

# Birstall Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Birstall Medical Centre was first inspected on 21 and 29 May 2015 when the practice was rated as 'inadequate'. The practice was placed into Special Measures in September 2015 and required to make significant improvements. An announced follow-up inspection was carried out on 15 March 2016 and we found the practice had made improvements across all five domains of safe, effective, caring, responsive and well led and was rated as 'requires improvement'.

The practice submitted an action plan detailing how they would meet the regulations governing providers of health and social care and we carried out a further announced follow-up inspection at Birstall Medical Centre on 17 August 2016.

At our inspection, we found the practice had made improvements across all five domains of safe, effective, caring, responsive and well led. Overall the practice is rated as good.

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

- There was a system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- Appropriate checks were carried out before staff started employment, however there was no process to ensure nursing staff and GPs renewed their registration with the relevant professional body on an annual basis.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and had access to relevant training.
- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. The practice were aware of this and were working with the patient participation group.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- 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.
- The practice had a vision and clear objectives to deliver quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

- 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 sought feedback from staff and patients, which it acted on. The patient participation group was active.

The areas where the provider should make improvement are:

- To review the system in place to ensure nursing staff and GPs renew their registration with the relevant professional body.

**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 a system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Appropriate checks were carried out before staff started employment, however there was no process to ensure nursing staff and GPs renewed their registration with the relevant professional body on an annual basis.
- Risks to patients were assessed and well managed.
- The practice had a comprehensive business continuity plan in place.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and had access to relevant training.
- 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.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. The practice were aware of this and were working with the patient participation group.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- 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.

## 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 NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

**Good**



- The practice had a vision and clear objectives to deliver 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 a number of policies and procedures to govern activity and held regular governance meetings.
- 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 sought feedback from staff and patients, which it acted on. The patient participation group was active.

# 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.
- Those patients identified as high risk had a care plan in place and the practice worked with other health and social care professionals to ensure their needs were met.
- Patients over 75 and requiring an urgent home visit were referred to the Acute Visiting Service (AVS).

### People with long term conditions

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

Good



- Patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators, for example monitoring of blood sugar levels, was better compared to the national average. 89% compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- Patients with a new diagnosis of diabetes were offered a longer appointment.
- Patients had a named GP and this was identified on the patient record system.
- An annual review was carried out to check patients' health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Good



# Summary of findings

- 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.
- 72% of patients diagnosed with asthma had an asthma review in the last 12 months. This was comparable to the national average of 75%.
- The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided facilities for baby changing and mothers wishing to breastfeed.
- The practice provided a room for antenatal visits so pregnant women could be seen at the surgery.

## **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 offering late appointments to see a GP.
- The practice offered online services to book appointments and request repeat prescriptions, as well as a full range of health promotion and screening that reflected the needs for this age group.
- NHS Health Checks were offered to patients, which were repeated every five years.
- Telephone triage was offered to patients to minimise the need for patients to attend the practice.

Good



## **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 homeless people and those with a learning disability.

Good



# Summary of findings

- The practice offered longer appointments for patients with a learning disability, as well as an annual health check.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people and had improved the vulnerable patient register to ensure the correct health and social care professionals were involved in the patients care.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. However, administrative staff were unaware of relevant agencies that would need to be contacted if they had a safeguarding concern.
- The practice had a named safeguarding lead.

## 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).

- 100% of patients with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 88%.
- 85% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- The practice referred patients to support groups including community mental health teams.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- 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 those living with dementia.

Good





# 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 lower than local and national averages. 273 survey forms were distributed and 108 were returned. This represented 1.0% of the practice's patient list.

- 58% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% 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%.
- 65% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 50% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

During the inspection, the practice had access to the results published in January 2016 which had showed some improvement since the results published in July 2015. However, the July 2016 results show some decreases in results compared to local and national averages. The practice had already taken action regarding the results published in January 2016 working with the patient participation group to improve patient satisfaction.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 21 comment cards which were all positive about the standard of care received.

## Areas for improvement

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

The areas where the provider should make improvement are:

- To review the system in place to ensure nursing staff and GPs renew their registration with the relevant professional body.

# Birstall Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Birstall Medical Centre

Birstall Medical Centre provides primary medical services to approximately 7,500 patients from two sites, Birstall Medical Centre and Border Drive Surgery, Leicester. The two sites share a common patient list. We inspected Birstall Medical Centre only.

The practice has two GP partners and three salaried GPs. The nursing team consists of a nurse, advanced nurse practitioner and two healthcare assistants. They are supported by two Practice Managers and reception and administrative staff.

West Leicestershire Clinical Commissioning Group (WLCCG) commission the practice's services.

Border Drive Surgery is located in Mowmacre Hill which is a relatively less affluent area compared to Birstall. The practice is located in a converted house. Birstall Medical Centre is located in a purpose-built two-storey building. All patients' facilities are located on the ground floor at both sites.

Birstall Medical Centre is open between 8am and 6.30pm Monday to Friday. Border Drive Surgery is open between 8.30am to 6pm Monday to Wednesday and Friday, it is open

from 8.30am to 1pm on Thursdays. GP consultations are available between 8.30am and 11.30am. In the afternoon, consultations start at either 2pm or 3pm and usually finish at 5.30pm.

Patients can access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest urgent care centres, as well as accident and emergency departments.

## 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 function. In May 2015, the practice had been rated as Inadequate and was placed into Special Measures in September 2015.

Being placed into Special Measures represents a decision by the Care Quality Commission (CQC) that a service has to improve within six months to avoid CQC taking steps to cancel the providers' registration.

A further inspection was carried out in March 2016 and the practice was taken out of special measures in May 2016. Although further improvements were still required.

This inspection was carried out to consider whether sufficient improvements have been made and to identify if the provider is now meeting legal requirements and associated regulations.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 August 2016. During our visit we:

- Spoke with a range of staff including GPs, advanced nurse practitioner, nurses, pharmacist, practice management and reception and administrative staff.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed the action plan submitted by the practice evidencing how improvements were going to be made.

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

Following our inspection in March 2016, the practice was rated as 'requires improvement' for the provision of safe care and treatment and was required to make improvements.

In March 2016, the practice acknowledged and had plans in place to improve staff awareness regarding the definition of a significant event. Administrative staff were unaware of local requirements in relation to safeguarding and the practice safeguarding policies did not outline the local requirements or contacts. Not all administrative staff had received safeguarding training relevant to their role or basic life support training. Not all staff with chaperone responsibilities had a Disclosure and Barring Service (DBS) check. The arrangements for managing medicines did not always keep people safe; this included the safe storage of prescriptions and monitoring of uncollected repeat prescriptions. Appropriate recruitment checks were not always carried out before employment and there was no system in place to ensure annual checks on professional registrations, where required, were carried out. The practice had not carried out a risk assessment in relation to control of substances hazardous to health (COSHH).

### Safe track record and learning

There was a system in place for reporting and recording significant events and the practice had implemented a new policy regarding significant events had been implemented and discussed with all staff members.

- Staff told us they would report any incidents through the practice incident reporting system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice carried out a thorough analysis of the significant events and staff were able to reflect on recent significant events and any lessons learned as a result.
- When there were unintended or unexpected safety incidents, patients were offered a meeting to discuss the incident and any actions to improve processes to prevent the same thing happening again. Patient also received a verbal or written apology.

Safety alerts was a standing agenda item for discussion at clinical meetings and action was taken as necessary. GPs also told us if a patients' medication was changed as a result of a Medicines and Healthcare product Regulatory Agency (MHRA) alert, a copy of the alert would be given to the patient with a full explanation as to why their medication was being changed.

### Overview of safety systems and processes

The practice had 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, which reflected relevant legislation and local requirements. Policies were accessible to all staff and outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and all staff had received training on safeguarding children and vulnerable adults relevant to their role and were knowledgeable about their roles and responsibilities. The practice held internal safeguarding meetings, which health visitors were invited to. However, we noted that health visitors did not attend. To ensure communication was maintained, the medical secretary contacted the health visitor on a monthly basis and the school nurse for any known patients who were on a protection plan.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were 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,

## Are services safe?

recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. There was also a system in place to ensure any prescriptions not collected were reviewed by a GP. The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files for staff members that had started at the practice since our last inspection and found appropriate recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, the practice did not have a system in place to check staff members renewed their professional registration with the relevant professional body on an annual basis.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out

regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) 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 the different staffing groups to ensure enough staff were on duty. Administration staff covered planned or unplanned leave.

### 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

Following our inspection in March 2016, the practice was rated as 'requires improvement' for the provision of effective care and treatment.

In March 2016, the practice had identified coding errors, which did not reflect relevant treatment and tests had been carried out. The practice had reviewed and identified gaps in training needs for staff to ensure they had the right skills, knowledge and experience to deliver effective care and treatment and there was no active supervision for locum GPs working at the practice.

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to 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 and random sample checks of patient records.
- The practice used locally led care plans and templates to assist with patient care in line with best practice.
- The practice used a local formulary regarding prescribing guidelines to ensure they adhered to best practice.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.5% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators, for example monitoring of blood sugar levels, was better compared to the national average. 89% compared to the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the national average. 82% compared to the national average of 84%.
- Performance for mental health related indicators was better compared to the national average. For example, 100% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 88%. 85% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%.

During the inspection in March 2016, the practice had demonstrated that there had been coding issues on the computer system when tests had been carried out. This reflected in national exception reporting data. (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). The practice worked with GPs and nursing staff to ensure all tests were correctly coded and recorded. A policy had also been devised to ensure staff recorded tests appropriately and patients were exception reported within a specific criteria.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Actions taken as a result of the audits demonstrated the practice were responsive to ensure safe prescribing.
- The practice participated in local audits and peer review.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together 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 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.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. 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.
- Various information leaflets and posters in the patient waiting area promoted support groups to assist patients to live healthier lives. This included LEAP: lifestyle eating and activity programme, and pregnancy and flu.
- The practice also had an open day event planned for October 2016 to promote and increase awareness for the bowel cancer screening service.

The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 78% and the national average of 74%. 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, the data for 2014/15 showed

## Are services effective?

(for example, treatment is effective)

the percentage of patients who took up the invitation for bowel and breast cancer screening was lower than the CCG and national averages. The practice had recognised this and planned to do an open day event in October 2016 to promote the bowel cancer screening service. Following this event, the practice planned to do additional events including to promote the breast cancer screening service.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 97% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 and annual health checks for patients with a learning disability. 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

Following our inspection in March 2016, the provider was rated as 'requires improvement' for the domain of caring.

In March 2016, we found the practice had not reviewed the most recent results available from the national GP patient survey (January 2016 results) to identify areas for improvement.

### Kindness, dignity, respect and compassion

We observed staff members were courteous 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.
- 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 21 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.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

On the day of the inspection, the latest results available from the national GP patient survey were published in January 2016 which showed patients felt they were treated with compassion, dignity

and respect. The practice was comparable to the CCG and nationally for its satisfaction scores on consultations with nurses. However, the practice scored lower than average for its satisfaction scores on consultations with GPs. Since the inspection the results published in July 2016 have been made available and showed the results for the practice had decreased:

- 72% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 65% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 84% 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%.
- 63% 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%.
- 88% 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%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice were actively working with the patient participation group to get patient feedback regarding the services and taking action as a result.

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

Patient feedback told us they felt listened to and GPs were helpful. They also told us they felt they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey published in July 2016 demonstrated there had been a decrease in the number of patients who responded positively to questions about their involvement in planning and making decisions about their care and treatment specific to GPs. For example:

- 66% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 61% 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%.
- 89% 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%.

## Are services caring?

The practice were actively working with the patient participation group to get patient feedback regarding the services and taking action as a result.

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.
- Information leaflets were available in easy read format.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 130 patients as carers (1.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, a sympathy card was sent to the family. Information on local counselling services was also provided and family members were offered an appointment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

Following our inspection in March 2016, the provider was rated as 'requires improvement' for the responsiveness of the practice to the needs of patients.

In March 2016, we found informal complaints were not documented and lessons were not learnt as a result.

### 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.

- Same day appointments were available for children and those with serious medical conditions.
- The practice offered telephone triage, online booking for appointments and online requests for repeat prescriptions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered baby changing facilities as well as a private area for mothers wishing to breastfeed.
- The practice provided a room for antenatal visits so pregnant women could be seen at the surgery.
- The practice had a system in place to provide care and treatment to patients with 'no fixed abode', this included patients living at a local hostel. Adults were registered at the practice for a duration of three months and children aged five and under were remained registered to ensure they could be seen for childhood immunisations.
- Patients over 75 who required an urgent home visit were referred to the acute visiting service (AVS) team to allow care closer to home.
- The practice offered social care support by referring patients to Health and Social Care Co-ordinators.

### Access to the service

Birstall Medical Centre was open between 8am and 6.30pm Monday to Friday. Border Drive Surgery was open between

8.30am and 6pm Monday to Wednesday and Friday, and from 8.30am to 1pm on Thursdays. GP consultations were available between 8.30am and 11.30am. In the afternoon, consultations started at either 2pm or 3pm and usually finished at 5.30pm. 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.

The practice had changed its appointment system and we saw urgent and routine appointments were available. At the time of our inspection, the practice did not offer extended hours however had submitted plans to the CCG to offer extended hours and improve access to patients.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower compared to local and national averages and there had been a decrease since the January 2016 results.

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 58% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had written to all patients regarding changes at the practice regarding the change in the appointment system. This outlined the known problems and the actions being taken, including the problems with accessing the practice by telephone.

### Listening and learning from concerns and complaints

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

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

We looked at seven complaints received in the last 12 months and found all complaints were responded to in a timely manner and investigated appropriately. We also saw

# Are services responsive to people's needs?

(for example, to feedback?)

informal complaints were recorded. 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.

# Are services well-led?

Good 

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

## Our findings

Following our inspection in March 2016, the provider was rated as 'requires improvement' for the domain of well-led.

In March 2016, we found safeguarding policies did not include local authority contact details or outline what the local requirements were in relation to raising a safeguarding concern. There was also no protocol in place to support the process to contact patients who did not attend for cervical screening tests. There was no risk assessment in relation to control of substances hazardous to health (COSHH) products. The practice had not identified the potential risk to prescriptions not securely stored, or clinical waste bins not securely stored. Not all staff with chaperone responsibilities had appropriate Disclosure and Barring Service (DBS) checks. The practice was unable to demonstrate any actions taken as a result of patient surveys or feedback and there limited progress was made by the practice as a result of feedback from the PPG.

### Vision and strategy

The practice had a vision to deliver quality care and promote good outcomes for patients. Objectives had been set by the GP partners and practice management team to ensure the vision was met.

Staff were aware of the vision and the objectives to ensure the vision was met and maintained.

### 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 procedures in place and ensured that:

- There was 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.
- A comprehensive understanding of the performance of the practice was maintained.
- Continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners and practice management team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure quality care. They told us they prioritised safe, high quality and compassionate care.

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). 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 support, an explanation regarding the incident and a verbal or written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

- The PPG met regularly and told us since the arrival of the new GP partner and practice management team, the

# Are services well-led?

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group had been more involved and supported by the practice. The group had started to be involved in ensuring the appropriate patient information was available in the waiting areas and with the development of local patient surveys. The practice had also started a quarterly open day event which initially started with information regarding support groups and a further one was planned to promote awareness of the bowel cancer screening service. The PPG had also been given administration rights to the section of the practice website dedicated to the PPG to ensure appropriate information was updated.

- The practice gathered feedback generally from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The practice had reviewed the latest GP survey results that were available to them at the time of inspection and taken action to address the concerns. This included the recruitment of permanent GPs, amendments to the appointment system and working with the telephone company to address issues with incoming telephone calls.