose.
- Arrangements for identifying, recording and managing risks were inadequate.
- A lack of awareness of the legislation necessary to follow around authorising non-prescribing clinical staff to administer medicines.
- The management of staff training was insufficient to ensure they had undertaken all that was required and there was a lack of understanding of those training needs. Many staff had not had an annual appraisal.

At this inspection, we saw that improvements had been made in these areas.

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas as well as non-clinical staff. Nurses had lead roles in patient chronic disease and treatment areas, and members of practice administration led on areas such as monitoring practice clinical achievement, staffing and premises.
- The practice had purchased a comprehensive policy and procedure package from an external supplier since our last inspection. These were available online to staff and the practice had ensured that all staff were able to access them easily. At the time of our inspection, the practice was in the process of embedding practice-specific policies and protocols into this framework, and some of the policies, such as the safeguarding policies, lacked local information. This local information was however still available to staff elsewhere in the practice. The practice had reviewed the new policies to see that they represented good practice and ensured that other practice specific protocols such as the home visit protocol were available to staff. They told us that they felt that it was important that the new policies were adopted correctly having been considered and understood by staff and matched to their own processes and procedures. The practice-specific

Are services well-led?

Good

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

protocols were updated and reviewed regularly and the external supplier notified the practice of any necessary changes to policy because of, for example, changes in legislation.

- A comprehensive understanding of the performance of the practice was maintained. Different practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice. There were standing agenda items for topics such as significant events, patient complaints and safety alerts. The practice had introduced a new monthly educational meeting in January 2017.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Audits were scheduled for re-audit to check whether improvements had resulted from actions taken. Audit topics selected were relevant to practice services and supported practice quality improvement.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. All premises safety checks for both surgery sites were in place and any necessary actions had been taken to mitigate risks. Staff exhibited a good knowledge of risk management.
- Staff training was generally governed well and there was a comprehensive record of training to ensure that it was completed appropriately and in a timely way. We saw that this training matrix contained all of the elements of essential staff training and that training was up to date for the majority of staff. However, the practice lacked oversight of GP competencies needed to undertake patient cytology services.
- All staff members had had an appraisal in the last 12 months.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. There was evidence of good team working and staff felt supported by their peers.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and/or written apology.
- The practice kept written records of verbal interactions as well as written correspondence. They had also introduced a minor incident book to record informal patient complaints or incidents so that learning points could be shared with staff and trends recognised.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. We noted that the practice had held a team away day in January 2017 and planned another for the Summer. The practice also funded a staff social event at least once a year. Meeting minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, a member of staff had asked for there to be at least two members of staff on reception in the evening until the surgery closed to facilitate staff chaperoning and this was adopted.

Are services well-led?

Good

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

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

At our inspection in September 2016, we saw that there was limited activity to seek patients' feedback and engage patients in the delivery of the service; the last meeting of the patient participation group (PPG) had been in August 2014. At the inspection in May 2017, we saw that the practice had addressed this successfully.

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been re-formed and had met four times since our last inspection. They had agreed that the role of the group was to be "a critical friend" to the practice. Their first task was to strengthen and expand the group and they had produced a PPG newsletter to promote the group. This newsletter also gave surgery service development news and health and lifestyle information to patients. The practice also promoted the PPG through its social media site online at the suggestion of the group. The practice had also used the Improving Practice Questionnaire to seek patient feedback following our last inspection.
- the NHS Friends and Family test, complaints and compliments received.
- staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Nursing staff told us that they were experiencing some pressures on their time and that they would raise this with management. When we spoke to managers regarding this, they told us that they would look to address concerns in the week following our visit, during a planned nurse appraisal and with discussion with other nurses. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had expressed an interest in being part of a local information technology pilot scheme to improve outcomes for patients in the area. The practice was also prepared to offer some patient services to patients from neighbouring practices when required by the CCG.

We saw that the practice had put considerable work into improving services since our last inspection in September. They had employed two part-time interim practice managers and then an experienced full-time permanent manager who started work on the 8 May 2017. They were employing two urgent care practitioners, one in July and one in September to manage patient demand for urgent appointments. They had also introduced a new patient self-check in at each surgery site.

The practice was a training practice for new GPs and a teaching practice for some medical students.

The practice list was growing steadily, mainly because of new housing development in the area and the practice was going to acquire three additional rooms at the Ingol site. A further extension of the Ingol Health Centre was also planned for the future.