

# Dr BS Jassal's Practice

## 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 previously carried out an announced comprehensive inspection at Dr BS Jassal's Practice on 22 September 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Dr BS Jassal's Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This comprehensive follow up inspection was undertaken on 20 June 2017. We found that improvements had been made since the previous inspection and the practice was meeting all regulations. Overall the practice is now rated as good.

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

- There was a positive, transparent approach to safety and an effective system in place for reporting, recording and learning from significant events and other incidents. Staff were aware of the duty of candour.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained and had the skills, knowledge and experience to deliver effective care and treatment.
- The practice carried out clinical audit to identify areas for improvement and acted on the findings.
- The practice had systems in place for multidisciplinary working for example to support care planning and palliative care.
- The feedback we received from patients was positive and this was consistent with other sources of feedback such as the NHS Friends and family test.
- 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.
- Patient feedback was positive about access to the service. The practice was planning to make further improvements following an audit of the appointment system. Urgent appointments were available the same day.
- The practice was responsive to the needs of its patients, for example, the needs of students who formed 80% of the patient list.

# Summary of findings

- The practice had a clear leadership structure and staff said they were supported by management. The practice proactively sought feedback from staff and patients which it acted on.

The areas where the provider should make improvement are:

- The practice should continue to actively identify patients who are carers to ensure their needs are met.

**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



- The practice had an effective system for reporting and recording significant events. Lessons were shared and action was taken to improve safety in the practice.
- When things went wrong patients were informed, given an explanation and a written apology. Patients were told about any actions to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements in place to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable with the national average for most performance indicators.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Patient feedback suggested that patients rated the practice positively and the practice's results were comparable to others for several aspects of care.
- Patients participating in the inspection commented about being treated with compassion and kindness.
- Information for patients about the services available was accessible.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had negotiated the provision of on-site physiotherapy with the local acute trust given the relatively high incidence of sports-related injuries in the practice population.
- The practice had a relatively small number of patients with life-limiting conditions including dementia. It took account of these patients' needs and preferences and involved their carers and family members as appropriate.
- The practice was taking account of patient feedback about access to the service and was changing its appointment system in response.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from one example reviewed showed the practice had responded quickly to the issues raised. Learning from complaints was shared with the wider practice team.

Good



## Are services well-led?

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

- The practice partners articulated a clear vision and had developed a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity and held regular governance meetings. Governance included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour and we saw evidence the practice complied with these requirements. The partners encouraged a culture of openness and honesty.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice was developing a patient participation group.
- There was a focus on continuous learning and improvement at all levels.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.
- The practice had fully addressed the issues we raised at the previous inspection.

# 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 had 127 patients over the age of 75. The practice offered proactive, personalised care through care planning to maintain the independence of the older people in its population and meet their needs. Completed care plans were given to the patient, with the surgery's bypass number and the named accountable GP clearly marked on the front page.
- The practice had access to a dedicated worker known as a primary care navigator who liaised with local agencies to address social isolation and signpost patients to local services and activities.
- The practice accessed the local Care Continuity Team to work with patients at increased risk of unplanned admissions.
- The practice was responsive to the needs of older people. It carried out annual health reviews, home visits and offered urgent appointments for patients with enhanced needs as required.
- The practice called eligible older patients for the shingles, influenza and pneumococcal vaccinations.

### People with long term conditions

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

Good



- The prevalence of long-term conditions such as coronary heart disease (CHD), chronic obstructive pulmonary disease (COPD) and diabetes was low. This was unsurprising due to the high number of students (a relatively healthy population) registered with the practice.
- The practice maintained registers of patients with long term conditions. There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. The GPs and practice nurse had roles in long term disease management and had taken additional training where relevant.
- Patients on the long term conditions registers had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the

# Summary of findings

most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care which included referral to structured educational programmes.

- The practice offered in house spirometry. All patients diagnosed with asthma and COPD were issued with personal management plans. Rescue packs were issued for patients with COPD. All patients with COPD were encouraged to attend a pulmonary rehabilitation course.
- Published practice performance on the management of diabetes had improved since our previous inspection and this was now comparable to local and national averages.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

## 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 or who were at risk, for example, children and young people who had a high number of A&E attendances and girls at potential risk of female genital mutilation.
- The practice had achieved over 90%, for all standard childhood immunisations and booster vaccinations in 2016/17.
- Appointments were available outside of school hours and the premises were suitable for children and babies for example, with baby changing facilities.
- The practice worked with midwives, health visitors and school nurses to support this population group. The practice offered antenatal and postnatal care.
- The practice had emergency processes to prioritise acutely ill children, young people and for patients experiencing acute pregnancy complications.

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).

Good





# Summary of findings

- Around 80% of registered patients were 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.
- Face to face consultations were available between 9am and 6pm which was convenient for students and university staff registered with the practice. The practice also offered telephone appointments and online booking and prescription services and was about to implement an online registration service for students from September 2018.
- The practice offered accessible sexual health services for example, the contraceptive implant was available during university terms.
- The practice's uptake for the cervical screening programme was 46% in 2015/16 which was significantly below the CCG average of 77% and the national average of 81%. Unverified data for 2017/18 showed significant improvement.
- We saw evidence that the practice was proactive in encouraging uptake through a poster campaign and information on the practice website. The practice told us that alerts were added to patient records and the benefits of screening were discussed opportunistically when patients attended the practice.
- The practice was offered a full range of health promotion and screening services reflecting the needs for this age group. For example the practice offered NHS health checks for 40-74 year olds; chlamydia and gonorrhoea testing; tuberculosis and HIV screening for at risk patients and catch up MMR and meningitis vaccinations.
- The practice liaised with the university counselling service and disability and dyslexia support services.

## 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 had carried out an audit of health checks for patients with learning disability and was improving its call-recall system to ensure that all these patients were invited for a regular health check.
- The practice offered longer appointments for patients with a learning disability and supported the 'Patient passport' scheme which included information for health professionals (for example about how the patient liked to communicate).

Good



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed these patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They understood the particular difficulties and challenges sometimes experience by students. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice only rarely cared for patients who required end of life care. The GPs demonstrated they were aware of and had worked with other professionals and agencies to deliver coordinated care which took into account patients' (and their carers') wishes at the end of life.

## 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).

- The practice had identified mental health as a priority for their patient population and had effective systems in place to respond to patients in crisis.
- Performance for mental health related indicators was comparable to the national average. For example, in 2015/16, the percentage of patients with a diagnosed psychosis who had a documented care plan in their records was 83% (national average 88%).
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice specifically considered the physical health needs of patients with poor mental health and invited patients for an annual health check.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health. Members of the local community mental health team attended the practice to provide on-going support and counselling to patients.
- The practice had systems in place to follow up patients who had attended accident and emergency or a hospital admission where they may have been experiencing poor mental health.

Good



# Summary of findings

- Patients at risk of dementia were identified and offered an assessment. In 2015/16, nine out of the ten patients diagnosed with dementia had received a face-to-face review (the national average was 84%).
- The practice had information available for patients experiencing mental distress about how they could access various support groups, voluntary organisations and counselling.

# 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 tended to perform in line with local and national averages. For this survey 371 questionnaires were distributed and only 32 were returned. This represented 0.3% of the practice patient list and a response rate of 9%. The low number of responses should be taken into account when viewing these results.

- 59% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 79% and the national average of 85%.
- 74% of patients would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 72% and the national average of 80%.
- 66% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 85% of patients described the receptionists at this surgery helpful compared with the CCG average of 83% and the national average of 87%.

- 83% of patients had confidence and trust in the last GP they saw or spoke to compared with the CCG average of 87% and the national average of 92%.

The practice encouraged patients visiting the practice to complete the NHS Friend and Family test (feedback survey). The results over the last seven months showed that 90% of 279 participating patients would be likely or extremely likely to recommend the practice to others.

As part of our inspection we asked for CQC comment cards to be completed by patients in the days before the inspection. We received 32 comment cards, all but two of which were wholly positive about the service.

Patients participating in the inspection commented that the practice provided a friendly and helpful service in a safe, hygienic environment. The receptionists were described positively, for example patients told us they were helpful when they needed an urgent appointment. Patients consistently said that the GPs and nurses listened and provided compassionate, patient-centred care. One patient commented that they sometimes felt rushed but this view did not seem to be widely shared.

## Areas for improvement

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

The practice should continue to actively identify patients who are carers to ensure their needs are met.

# Dr BS Jassal's Practice

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

## Background to Dr BS Jassal's Practice

Dr BS Jassal's Practice, also known as Brunel University Medical Centre, is located on the campus of Brunel University. The practice provides NHS primary medical services through a General Medical Services (GMS) contract to around 10,150 patients, around 80% of whom are students. The annual turnover of patients joining and leaving the practice is high with around 2000 students registering each year.

The practice operates from a purpose built, two-storey medical centre with access to three consulting rooms on the ground floor and two consulting rooms on the first floor which are accessed by stairs. The building is owned and maintained by the university.

The practice has a much larger than average proportion of young adults on its patient list, particularly in the age ranges 15-19, 20-24 and 25-29. The practice conversely has a small number of patients over the age of 75 years (1.4% of its practice population).

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder or injury; maternity and midwifery and family planning.

The current practice staff team comprises three GP partners (male and female) and one regular locum GP during term time. The practice typically offers around 29 clinical sessions per week. The practice also employs a healthcare assistant, a practice manager and a team of reception and administrative staff and had secured locum practice nurses to cover current vacancies.

The practice is open from 8:30am to 6:30pm Monday to Friday with face to face consultations available between 9am and 6pm. When the practice is closed, patients are directed to local primary care hub services (open weekday evenings and weekends) or the out of hours service as appropriate. The practice also provides information about local out of hours and emergency services on its website, a recorded telephone message and practice leaflet.

The practice provides a range of services including childhood immunisations, antenatal and postnatal care, chronic disease management, sexual health, cervical screening and travel advice and immunisations. Since our previous inspection, the practice has also started offering physiotherapy sessions at the practice.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr BS Jassal's Practice on 22 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. As a result of that inspection, we rated the practice as requires improvement overall. In particular we rated the practice as:

- requires improvement for providing safe, effective and well led services
- good for providing caring and responsive services

# Detailed findings

Following the publication of the inspection report, we issued requirement notices against Regulation 12 Safe care and treatment; and, Regulation 17 Good governance. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Dr BS Jassal's Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Dr BS Jassal's Practice on 20 June 2017. This inspection was carried out to assess whether improvements had been made and to update our ratings of the practice.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England and the clinical commissioning group to share what they knew.

We carried out an announced visit on 20 June 2017. During our visit we:

- Spoke with a range of staff (including the GP partners, the practice manager, the healthcare assistant and reception staff) we also spoke with the pharmacist and the attached physiotherapist.
- Reviewed 32 comment cards where patients shared their views and experiences of the service.
- Reviewed a sample of the personal care or treatment records of patients. We needed to do this to check how the practice carried out care planning for patients with longer term conditions.

- Inspected the facilities, equipment and premises.
- Reviewed documentary evidence, for example practice policies; written protocols and guidelines; audit reports; patient complaint files; meeting notes; and monitoring checks.

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

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

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

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

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

# Are services safe?

## Our findings

At our previous inspection on 22 September 2016, we rated the practice as requires improvement for providing safe services. This was because:

- The practice could not demonstrate how learning from safety incidents was shared with the whole practice team.
- There were gaps in staff training, for example on safeguarding vulnerable adults.
- The practice could not demonstrate that its recruitment procedures were sufficiently thorough.
- The practice did not have a reliable mechanism to ensure that patients prescribed high risk medicines were reviewed in line with guidelines.

The practice had taken action to improve safety in all of these areas when we undertook our follow up inspection on 20 June 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

- The practice had implemented a consistent system for reporting and recording significant events with a standard electronic reporting template.
- Staff told us they would inform the GP partners or manager of incidents or significant events. All incidents were recorded electronically for further review and investigation.
- The practice reporting systems 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 was able to provide examples, for example, the practice had immediately contacted a patient following a medication error with an explanation and apology.
- Practice policy and the senior staff members we spoke with were clear that when things went wrong, patients should be informed as soon as reasonably practicable, receive reasonable support, truthful information, a written apology and be informed about any actions to prevent the same thing happening again.
- The practice provided evidence that significant events and incidents had led to a change in practice. For example, the practice implemented improved risk

assessment and support mechanisms for students with mental health problems or learning disabilities living away from home for the first time following a significant event.

- The practice carried out a thorough analysis of significant events including root cause analysis when warranted. It also maintained a summary log which it reviewed annually to identify any trends.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We saw evidence of communication with patients and where appropriate with their families.
- The GPs individually received national safety alerts, for example alerts about medicines and medical devices. The practice kept a record of relevant safety alerts on file and since our previous inspection, had implemented a new system to monitor and sign off the response to alerts that affected the practice's patients.

### Overview of safety systems and process

The practice had clearly defined systems, processes and practices in place to minimise risks to patient safety. This was an area of improvement since our previous inspection.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had assigned lead GPs for safeguarding vulnerable adults and children. The practice's records showed that the GPs provided reports promptly where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and the practice nurse (regular locum) were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had now received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).



## Are services safe?

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- One of the GP partners was the infection prevention and control lead who took overall responsibility and produced an annual infection control statement for the practice in line with the NHS code of practice.
- There was an infection prevention and control policy and related procedures, for example including hand washing, safe handling of sharps, waste disposal and practice cleaning schedules. The practice carried out an annual infection prevention and control audit, sharps handling and waste management and action had been taken to address issues identified as a result.

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

- The practice worked closely with the neighbouring pharmacist on the university campus to provide evidence based and cost effective prescribing.
- The practice had processes in place for handling repeat prescriptions and had improved systems for monitoring high risk medicines. The practice adhered to guidelines when prescribing controlled medicines.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. Since our previous inspection the practice had implemented new procedures to monitor patients prescribed warfarin on a monthly basis. Patients newly prescribed a high risk medicine were routinely booked for a follow-up appointment at the same time.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams to ensure prescribing was in line with best practice guidelines. Recent examples included audits of high cost inhalers and reviews of the 20 patients with the highest prescribing costs.
- Blank prescription stationery was securely stored and there were systems to monitor use. Patient group directions had been adopted by the practice to allow the locum practice nurse to administer medicines in line

with legislation. The doctors generated patient specific directions allowing the health care assistant to administer flu and shingles vaccinations and vitamin B12 injections.

We reviewed the personnel files for one staff member recruited since our previous inspection and one existing member of staff. We found appropriate recruitment checks had been undertaken prior to employment and were well documented. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body (for health professionals) and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety. This was an area of improvement since our previous inspection.

- The practice had an up to date health and safety policy.
- The practice had an up to date fire risk assessment and carried out periodic fire drills in line with the fire evacuation plan.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a type of bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice had secured a locum practice nurse to cover a vacancy.

### Arrangements to deal with emergencies and major incidents

The practice had 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.



## Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and child masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, NHS and commissioning agencies, suppliers and utility companies.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 22 September 2016, we rated the practice as requires improvement for providing effective services. This was because there were gaps in the mandatory training received by staff and some staff members had not received an appraisal in the last 12 months.

These arrangements had significantly improved when we undertook a follow up inspection on 20 June 2017. The practice is now rated as good for providing effective services.

### Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, case reviews, a programme of clinical audit and team discussion.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), performance against national screening programmes and clinical audit to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). In 2015/16 (the most recent published results), the practice achieved 85.5% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95.3%.

Practice exception rate reporting on the QOF for clinical indicators was 8% which was comparable to the CCG average of 8% and national average of 10%. (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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, 72% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG and the national averages of 75% and 78% respectively. The practice exception reporting rate was 9% for this indicator which was below the national rate of 13%.
- Performance for mental health related indicators was comparable to the national average. For example, in 2015/16, the percentage of patients with a diagnosed psychosis who had a documented care plan in their records was 83% (national average 88%). The practice exception reporting rate was 12% for this indicator which was comparable to the national rate of 13%. The practice had recorded patients' alcohol consumption in 96% of cases which was comparable with the national average of 89%.
- Patients at risk of dementia were identified and offered an assessment. In 2015/16, nine out of the ten patients diagnosed with dementia had received a face-to-face review (the national average was 84%).

The practice had developed a programme of quality improvement work including clinical audit since our previous inspection.

- Clinical audits had been prompted by changes to guidelines, significant events, contractual requirements, variations in performance and local prescribing priorities. The practice participated in locality based audits, national benchmarking and regularly liaised with the local NHS prescribing team.
- The practice provided us with audits on warfarin management; unwanted pregnancy; health checks for patients with a learning disability; the practice appointment system and suicide prevention all of which had been carried out since our previous inspection visit. We also saw a number of other examples of audits in progress and quality improvement work. The practice had evidence of completed audit cycles, that is, where the audit has been repeated to ensure that observed improvements have been sustained.
- For example, the practice had audited the records of all patients who had committed suicide between 2005 and 2016. The investigating GP also updated their learning on suicide prevention strategies in primary care and

# Are services effective?

## (for example, treatment is effective)

shared this with the practice team. The results of the initial audit showed that the practice had not proactively identified patients as high risk and it was unclear from the patient records if suicide or self harm had been discussed in any preceding consultations. The second audit covered 30 patients prescribed antidepressants. The results showed that the GPs had instigated a discussion about suicidal thoughts or self harm in the majority of cases (60%) and two patients had been identified as high risk and appropriate protective measures put in place. The audit showed improvement but the practice viewed this as an area for continued focus.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff had access to and made use of e-learning training modules and in-house training or external training opportunities as appropriate.

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality.
- All staff had received mandatory training as identified by the practice. For example, safeguarding, infection control, fire awareness and information governance.
- We saw evidence of role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions had undertaken update training in asthma and diabetes and those administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could stayed up to date with changes to the immunisation programmes, for example by access to on line resources. The practice was a yellow fever vaccine centre and we saw evidence of up-to-date training and registration.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

### 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 or following discharge. The practice liaised with the university, mental health team, health visitors, community nurses and the local palliative care team to coordinate care and share information.
- The practice used an IT interface system (GP2GP) which enabled patients' electronic health records to be transferred directly and securely between GP practices. This means that GPs will usually have full and detailed medical records available to them for a new patient's first consultation.
- Meetings took place with other health care professionals on a quarterly basis or as needed when care plans were reviewed and updated for patients with complex needs.
- The practice shared information about patients with complex needs or who were vulnerable due to their circumstances. This ensured that other services such as the ambulance and out of hours services were updated with key information in the event of an emergency or other unplanned contact.
- The local community pharmacist told us they enjoyed good communication with the practice and were able to coordinate services, for example in delivering the electronic prescription service and in relation to providing accessible and quick testing and treatment for chlamydia.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

# Are services effective?

## (for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and recorded the outcome of the assessment.
- The practice used written consent forms for certain patient procedures including insertion and removal of sub-dermal implants.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- The practice accessed the CCG integrated care programme (ICP) developed to enable adults over the age of 65 who have one or more long-term health conditions, including those who may feel isolated, to live healthy, fulfilling and independent lives.
- The practice utilised the CCG's Rapid Response Service (a single point of contact for adult patients experiencing a health crisis who could be safely cared for in the community instead of being admitted to hospital).
- A primary care navigator was attached to the practice. This worker supported patients to maintain independence and signpost them to local services and activities for example to reduce social isolation.

Patient uptake for the cervical screening programme was 46% in 2015/16 which was significantly below the CCG average of 77% and the national average of 81%. The practice faced particular challenges in having a high turnover of registered patients annually. We were told that students often preferred to decline the test until they became sexually active. Practice policy was not to exception report these cases to facilitate ongoing monitoring. Exception rate reporting in 2015/16 was 4% compared to the CCG average of 7%.

The practice told us they had been working hard to improve cervical screening uptake by opportunistically

encouraging patients when they attended the practice, running information campaigns and providing a range of information materials about the benefits of the screening test. Unverified QOF data for 2017/18 showed significant improvement with the uptake rate increasing to over 70%.

The practice ensured a female sample taker was available. Two written reminders were sent to patients who did not attend for their cervical screening test followed by a telephone call. The practice had resources to help explain the screening test and what was involved for patients with learning disabilities.

There was a system in place to check cervical screening results had been received and to follow up any delayed or missing results. The practice also checked that women who were referred for further investigation attended their appointment.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. In 2015/16, 75% of eligible female patients had attended breast screening compared with the CCG average of 69% and 57% of eligible patients had been screened for bowel cancer compared with the CCG average of 50%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Performance was in line with expectations. For example the practice was meeting the national 90% target for all standard childhood vaccines offered to children by the age of two and the booster vaccinations offered to five year olds.

Patients had access to appropriate health assessments and checks. These included targeted health checks for new patients and NHS health checks for patients aged 40–74. The staff carrying out health checks were clear about risk factors requiring further follow up by a GP.

Information screens ran educational and health-related topics in the waiting room.

# Are services caring?

## Our findings

At our previous inspection on 22 September 2016, we rated the practice as good for providing caring services.

### Kindness, dignity, respect and compassion

During this inspection we observed that members of staff were kind and 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

As part of our inspection we asked for CQC comment cards to be completed by patients in the days before the inspection. We received 32 comment cards, all but two of which were wholly positive about the service.

Patients participating in the inspection commented that the practice provided a friendly and helpful service. Patients consistently said that the GPs and nurses listened and provided compassionate, patient-centred care. Examples cited by patients included advice in caring for a new baby, and support in managing anxiety. One patient commented that they sometimes felt rushed.

The national GP patient survey results showed the practice performance was variable when compared with local and national averages. (The response rate was low and the views represented only 0.3% of the practice list however). For example:

- 83% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 87% and the national average of 92%
- 57% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.

- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 85% of patients said they found the receptionists at the practice helpful compared with the CCG average of 80% and the national average of 87%.

The practice encouraged patients visiting the practice to complete the NHS Friend and Family test (feedback survey). The results over the last seven months showed that 90% of 279 participating patients would be likely or extremely likely to recommend the practice to others.

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

Patients commented that they were involved in decision making about the care and treatment they received. They told us they felt listened to and supported by staff. The practice participated in care planning and the care plans we viewed were personalised.

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

Results from the national GP patient survey showed that the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results tended to be below local and national averages but these differences were not statistically significant due to the low response rate. For example:

- 64% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.

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. There were notices in the reception explaining this.
- Several members of the practice staff spoke other languages, for example Urdu and Punjabi.
- One member of staff was trained in sign language.
- The practice had some leaflets available in larger print.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website including counselling and disability and dyslexia support services.

The practice's computer system alerted GPs if a patient was also a carer. As a practice with a predominantly young and able population, the practice had identified few patients

(eight) who were carers, that is, 0.1% of the practice list. Written information was available to direct carers to the various avenues of support available to them and the practice aimed to be flexible with appointments for carers. The practice also referred carers to the primary care navigator for further guidance and support.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 22 September 2016, we rated the practice as good for providing responsive services.

### Responding to and meeting people's needs

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

- The practice understood the needs of students and younger adults. For example, it provided a full range of contraceptive services including sub-dermal implants and offered catch up immunisations. The practice had negotiated the provision of on-site physiotherapy with the local acute trust due to the relatively high incidence of sports-related injuries in the practice population.
- The practice offered extended hours during on Tuesday from 6.30pm to 8pm and Wednesday 6.30pm to 8pm and Thursday 7am to 8am and 6.30pm to 7.30pm.
- There were longer appointments available for patients with a learning disability or more complex health problems.
- The practice was introducing more pre-bookable appointments with the aim of reducing pressure on consultation times which sometimes occurred during in walk-in sessions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, if patients attended with mobility difficulties, the staff moved rooms if necessary to carry out the consultation on the ground floor.

### Access to the service

The practice opened from 8:30am to 6:30pm Monday to Friday with face to face consultations available between 9am and 6pm. When the practice was closed, patients were directed to local primary care hub services (open weekday evenings and weekends) or the out of hours service as appropriate. In addition to pre-bookable appointments, urgent and walk-in appointments were also available.

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

- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 97% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 72% and the national average of 76%.
- 93% of patients said their last appointment was convenient compared with the CCG average of 89% and the national average of 92%.
- 66% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 53% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%.

Patients participating in the inspection commented that they were able to get appointments when they needed them.

The practice had a system to assess:

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

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

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Add examples e.g. posters displayed, summary leaflet available etc.

We looked at one complaint received in the last 12 months and found this had been handled promptly in line with the practice policy and stated timescales. Lessons were learned from individual concerns and complaints and also from analysis of trends and action. The practice had carried out an audit of the appointment and walk-in system following patient feedback and was planning to introduce a fully pre-bookable appointment system from September 2017 as a result.



# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 22 September 2016, we rated the practice as requires improvement for providing well-led services. This was because the practice lacked a formal strategy to achieve its objectives; it had not fully acted on issues raised at its previous inspection; a number of policies were out of date and the practice was not always acting in line with its policies for example, in relation to recruitment checks and staff appraisals. We were concerned that there were insufficient opportunities for all practice staff to meet.

### Vision and strategy

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

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

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and members of staff with lead roles and responsibilities and ensured that:

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities.
- Practice specific policies had been reviewed and updated where appropriate. These were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. Six weekly practice meetings had been introduced which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- We saw evidence from minutes of meetings that demonstrated shared learning for example, following significant events and complaints.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

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

- The practice held and minuted meetings including practice meetings and multi-disciplinary meetings with district nurses and social workers to monitor vulnerable patients.
- Staff confirmed the practice held regular team meetings.
- Staff told us the partners and practice manager were approachable and always took the time to listen to all members of staff. Staff told us there was an open culture within the practice and they had opportunities to raise any issues and felt confident in doing so. Minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported by their managers and colleagues. Staff were involved in discussions about how to run and develop the practice, for example the planned changes to the appointment system.

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

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

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

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

# Are services well-led?

Good 

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

- patients through audits, feedback surveys and complaints. The practice was in the process of establishing a patient participation group (PPG). The PPG was about to meet for the first time. The agenda included discussion about the scope of the group and how it could contribute to the practice.
- staff through staff meetings, appraisals and informal discussion. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and participated in local improvement schemes to improve outcomes for patients in the area and actively sought improvements where it had identified benefits, for example on site physiotherapy.

The practice was becoming increasingly focused on offering training opportunities. It had recently offered a fixed term training placement to a trainee pharmacist to support its quality improvement work.

The practice had fully addressed the issues we raised at our previous inspection on 22 September.