

Jiggins Lane Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Jiggins Lane Medical Centre on 26 February 2016. Overall the practice is rated as good.

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. Effective systems were in place for reporting and recording significant events so that staff could learn from them. The practice also shared learning from incidents both externally with other practices.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice worked closely with other organisations and practices and participated in CCG led schemes to develop services provided. For example, improving the availability of diagnostic and patient monitoring services and in managing referrals to secondary care.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice performance was above CCG and national averages in many areas relating to patient outcomes and patient satisfaction in the services provided.
- Most patients said they found it easy to make an appointment, they were able to see a named GP if they were willing to wait and urgent appointments were 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 was well organised and proactively sought feedback from staff and patients, which it acted on. The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

Summary of findings

- The practice should review exception reporting where it is high to identify the reasons for this and implement any action as appropriate.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice was proactive in learning from incidents and significant events to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework showed outcomes for patients compared favourably against CCG and national averages, although exception reporting was higher than CCG and national averages in some areas.
- Clinical audits were used to support quality improvement.
- 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey (published January 2016) showed patients rated the practice higher than others for many aspects of care.
- Most 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 easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice engaged with the their local Clinical Commissioning Group and practices within their locality to secure improvements in services provided for their population.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The latest National GP Patient Survey (published January 2016) rated access to services higher than national and local averages.
- Patients found it easy to make an appointment with a named GP supporting continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings involving all staff.
- There was an overarching governance framework which supported the delivery of the service. This included arrangements to monitor and improve quality and identify risk. The practice performed well against QOF and in relation to feedback on patient satisfaction.
- The practice carried out proactive succession planning.
- The practice invested in their staff so that they had the skills needed to deliver the service and patient care.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. Systems for managing safety incidents ensured appropriate action was taken and learning took place.
- The practice was proactive in supporting the patient participation group to develop and proactively sought feedback from both patients and staff, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels. The practice recognised and valued the individual skills and contribution from staff in improving the service. For example, IT skills in updating templates and managing emergency equipment.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Patients aged over 75 years had a named GP responsible for their care. Those identified as being at high risk of admission and with complex care needs were prioritised for review.
- The practice held regular multi-disciplinary team meetings with district nurses, palliative care nurses and case managers to meet the needs of those at the end of life.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The premises were accessible to patients with mobility difficulties.
- Flu and shingles vaccinations were available at the practice for relevant patients. Information from the CCG told us that the uptake on flu vaccinations for patients over 65 years was higher than the CCG average.
- Health checks for patients over 75 years were offered at the practice.

People with long term conditions

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

Good



- Patients with long term conditions received regular reviews of their conditions to check their health and medicines needs were being met. Staff undertaking these reviews used and accessed best practice guidance available.
- A range of clinics for patients with specific long term conditions were held at the practice including asthma, chronic obstructive pulmonary disease, diabetes and coronary heart disease.
- Nursing staff had lead roles and had received training in chronic disease management.
- The practice provided a range of services in-house or in conjunction with other local practices to support the management of patients with long term conditions. For example 24 hour blood pressure monitoring, electrocardiographs and micro spirometry.
- Longer appointments and home visits were available for those who needed them.

Summary of findings

- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Performance for diabetes related indicators was at 92% which was higher than both the CCG average and national average of 89%. The practice held quarterly diabetes meetings to discuss updates and patient care.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances or failed to attend for immunisations.
- Immunisation rates were higher than CCG averages for standard childhood immunisations.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 77% which was above the CCG average of 74% and national average of 75%.
- The practice offered baby friendly facilities. A breast feeding friendly service was advertised and baby changing facilities were available. There was a dedicated area for small children to play in the waiting area and information for young mums.
- Appointments were available outside of school hours.
- The practice's uptake for the cervical screening programme was 71%, which was comparable to the CCG average of 69% and the national average of 74%.
- The practice offered one stop baby clinics for the ease of patients. Health visitor clinics, baby checks and immunisation clinics ran concurrently.

Working age people (including those recently retired and students)

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

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.

Summary of findings

- The practice was located close to a University and had a relatively high number of students. The practice had attended events at the university to provide information about the practice to new students and raise awareness of meningitis.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs of this age group. This included NHS health checks, travel vaccinations, sexual health and family planning services.
- For the convenience of patients the practice offered extended opening hours on a Tuesday evening, telephone consultations and online booking for appointments. The practice also used texting to remind patients of their appointments.
- A self check in reduced the need for patients to queue at reception.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances such as those with a learning disability.
- Patients with a learning disability were offered annual health reviews with the practice nurse and an opportunity to develop a patient passport that set out important information about them should they move between services.
- Practice staff told us that they would register patients at the practice with no fixed abode if they needed support but had not encountered this.
- The practice offered longer appointments for patients who needed them.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- Support was available for those identified as carers. A carers pack which provided information about support was available to them.
- On site services including a weekly alcohol and drug clinic and the citizens advice bureau.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- National reported data from 2014/15 showed that 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was below the CCG average of 82% and national average of 84%.
- National reported data from 2014/15 showed performance against mental health related indicators was 97% which was above the CCG average of 92% and the national average of 93%.
- Patients with poor mental health were offered annual reviews. Staff were aware of services available to signpost patients to further support. Information about healthy minds counselling services was also displayed in the waiting area.
- The practice was currently piloting a service with the community mental health team in which they emailed for advice about patients to improve communication between the services.
- As part of a CCG led scheme, the practice was starting to work with the Alzheimer's Society to provide additional support and advice to patients with dementia and their families.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above local and national averages. 352 survey forms were distributed and 104 (30%) were returned.

- 88% found it easy to get through to this surgery by phone compared to a CCG average of 60% and a national average of 70%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 81% and a national average of 85%.
- 94% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 83% and a national average of 85%.

- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 74% and a 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 12 comment cards. We also spoke with eight patients during the inspection including three members of the Patient Participation Group. The majority of feedback received was positive about the standard of care received. Patients described the staff as professional and caring and told us that they were treated with dignity and respect. There was no consistent trends with regard to any negative comments received.

Jiggins Lane Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector and a practice manager specialist advisor.

Background to Jiggins Lane Medical Centre

Jiggins Lane Medical Centre is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Jiggins Lane Medical Centre is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in purpose built accommodation. Based on data available from Public Health England, deprivation in the area served is higher than the national average. The practice has a registered list size of approximately 7200 patients.

The practice is open between 8.30am and 6.30pm Monday to Friday, although closes between 12.30pm and 1.30pm daily with the exception of Thursday when it closes from 1pm for the afternoon. Appointments are available between 9am and 11.50pm daily, 3.30pm to 5.50pm

Monday and Wednesday, 3.30pm and 7.30pm on a Tuesday (when it has extended opening) and between 3pm and 5.30pm on a Friday. When the practice is closed primary medical services are provided by an out-of-hours provider.

The practice currently has six GP partners (3 male and 3 female), three salaried GPs (1 male and 2 female) and a GP retainer (a flexible arrangement to support qualified GPs to maintain their skills who are otherwise unable to commit to permanent working hours). Other practice staff consist of a team of four practice nurses (including one nurse prescriber), a healthcare assistant and a phlebotomist. There is a team of administrative staff which includes a practice manager who supports the daily running of the practice.

The practice is a training practice for qualified doctors training to become a GP and also supports training for physician associates.

The practice has not previously been inspected by CQC.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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 26 February 2016. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, practice nurses, the practice manager and administrative staff).
- Observed how people were being cared.
- Reviewed how treatment was provided.
- Spoke with health and care professionals who worked closely with the practice.
- Spoke with members of the practice's Patient Participation Group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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.

- Incidents and significant events were reported electronically enabling them to be risk rated.
- Staff were aware of the processes in place for reporting and recording incidents and told us they were encouraged to do so.
- There was a lead partner and administrative support for managing significant events and ensuring appropriate action was taken.
- The practice carried out a thorough analysis of the significant events. Learning was shared with staff at quarterly significant event meetings and with other practices through the local clinical network.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. The practice had reported 48 incidents since September 2015 when a new electronic reporting system had been introduced. We saw evidence of lessons learnt. For example, changes were made to the way in which vaccination deliveries were managed when a delivery of vaccinations had been missed.

Responsibility for managing safety alerts was rotated among the GPs on a six monthly basis. We saw evidence that these were being acted upon as appropriate.

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 to safeguard children and vulnerable adults from abuse. Policies and procedures which reflected local requirements were in place and accessible to all staff. These included policies relating to domestic abuse and female genital mutilation. Flow charts had been produced for ease of making referrals to the relevant agencies responsible for investigating safeguarding concerns. There was a lead GP for safeguarding and staff knew who this was if they had any concerns. Staff demonstrated they understood their responsibilities and had received training relevant to their role. Staff were able to give examples of action

taken in response to safeguarding concerns and provided reports for other agencies. Alerts on the patient record system ensured staff were aware if a patient was at risk so that they could be extra vigilant.

- Notices displayed throughout the practice advised patients that chaperones were available if required. Following a recent audit the notices had been redesigned to increase patient awareness. Only clinical staff acted as chaperones. Staff who acted as chaperones had received a Disclosure and Barring Service check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the practice nurses took the lead for infection control and had received additional training for this. As the lead they had provided additional training to other practice staff and were responsible for maintaining the infection control policies. There was evidence of in-house audits having been undertaken and a recent infection control audit through the CCG had resulted in a green rating and a score of 95%. Action had been taken in response to these audits such as the replacement of waste bins. Practice staff had access to appropriate hand washing facilities and personal protective equipment. Cleaning schedules were in place which included curtains, carpets and the children's area. Infection control was a regular feature in staff meetings.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling and storing). The practice worked with the local CCG pharmacist and carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw evidence from records that patients on high risk medicines, requiring blood tests and regular review were appropriately managed. Non collected prescriptions were reviewed on a monthly basis and followed up as appropriate. Records showed that the storage of vaccinations was appropriately monitored and audits were undertaken to ensure processes were being followed. Random checks of medicines and vaccinations in stock showed they were in date. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They told us that they were supported in this role by the GPs. Patients Group

Are services safe?

Directions were signed and in date to allow nurses to administer medicines such as vaccines in line with legislation. Although prescriptions were stored securely we saw there were no systems for signing them out. We spoke to the practice about this who following the inspection introduced a new monitoring system to ensure an appropriate audit trail could be maintained.

- We reviewed three personnel files (including a locum GP) 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.
- We saw that the practice nurses maintained records of samples sent for the cervical cytology screening programme which they checked regularly to ensure results had been returned. Those who required referrals were followed up by a dedicated member of the admin team to ensure they were done.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- We saw records which showed that regular maintenance was undertaken at the practice. Various health and safety risk assessments had been undertaken to monitor the safety of the premises. These included control of substances hazardous to health, legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), information governance and disability discrimination act assessments.
- A fire risk assessment was in place. Fire equipment had been serviced within the last 12 months and records showed that the alarm was regularly tested and fire drills took place so that staff were aware of procedures in the event of a fire.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Records showed the lift was regularly serviced.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a dedicated member of staff responsible for ensuring there were enough staff on duty and that relevant tasks were covered during annual leave. The rota was displayed in reception so that staff were aware who was doing what. Clinical staff operated a buddy system to help cover each other's work during leave and guidelines were in place which specified the criteria for booking locum GPs. As the practice list size had increased the practice had reviewed the impact and increased staffing accordingly.

Arrangements to deal with emergencies and major incidents

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

- There were alarms in the consultation and treatment rooms to alert staff to an emergency.
- Staff received annual basic life support training. They knew where emergency medicines and equipment were kept in case of emergency. An incident on the day of our inspection confirmed staff were familiar with emergency procedures.
- The emergency equipment and medicines were well organised and clinical staff rotated the checking so that they were familiar with the layout of medicines and equipment when needed.
- The practice had a defibrillator and oxygen with adult and children's masks. Records showed these were checked to ensure they were in working order and available when needed.
- Emergency medicines were easily accessible to staff in a secure area of the practice. The medicines we checked were in date and stored securely. Anaphylaxis kits were also kept in treatment rooms and logs kept of their expiry dates.

The practice had a business continuity plan in place for major incidents. A copy was kept on display for staff and off site should the premises become inaccessible. The plan included action needed in events such as power failure or loss of premises and included emergency contact numbers for various services. The practice had shared arrangements with another local practice for use of premises if needed.

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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to NICE and other guidance that it used to deliver care and treatment that met peoples' needs.
- Updates relating to safety alerts and new guidance were available on the practice intranet and shared at clinical meetings. We saw examples such as NICE guidelines for the management of hypertension shared with staff and updates relating to vaccinations discussed at nurse meetings.
- Quarterly diabetes meetings were held which provided staff with the opportunity to discuss any new guidance and share knowledge in the management of this condition.
- The practice used templates for undertaking reviews for major conditions and medicines and regularly updated these to reflect any changes in guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 for 2014/15. This showed the practice had achieved 98% of the total number of points available, which was above the CCG average of 94% and national average of 95%. Exception reporting by the practice was 12% which was higher than the CCG and national average of 9%. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

This practice was not an outlier for any QOF (or other national) clinical targets. However, we identified some indicators including mental health, cancer and atrial fibrillation in which exception reporting was significantly

higher than the CCG and national average. The practice shared with us their exception reporting in these areas and identified that this was likely due to coding in which they had recorded conditions that may evolve or where there was a lack of certainty of diagnosis so that these patients would not be lost to them. QOF data from 2014/15 showed;

- Performance for diabetes related indicators was at 92% which was higher than both the CCG average and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 86% which was higher than the CCG average of 83% and the national average of 84%.
- Performance for mental health related indicators was at 97% which was above the CCG average of 92% and the national average of 93%.

The practice undertook clinical audits to support quality improvement.

- There had been 17 clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice also participated in local benchmarking through the CCG.
- Examples of audits seen included a completed audit in the management of patients with asthma which showed improvements in control of patients with this condition and in relation to antibiotic prescribing against CCG guidelines.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This was tailored to meet the needs of individual staff. There was also an induction pack for locum and trainee GPs. We spoke with three staff who were relatively new to the service, all confirmed they received an induction and said they were well supported.
- The practice supported staff to undertake further training relevant to their roles and business needs. For example we saw that nursing staff had undertaken further training in the management of long term

Are services effective?

(for example, treatment is effective)

conditions such as asthma and diabetes and one of the administrative team was undertaking a course in primary health management. A new practice nurse was undertaking a practice nurse course.

- Staff had access to and made use of e-learning training modules and in-house training.
- The learning needs of staff were identified through a system of appraisals. We saw examples of appraisals and evidence that learning needs had been followed up. Staff had access to support from senior staff when needed.

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. Clinical staff told us that patient information such as test results and hospital letters were available on the system in a timely way. The practice made use of electronic tasks to ensure any action needed was undertaken.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The practice held monthly multi-disciplinary team meetings with district nurses, palliative care nurses and case managers to discuss and plan care for patients with end of life and complex care needs. Safeguarding meetings also took place on a quarterly basis to discuss vulnerable children and a time was allocated for the GP to discuss any issues arising each week when the health visitor ran their clinic. Health and care professionals we spoke with were very positive about their working relationship with the practice in order to meet patient needs.

The practice manager had co-ordinated a meeting across several local GP practices who covered a large care home to identify how they could improve the care provided, tackling health inequalities and work collaboratively.

Consent to care and treatment

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

- Staff we spoke with demonstrated an understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff also demonstrated an understanding of consent when providing care and treatment for children and young people.
- We saw evidence of consent that had been obtained for the fitting of intra uterine devices.
- We spoke with health and care professionals who told us that the practice acted appropriately and consulted with family, staff and patients when completing do not resuscitate orders.

Supporting patients to live healthier lives

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

- Patients that had unplanned admissions had their health and care needs reviewed.
- Clinics were held to support patients with a variety of long term health conditions including diabetes, asthma, chronic obstructive pulmonary disease and coronary heart disease.
- Patients who needed support to live healthier lifestyles could access health trainers who gave advice and support on diet and exercise and smoking cessation services.
- Support was available at the premises for patients who misused drugs and alcohol.
- The practice offered a variety of travel vaccinations.

The practice's uptake for the cervical screening programme was 71%, which was comparable to the CCG average of 69% and the national average of 74%. Uptake of national screening programmes for bowel and breast cancer screening was also comparable to the CCG and national averages.

Childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 99% (compared to the CCG range from 80% to 95%) and five year olds from 93% to 99% (compared to the CCG range from 86% to 96%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74 and over 75 years. Health checks were advertised in waiting room. Any abnormalities or risk factors identified were followed up with the GP.

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.
- Glass partitions at the reception desk helped to minimise the risk of patient information being overheard.
- Staff told us that if patients wished to discuss something in private they would use a spare room to discuss their needs.
- Staff wore name badges so that patients knew who they were speaking with.
- Staff were mindful of patient confidentiality, they signed confidentiality forms and told us what action they took to maintain patient confidentiality.
- A newsletter through the patient participation group helped keep patients informed about the practice. The latest newsletter included information about opening times, online and out of hours services, flu clinics and non-attendance.

Feedback from the 12 patient Care Quality Commission comment cards we received was mostly positive. Patients were happy with the care they received and found the staff professional and caring. There were not any consistent trends with regard to negative comments received. We also received positive feedback from the eight patients including three members of the patient participation group we spoke with on the day.

Results from the national GP patient survey (published January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG and national average of 87%.
- 89% said the GP gave them enough time compared to the CCG and national average of 85%.

- 93% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 92%.
- 84% said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 82%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 77%.
- 96% said they found the receptionists at the practice helpful compared to the CCG average of 84% and 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. We saw several examples of care plans in place for patients with complex health needs which had been agreed with patients.

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:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 81%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 74%.
- 70% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 67% and national average of 65%.

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

Notices were displayed in the patient waiting area that told patients how to access a number of support groups and organisations including counselling services and carers support.

Are services caring?

The practice maintained a carers register and had a GP lead to champion carers at the practice. A carers pack was available which provided advice and information about various avenues of support available. The practice was starting to work with the Alzheimer's Society as part of a project funded by the CCG in order to improve support for patients diagnosed with dementia and their families. The practice currently had 92 carers on its register.

Staff told us that if families had suffered bereavement, the GP who had been involved in their care would contact them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the local Clinical Commissioning Group (CCG) and other practices locally to plan services and to improve outcomes for patients in the area. The practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation.

- The practice offered extended opening hours on a Tuesday evening until 7.30pm for those who could not attend during normal opening hours due to work or other commitments. Both GPs and nurses worked during extended opening hours.
- There were longer appointments available for patients who needed one and we saw examples of those given to patients with long term conditions and for reviews of patients with learning difficulties. Patients were advised they could book longer appointments if required in the practice leaflet.
- Home visits were available for those who were unable to attend the surgery due to their health condition.
- Same day appointments were available for those who needed one. A duty doctor system operated so patients needing urgent care were able to consult with a GP.
- There were disabled facilities including designated parking and facilities, ramp access, low reception desk and lift access to treatment rooms on the first floor.
- Child friendly services were offered including baby changing, a baby area in the waiting room and promotion of breast feeding.
- A hearing loop and translation services were available.
- The practice provided a variety of in house diagnostic and monitoring services for the convenience of patients including 24 hour blood pressure monitoring, electrocardiographs and spirometry. Through working with other practices patients could also access services locally such as insulin initiation.
- The Citizens Advice Bureau ran a clinic at the practice once per week to provide financial and social support to patients.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. It closed between 12.30pm and 1.30pm daily with the exception of Thursday when it closed from

1pm for the afternoon. Appointments were available between 9am and 11.50pm daily, 3.30pm to 5.50pm Monday and Wednesday, 3.30pm and 7.30pm on a Tuesday (when it has extended opening) and between 3pm and 5.30pm on a Friday. When the practice was closed primary medical services were provided by an out-of-hours provider.

Patients were able to pre-book appointments up to four weeks in advance. Urgent appointments were available for those that needed them on the day. Telephone consultations were also available. We saw that the next available routine appointment with a GP was for the next working day. Patients we spoke with during the inspection told us that they were able to get appointments when they needed one and that if they were willing to wait this could be with their preferred GP.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 88% of patients said they could get through easily to the surgery by phone compared to the CCG average of 60% and national average of 70%.
- 50% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 33% and national average of 36%.

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 were designated staff responsible for managing complaints.
- We saw that information was available to help patients understand the complaints system, this included a complaints leaflet in reception.

The practice had received eight complaints received in the last 12 months. Evidence seen showed that complaints had been appropriately managed in a timely way. Patients were

Are services responsive to people's needs?

(for example, to feedback?)

offered an opportunity to discuss concerns directly with the GPs and were made aware as to how they may escalate their concerns if they were unhappy with the response received.

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

At the start of the inspection the partners gave a presentation telling us how they aimed to promote good outcomes for patients and future plans for the service. The practice was currently in discussions to form a larger partnership with other practices locally in which central functions could be shared. They were also aware they need to safeguard future staffing needs and were actively succession planning for the future management of the practice.

The practice hoped to bring more services in-house and had made funding bids to develop the premises for this.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Arrangements in place included:

- A clear staffing structure in which staff were aware of their own roles and responsibilities. Staff told us they were given protected time to undertake specific tasks outside their clinical commitments.
- Clinical staff had lead roles in the management of patients with long term conditions. Quarterly QOF review meetings took place to ensure the practice stayed on track with their performance.
- The practice proactively reviewed templates used for managing patient care to ensure they reflected current best practice.
- The practice was performing well compared to the CCG and nationally in many aspects of QOF and in relation to patient satisfaction.
- Practice specific policies were implemented and were available to all staff.
- Regular meetings were held which involved all staff. This ensured there were opportunities for staff to discuss and share important information affecting patients and the running of the service.
- The practice was well organised, information was well documented for future reference and follow up.
- Audits were effectively used to review care and to ensure monitoring arrangements were robust. For example, auditing the monitoring of the cold chain.

Leadership and culture

The partners were visible in the practice. There were high levels of staff satisfaction and staff told us they felt supported by the partners and other senior staff. They found them approachable if they needed to discuss anything.

The provider was aware of and complied with the requirements of the Duty of Candour. A culture of openness and honesty was encouraged. We saw that when there were unexpected or unintended safety incidents people affected were given an explanation and apology and we saw an example of this. Members of the patient participation group also found the practice open and honest, the practice shared complaints and incidents with them and invited members to meetings with the CCG and the local clinical network so that they were aware of what was going on.

Both staff and members of the patient participation group told us that they felt valued. The practice encouraged constructive staff engagement and staff were encouraged to take lunch together which gave opportunities for networking and discussing issues. The practice also held away days to discuss issues affecting the practice and keep all informed.

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

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

- The practice had an active PPG that met regularly. The PPG was actively promoted in the practice with a prominent poster in the waiting area encouraging new members and membership had steadily increased from four to 12.
- There was a clear and proactive approach in the engagement with the PPG. The practice had funded membership with the National Association for Patient Participation and paid for members to attend an annual conference to help them develop as a group. Both GPs and management attended PPG meetings, so that staff who could affect change were present. Members of the PPG we spoke with told us they felt listened to and about some of the things that the practice had acted on for example, changes to the answerphone message at busy times and appointment reminders through texts.

Are services well-led?

Good 

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

- The practice considered and responded to patient feedback through the NHS Choices website in which patients are able to leave comments about the service they have received.
- The practice had gathered feedback from staff through regular meetings, away days and appraisals. We saw evidence that the practice responded to feedback from staff for example the need for administrative time for clinical staff. Staff told us that they felt confident in raising issues with partners and senior staff.
- Staff were encouraged to use skills to support improvements in the practice. For example, the organisation of emergency equipment.

Continuous improvement

There was a strong focus on continuous learning and improvement within the practice. The practice team was involved in a number of schemes to improve outcomes for patients in the area. These included working with the Alzheimer's Society to better support patients diagnosed

with dementia; an ambulance triage scheme in which GPs could provide advice to paramedics and support patients as an alternative to accident and emergency and a new scheme to triage referrals to secondary care to reduce unnecessary referrals. The projects were relatively new but early indicators were showing the ambulance triage scheme was successfully reducing the number of patients taken by ambulance to accident and emergency.

The practice was a training practice for qualified doctors training to become a GP and supported training for physician associates. Some staff were involved in peer support programmes to support other GPs and practices in difficulty.

The practice actively invested in the development of staff to ensure they had the skills needed to meet the needs of the service. This included training the management of long term conditions, practice nurse skills for new members and management training.