

# Frankley Health Centre

## Quality Report

125 New Street  
Birmingham  
B45 0EU  
Tel: 0121 453 8211  
Website: [www.frankleyhealthcentre.org.uk](http://www.frankleyhealthcentre.org.uk)

Date of inspection visit: 14 September 2016  
Date of publication: 18/11/2016

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

## Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Frankley Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Frankley Health Centre on 14 September 2016. Overall the practice is 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 an effective system in place for reporting and recording significant events. Staff were aware of this and lessons learnt were shared.
- Risks to patients were assessed and well managed. There were systems in place to address all areas of risk, although the system for the recording of actions from safety alerts required some amendment, which has subsequently been completed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients 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.
- 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 and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

# Summary of findings

- Review the process they have put in place to record actions from safety alerts to ensure it is working effectively.
- Review the system for tracking prescriptions to ensure it is working effectively.
- Monitor the effectiveness of recent changes in the telephone system.
- Ensure the programme of appraisals is completed as planned.
- Continue to explore ways of establishing a patient participation group in line with contractual requirements.

**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.

Good



- There was an effective system in place for reporting and recording significant events which was embedded in the practice and all staff were aware of.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, 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 in place to keep patients safe and safeguarded from abuse. Staff were appropriately trained and aware of what to do when they became aware of safeguarding issues.
- Risks to patients were assessed and well managed, although the system for recording actions from safety alerts required amendment, which has now been addressed. We noted there was no system for recording the serial numbers of hand written prescriptions. However, the practice manager contacted us following our inspection to confirm that this had been implemented.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with the Clinical Commissioning Group and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated 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 and whilst appraisals had fallen behind this year, due to other priorities in the practice, we saw a programme to demonstrate these would be completed by the end of October 2016. Staff reported an open door policy and that they were able to raise issues and discuss training or development at any time.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. There was regular communication with the multi-disciplinary team members such as the palliative care team, district nurses and the health visitor.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients' satisfaction with all aspects of care was comparable to with the Clinical Commissioning Group (CCG) and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Comment cards we received from patients also expressed high levels of satisfaction regarding the caring staff and expertise of the GPs.
- 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. Staff knew many of the patients well and contacted them by telephone to offer alternative appointments if they had not attended as scheduled.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the local networking commissioning group to secure improvements to services where these were identified. The practice had participated in the Prime Minister's Challenge Fund to allow their patients access to appointments early in the mornings, late at night and at weekends.
- Patients 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 worked to address concerns and feedback from patients regarding telephone access and appointments which they continued to monitor.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

# Summary of findings

## 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. Staff were clear about the vision and their responsibilities in relation to it.
- The two GPs shared the responsibilities for the practice and staff told us they could access either GP for advice or guidance at any time. The practice had a number of policies and procedures to govern activity and held regular meetings where any governance issues were discussed.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice did not have a patient participation group but achieved the views of patients via a comments and suggestions box and practice surveys which we saw they addressed and responded to appropriately. The practice continued to encourage patients to become involved in a patient participation group and had a facility on their website which invited patients to submit their comments and join a patient participation group.
- There was a focus on continuous learning and improvement at all levels.

# 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- They offered home visits from the practice nurse to carry out flu vaccinations for those patients who were housebound and could not attend the practice.
- The practice manager checked appointments daily of those elderly patients who had not attended their appointments and called the patients to rebook and ensure their welfare.
- There was a flag on the records of housebound patients to alert staff to this fact.
- Older patients were offered 'next of kin' consent forms to enable the practice to discuss the patient's condition or results if the patient wished them to.
- Patients at increased risk of admission to hospital had alerts on their records to ensure staff provided same day access to a GP or nurse.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, whose last cholesterol measured in the preceding 12 months was within the recommended level was 79%. This was comparable to the Clinical Commissioning Group and national averages of 80% and 81% respectively.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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.

# Summary of findings

- The practice held nurse led clinics providing advice on how to reduce exacerbations of their condition.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was 82% which was comparable to the Clinical Commissioning Group (CCG) and national averages of 80% and 82% respectively.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a private room for breast feeding mothers and there was a sign in the waiting area to inform patients of this.
- We saw positive examples of joint working with midwives and health visitors. The practice held meetings with the health visitor bi-monthly.
- The practice offered eight week postnatal checks for mothers and babies prior to immunisation.

Good



## 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).

- 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. This included extended hours appointments for those who could not attend during normal hours.
- The practice offered well person checks as well as NHS health checks.

Good



# Summary of findings

- 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.
- The practice was involved in the Prime Minister's Challenge Fund which enabled access to GP and nurse appointments at a local hub until late in the evening, early morning and at weekends.

## 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 including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, the citizen's Advice Bureau attend the practice fortnightly.
- 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.
- Staff had received training in domestic violence.
- The practice hosted a weekly clinic for substance misuse.

Good



## 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).

- 77% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the local CCG and the national averages of 87% and 84% respectively.
- 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 88% which was comparable with the CCG and national averages of 91% and 88% respectively.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The Improving Access to Psychological Therapies (IAPT) counsellor attended the practice weekly to offer support and counselling to patients experiencing mental health problems.

# Summary of findings

## What people who use the service say

The National GP Patient Survey Results were published in July 2016. The results showed the practice was performing in line with local and national averages. There were 334 survey forms distributed and 113 were returned. This represented approximately 3% of the practice's patient list and a response rate of 34%.

- 59% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 33 comment cards which were all positive about the standard of care received. Patients referred to specific members of staff and commented on how they were caring and gave them time to discuss their conditions without rushing. They also referred to how GPs took time to explain their condition and treatment necessary.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, although one expressed difficulty at getting appointments in advance.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review the process they have put in place to record actions from safety alerts to ensure it is working effectively.
- Review the system for tracking prescriptions to ensure it is working effectively
- Monitor the effectiveness of recent changes in the telephone system.
- Ensure the programme of appraisals is completed as planned.
- Continue to explore ways of establishing a patient participation group in line with contractual requirements.

# Frankley Health Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Frankley Health Centre

Frankley Health Centre is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 4,100 patients living in Rubery and surrounding areas of South Birmingham. A GMS contract is a standard nationally agreed contract used for general medical services providers.

The practice operates from a spacious single storey building with car parking available including disabled parking spaces and a ramp allowing access to the front door. There is a bell to alert staff that patients with mobility difficulties may need assistance to open the door in the foyer.

The practice population has a higher than the national average number of patients aged 5 to 15 years, and those aged 55 to 69 years. National data indicates that the area is one that experiences significant levels of deprivation. The practice population is made up of predominantly white British with approximately 10% of patients from ethnic minority groups such as Asian, Black and Eastern European.

There are two GP partners, one male and one female and the practice have recently employed a salaried female GP

for two sessions per week. The practice employ two practice nurses, a practice manager and reception manager, who are supported by a team of administrative and reception staff.

Frankley Health Centre is a teaching practice for students in the final year of training to become a doctor and which support and supervise six students per year.

The practice is open on Monday, Tuesday, Wednesday and Friday between 8.30am and 6pm and Thursday from 8.30am until 12.30pm. The surgery closes for one hour between 12.30 and 1.30pm for lunch although telephone lines remain open. Extended hours appointments are provided from 6.30pm until 7.45pm on Mondays for pre-bookable appointments only. When the surgery is closed during core hours, services are provided by South Doc and the out of hours service is provided by Primecare who can be contacted via NHS 111. Core hours are between 8am and 6.30pm.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before inspecting, 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 inspection on 14 September 2016. During our inspection we:

- Spoke with a range of staff including GPs, nurses, the practice manager and reception manager and members of the reception and administration team. We also spoke with patients who used the service.
- Observed how staff assisted and talked with patients and carers when they visited the practice during the day.
- Reviewed an anonymised sample of the treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

We saw evidence of clear significant event reporting and maintenance of accurate records. There had been 42 significant events recorded over the previous 12 months and many of these were small administrative errors. However, the practice had addressed them and implemented changes to improve their clerical systems as a result. 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 and a hard copy folder was kept by the practice manager. 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). The practice carried out a thorough analysis of the significant events. We noted that events were reported, investigated and discussed at practice meetings and we saw examples of where lessons learnt had been shared with staff. For example, the practice had reviewed its policy for vaccination storage and had also reviewed the system for checking and filing information into patients' records as a result of significant events. Staff we spoke with confirmed they were informed of the outcomes of investigation of significant events. The practice told us that they had also shared learning from significant events at the local networking meeting.

We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and offered a face to face meeting if appropriate 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 noted that whilst the practice had a system for dealing with Medicines and Healthcare products Regulatory Agency safety alerts (MHRA) they did not have a system in place to demonstrate actions taken following receipt of them. The practice manager received alerts and sent them to the GP who reviewed them and decided what actions, if any should be taken. The practice gave an

example of one recent alert but were not able to evidence consistent action as a result of receiving MHRA alerts. However, following our inspection the practice manager informed us that they had reviewed their process and introduced a system and policy for ensuring that actions from MHRA and all other alerts were dealt with appropriately and a record kept of actions. They submitted a copy of their policy to confirm this and evidence that they had revisited previous alerts to confirm these had been addressed appropriately.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff on the practice intranet. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were also laminated posters behind the reception containing contact numbers of who to contact. There was a lead GP identified for safeguarding and the GPs always provided reports where necessary for other agencies. The practice had regular meetings with the multidisciplinary team regarding patients at risk and we saw minutes of meetings to confirm this. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The nurses and GPs were trained to child protection or child safeguarding level 3. We noted that staff had also received training in domestic abuse. The practice had a flag on their computer system to alert staff to when a patient was at risk and we saw evidence of this in use.
- There were notices in the waiting areas advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. All staff who carried out chaperone duties had received a Disclosure and Barring Service (DBS) check with the exception of three staff. (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 carried out a risk

## Are services safe?

assessment and established that staff would never be left alone with patients and we saw evidence of this. However, the practice manager told us they had made a decision to carry out DBS checks on all staff in the future.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control clinical lead and had up to date training. There was an infection control protocol in place and staff had received up to date training. An annual infection control audit had been undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice used shared care protocols and we saw that they reviewed patients to ensure the appropriate blood tests and monitoring had been undertaken prior to a repeat prescription being issued. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and serial numbers of computer prescriptions were recorded, although there was no system for recording the serial numbers of hand written prescriptions. However, the practice manager contacted us following our inspection to confirm that this had been implemented. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified that the practice manager was the local health and safety representative. The practice had up to date fire risk assessments and we saw a fire drill had been carried out in August 2016. All electrical equipment had been checked in July 2016 to ensure the equipment was safe to use and clinical equipment had been checked in November 2015 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The staff covered for each other during times of planned absence and the practice manager had a plan of how all areas were covered daily.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in a specific room in the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We noted that these were checked regularly and were in date and the oxygen was full.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines were checked regularly by one of the practice nurses and the practice manager kept a log of all expiry dates on their computer. We saw that these were in date and stored securely. Each clinical room also had an emergency box containing adrenaline to deal with anaphylaxis.

## Are services safe?

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

# 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 GPs had access to online mentor guidelines and NICE guidelines and used this information to deliver care and treatment that met patients' needs. The practice had monthly networking meetings where new policies and guidelines were discussed. For example, we noted there had been discussion regarding changes in a specific heart condition and for those patients taking medicines to prevent blood clotting.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. We saw the practice had identified two patients who had been reviewed and referred appropriately as a result.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 96% of the total number of points available which was above the CCG and national average of 97% and 95% respectively. The practice overall exception reporting rate was 11% which was comparable with the CCG and national average of 9%. (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). Discussions with the practice demonstrated they exception reported patients in line with national guidance.

Data from 2015/16 showed the practice performance in some areas of long term conditions were variable. For example:

- The percentage of patients with diabetes, in whom the last blood pressure reading (measured in the preceding 12 months) was within the recommended level was 62%

compared to the CCG and national average of 78%. However, we noted that the practice had a structured approach and also used opportunistic consultations to encourage attendance for review.

- The percentage of patients with diabetes, in whom the last blood glucose result was within the recommended acceptable level was 79% which was above the CCG and national average of 77% and 78% respectively.
- 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 88% which was comparable to the CCG and national average of 91% and 88% respectively.

We noted that the practice offered more than three appointments on many occasions before exception reporting. Conversations with staff demonstrated that they also had a proactive approach and invited patients opportunistically for long term condition management and reception staff contacted patients to offer appointments by telephone when they had not attended. They also had allocated staff members for specific QOF areas.

We reviewed samples of patient records with long term conditions and found that patients had received annual review and were invited at least three times and sometimes more. We noted that medicines and treatment were appropriate and in line with current guidance.

The practice ran weekly searches and reviewed patients who had been admitted to hospital and ensured that care plans were updated. We saw evidence in the records of where a patient had required changes to their medication and repeat blood tests following admission and the practice had undertaken these actions.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years. All of these were completed audits where the improvements made were implemented and monitored. For example, we saw how actions following audit of patients with chronic kidney disease and hypertension had resulted in improvement in their blood pressure.

# Are services effective?

## (for example, treatment is effective)

- The practice participated in local audits, national benchmarking, and peer review. For example, the practice attended the local network meetings where a group of GPs from local practices within the CCG met and discussed local issues and examined referral rates.

### 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 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. The nurses had received additional training in asthma diabetes and chronic obstructive pulmonary disease.
- The nurses administered vaccines and took samples for the cervical screening programme. They had received specific training which had included an assessment of competence and had received update training in 2016. The nurses 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. One of the GPs had undergone revalidation in 2014. 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 and clinical supervision. All staff had received an appraisal in December 2014. The practice manager told us these were due to be done early in 2016 to coincide with one of the GPs' availability due to workload issues but these had fallen behind. However, they had a plan in place to complete these by the end of October 2016. We spoke with staff who told us they usually had an annual appraisal. They told us they had not experienced any difficulty at not having appraisal earlier in the year as they could go to the practice manager or any of the GPs at any time if they had any concerns or training and development needs.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. For example, the practice used special notes and 'Do not attempt cardio pulmonary resuscitation' (DNACPR) forms which they shared with the out of hours services. Patients were given a copy of their care plans to keep in their own homes. We saw an example of where a patient avoided admission due to a written care plan with alternative management advice.
- The practice reviewed their patient referrals via the 'two week wait process' where cancer was suspected to ensure the patient had been seen. We looked at a selection of letters and saw they contained the appropriate information.
- We saw the practice had a process for ensuring tests and blood results were viewed and actioned by a GP on the day they were received. The GPs covered for each other and reviewed these in the absence of the other GP and contacted patients by telephone or letter depending on the urgency.

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. Meetings took place with other health care professionals on a bi-monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

# Are services effective?

## (for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. The GPs and nurses had attended MCA training in 2014.
- 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.
- The practice carried out joint injections and no other minor surgery. They had a written consent form for these injections which we saw was appropriate. These were scanned when completed and entered into the patient's record.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support opportunistically from consultations, discharge letters or multi-disciplinary team referrals. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice provided services to two local care homes and sheltered accommodation and had put flags on the computer system to alert staff to offer support such as NHS checks or reviews.
- A drug support worker attended the practice weekly to support patients with substance misuse.
- The Citizens Advice Bureau attended the practice fortnightly to provide an opportunity for patients to seek advice and support regarding social and financial issues.

- A counsellor from the Improving Access to Psychological Therapies (IAPT) service attended the practice weekly to offer support and counselling to patients experiencing mental health problems.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake for breast screening was high, for example the percentage of females aged 50-70, screened for breast cancer within six months of invitation was 80% compared with the CCG and national averages of 70% and 73% respectively.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 95% and five year olds from 66% to 84%.

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 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients commented on staff by name and on the caring way they were treated when attending the practice.

We spoke with six patients who all told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards 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 comparable with the national and CCG averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. For example, some comment cards had mentioned how the GPs and nurses had helped them through difficult health issues, and how they were regularly contacted by the practice to monitor their long term condition. Patients commented that they did not feel rushed and the staff took time to explain their care to them. We also saw that care plans were personalised.

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% 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 translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Patients were encouraged to take their case manager or advocacy worker to their appointment if they wished to for additional support.

## Are services caring?

- Information leaflets were available for a variety of conditions such as, cervical screening, diabetes, cholesterol and smoking.

### **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. For example, regarding domestic abuse, carers direct and Alzheimer's.

The practice kept a register of carers and the computer system alerted GPs if a patient was also a carer. The practice had identified 62 patients as carers which

represented approximately 2% of the practice list. These patients were invited to attend for flu vaccine and given information regarding how to access additional support. Written information was also available to direct carers to the various avenues of support available to them.

Patients at the end of life were discussed at multi-disciplinary team meeting and special notes and care plans were used to ensure both the patient and family's needs were being met. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card if this was appropriate. The practice reviewed all deaths at the multi-disciplinary meeting to review the care provided.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was engaged in the Prime Minister's Challenge Fund which enabled patients to access an appointment with a GP or nurse in the early morning and late evening and weekends at a local hub.

- The practice offered extended hours appointments on a Monday evening until 7.45pm for working patients and those who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Nurses carried out reviews at home for housebound patients with long term conditions such as chronic obstructive pulmonary disease and those who needed a flu vaccination. Housebound patients had a flag on their record to alert staff to this.
- Appointments were available for children and any patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There was disabled access to the front door of the building but the door was not automated and a bell was available to notify staff that patients needed assistance to enter. There was a hearing loop and translation services available.
- Elderly and housebound patients were able to order repeat prescriptions over the telephone.
- Patients could book appointments at reception, online or by the telephone.
- Child immunisation clinics were held weekly and the midwife held a clinic weekly at the practice.
- There were baby changing facilities and toilets suitable for disabled access.

### Access to the service

The practice was open on Monday, Tuesday, Wednesday and Friday between 8.30am and 6pm and Thursday from 8.30am until 12.30pm. The surgery closed for one hour between 12.30 and 1.30pm for lunch although telephone lines remained open. Extended hours appointments were provided from 6.30pm until 7.45pm on Mondays for pre-bookable appointments only. When the surgery was closed during core hours, services were provided by South Doc and the out of hours service is provided by Primecare who can be contacted via NHS 111. The practice also participated in the Prime Minister's Challenge Fund which allowed patients access to a GP or nurse appointment early in the morning and late in the evening and at weekends at a local nearby location hub. Core hours were between 8am and 6.30pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 85%.
- 59% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice told us that in response to the difficulty expressed by patients at getting through on the telephone they had changed the telephone system. This meant that they still had the same number of lines but that patients were now informed and received an explanation of the wait. On the day of the inspection two patients commented that the telephone access appeared to have improved in recent months. People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

The practice manager told us of a recent alert regarding home visits and they had been able to assure themselves that they had an effective system in place. Clinical and non-clinical staff were aware of their responsibilities when

# Are services responsive to people's needs?

(for example, to feedback?)

managing requests for home visits. The reception staff told us they would always ask the GP if a patient needed to be seen to allow them to make the decision. The reception staff had also received training in stroke awareness to alert them to serious signs to be aware of when dealing with patients by phone or at the reception desk.

## 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw posters in the patient waiting area advising patients to inform the practice manager if they had concerns about the practice or wished to complain. This also invited patients to leave feedback regarding the practice.
- We saw the practice also had a suggestion box and noted that the practice manager responded to all suggestions received from patients. They kept a folder with the suggestion and there was a copy of the written

response to patients highlighting the actions the practice had taken. For example, there had been a suggestion that the chairs in the waiting area made it difficult for elderly and people with mobility problems to get up from the chair. As a result the practice had purchased some chairs with arms to enable this. We also saw examples where the practice had responded to patients queries and suggestions where the concern was not the responsibility of the practice. The practice had signposted the patients appropriately in writing.

We looked at two complaints received in the last 12 months and found they had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, an issue was raised regarding confidentiality at reception. The practice addressed this and turned the seating in the waiting area away from reception. A sign was placed in reception offering a separate room to discuss private issues and a barrier was placed in reception requesting patients to remain back from the reception desk.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients and staff knew and understood the practice values and their responsibilities in achieving these.

The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. One of the practice main aims was to continue to monitor and improve patient access and the booking system.

### Governance arrangements

There were two GPs in the practice who shared the responsibility for the delivery of the strategy and good quality care. The GPs ensured that there were procedures in place that:

- Provided a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We saw these were available in both hard copy and on the intranet.
- A comprehensive understanding of the performance of the practice was maintained and the practice met with the local networking group to engage to share good practice and evidence of improved outcomes.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were satisfactory arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

Discussions with the GPs 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 and we saw evidence of this from the systems in place, discussions with staff and comments from patients. Staff told us the partners were approachable and always took the time to listen to all members of staff. The practice had a long serving, stable workforce who expressed satisfaction

with working at the practice and demonstrated a commitment to delivering patient centred care. The staff knew the patients well and told us they contacted patients who did not attend if they considered it unusual behaviour.

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

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

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

- Staff told us the practice held regular team meetings every three months for administration and reception staff. Clinical meetings were held weekly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice manager told us they did have a patient participation group some time ago but this had disbanded as patients left. They had advertised and encouraged patients to join a group but had not been successful in recruiting members. However, we saw evidence that the practice encouraged and valued feedback from patients, the public and staff. The practice had posters in the waiting areas inviting any suggestions for improvement as well as a suggestion box in reception. The practice website provided an opportunity for patients to sign up to form a patient

## Are services well-led?

Good 

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

participation group. We noted that the practice manager kept a folder containing all suggestions received and we saw copies of responses to all suggestions received from patients. The practice acknowledged and addressed patients views and opinions as we saw actions had been taken to address their concerns. For example, elderly patients had concerns because they could no longer access some community services at the practice. Although this was not facilitated by the practice, the practice manager had investigated the appropriate person to deal with this and written to the patient with the information required.

The practice had carried out their own survey in March 2016 and addressed the appointment system as a result of patient feedback through this. The practice had gathered feedback from staff generally through staff meetings, daily discussions and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.