

# Balsall Heath Health Centre

## Quality Report

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Date of inspection visit: 31 October 2017  
Date of publication: 01/12/2017

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?                         | Requires improvement |      |  |
| Are services effective?                    | Good                 |      |  |
| Are services caring?                       | Good                 |      |  |
| Are services responsive to people's needs? | Good                 |      |  |
| Are services well-led?                     | Good                 |      |  |

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced inspection at Balsall Heath Health Centre on 31 October 2017. Overall the practice is rated as good.

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

- There was a clear leadership structure and staff felt supported by management. Staff spoke positively about working at the practice. We saw that staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- During our inspection we found that the practice was not signed up to receive all national safety alerts. Shortly after our inspection took place the practice

advised that they had contacted the MHRA alerts team to ensure that they were signed up to all alerts and they implemented additional measures for monitoring alerts.

- There was evidence of some formal risk assessments in place to demonstrate how the practice managed and monitored risk relating to the premises. However it was not clear if actions highlighted on the practice's fire risk assessment had been completed. In addition, on the day of our inspection there was no evidence to support if regular fire drills had taken place.
- Multi-disciplinary team (MDT) meetings and palliative care meetings took place on a regular basis. Vulnerable patients and patients with complex needs were regularly discussed during the meetings.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes

# Summary of findings

to monitor outcomes for patients. Data on how the practice was currently driving demonstrated that the practice was meeting QOF targets in most areas at the time of our inspection.

- The results from the most recently published national GP patient survey highlighted that some responses were below local and national averages. However, information and evidence provided by the practice following our inspection demonstrated improved satisfaction in relation to providing a caring service with improved access to services.

However, there were areas of practice where the provider must make improvements:

- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider should make improvement are:

- Ensure that actions are well governed in relation to risk management, including through external risk assessments to assure staff and patients that they are safe.
- Ensure that emergency medicines are adequately managed and monitored with appropriate governance arrangements in place to reflect this.

**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?

- Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. The practice regularly monitored trends and carried out a thorough analysis of significant events; we also saw that learning was shared during monthly practice meetings.
- During our inspection we found that the practice was not signed up to receive all national safety alerts and therefore the practice was not able to demonstrate that they had taken necessary action in response to specific safety alerts. Shortly after our inspection took place the practice advised that they had contacted the MHRA alerts team to ensure that they were signed up to all alerts and they implemented additional measures for monitoring alerts.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. There was an infection prevention control protocol and named leads in place.
- There was evidence of some formal risk assessments in place to demonstrate how the practice managed and monitored risk relating to the premises. There was evidence of a fire risk assessment carried out by the property management company for the premises; however it was not clear if actions highlighted on the risk assessment had been completed. In addition there was no evidence to support if regular fire drills had taken place.
- Following our inspection the provider shared records of a pre-fire drill risk assessment and a fire drill record which took place on 8 November 2017.

Requires improvement



### Are services effective?

- Multi-disciplinary team (MDT) meetings and palliative care meetings took place on a regular basis. Vulnerable patients and patients with complex needs were regularly discussed during the meetings.
- We saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medication and general health reviews. During our inspection we saw examples of audits which were used to drive improvements in patient care and to improve systems and processes in the practice.

Good



# Summary of findings

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. Data on how the practice was currently driving demonstrated that the practice was meeting QOF targets in most areas at the time of our inspection.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. The practice also reviewed their patients' attendances at the local Accident and Emergency department.

## Are services caring?

Good



- We saw that staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.
- One percent of the practice's register had been identified as carers. The practice offered health reviews and flu vaccinations for anyone who was a carer. The practice displayed a range of supportive information for carers and there was information in place for carers to take away, we saw that carers were signposted to carer support services.
- On the day of our inspection patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.
- Although areas of the national GP patient survey published in July 2017 were below average, information and evidence provided by the practice following our inspection demonstrated improvements and improved satisfaction in relation to providing a caring service.

## Are services responsive to people's needs?

Good



- Appointments could be booked over the telephone, face to face and online. The practice was part of a local GP federation called My Healthcare, this enabled patients to access services across five local practice up to 12 hours a day including early mornings and evenings, Monday to Friday and at varied times on weekends.
- There were facilities in place for people with disabilities and for people with mobility difficulties. There were translation services available and we saw that there was a hearing loop in place during our inspection.
- The results from the most recently published national GP patient survey highlighted that some responses were below

# Summary of findings

local and national averages in relation to access. . However, information and evidence provided by the practice following our inspection demonstrated improved satisfaction in relation to providing a caring service with improved access to services.

## Are services well-led?

- There was evidence of quality improvement and we saw examples of audits which were used to drive improvements in patient care and to improve systems and processes in the practice.
- Staff spoke positively about working at the practice; they demonstrated a commitment to the practice and to providing a high quality service to patients.
- There was a clear staffing structure, staff were aware of their own roles and responsibilities. Staff had lead roles across key areas such as safeguarding, clinical governance, end of life care and palliative care.
- Practice meetings were used as an opportunity for staff to learn about the performance of the practice. The practice also encouraged feedback from staff and members of the patient participation group (PPG) during formal meetings, as well as through practice surveys.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

Good



- The practice offered home visits and urgent appointments for those with enhanced needs.
- Immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery.
- Patients had access to appropriate health assessments and checks. The practice offered annual reviews to patients aged 65 and over.
- The practice offered personalised care plans for patients over the age of 75. These patients had a named GP and a care co-ordinator in place at the practice.

### People with long term conditions

Good



- We saw evidence that multidisciplinary team meetings took place on a regular basis and that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.
- 2016/17 QOF performance for overall diabetes related indicators was 95% compared to the CCG and the national average of 91%.
- During our inspection we saw evidence of a repeated audit demonstrated improvement in blood monitoring and management for diabetic patients.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were at high risk of admission to hospital had personalised care plans in place.
- The practice advised patients to bring all medicines to their appointments when attending for chronic disease reviews, to ensure that thorough reviews took place and to aid safe monitoring and management of medicines.

# Summary of findings

## Families, children and young people

Good



- The practice operated an effective system for scheduling childhood immunisations and ensuring appropriate actions were taken if immunisation appointments were missed or risk factors identified. The practice regularly engaged with the health visitor.
- There were baby changing facilities at the practice. The practice offered urgent access appointments for children, as well as those with serious medical conditions.
- During school holidays the practice operated walk-in sessions for children that needed to be seen.
- Public Health England data for 2016/17 showed that the practice's cervical screening uptake was 98% compared to the CCG average of 98% and the national average of 96%, with a 7% exception rate.

## Working age people (including those recently retired and students)

Good



- Appointments could be booked over the telephone, face to face and online.
- The practice was part of a local GP federation called My Healthcare, this enabled patients to access services across five local practice up to 12 hours a day including early mornings and evenings, Monday to Friday and at varied times on weekends.
- Patients who may be in need of extra support were identified and supported by the practice. This included patients requiring advice on their diet, smoking and alcohol cessation.
- Patients had access to appropriate health assessments and checks, including health checks for new patients and NHS health checks for people aged 40–74.

## People whose circumstances may make them vulnerable

Good



- There were facilities in place for people with a disability and for people with mobility difficulties. There were hearing loop and translation services available.
- The practice offered annual reviews and flu vaccinations for vulnerable patients including carers and patients with a learning disability.

# Summary of findings

- Vulnerable patients were regularly reviewed and discussed as part of the Multi-disciplinary team (MDT) meetings to support the needs of patients and their families.
- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health.

## People experiencing poor mental health (including people with dementia)

Good



- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia. Patients with complex needs and patients experiencing poor mental health were regularly discussed during MDT meetings.
- 2016/17 QOF performance for overall mental health related indicators was 100% compared to the CCG average of 99% and the national average of 98%, with an exception rate of 3%.
- All patients on the practice's mental health register had a comprehensive care plan documented in the record, which was agreed between individuals, their family and/or carers as appropriate.
- 2016/17 QOF performance for dementia related indicators was 100% compared to the CCG average of 88% and the national average of 84%. At the point of our inspection 100% of patients with dementia had a care plan in place and all of these patients were up to date with relevant blood tests, care plans had also been reviewed during annual face to face reviews.

# Summary of findings

## What people who use the service say

The practice received 77 responses from the national GP patient survey published in July 2017, 377 surveys were sent out; this was a response rate of 35% and this represented 2% of the practice's registered patient list.

The results highlighted that the practice's responses were below local and national averages across various areas of the survey. For example:

- 35% found it easy to get through to this surgery by phone compared to the CCG average of 68% and national average of 71%.
- 56% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and national average of 84%.

- 52% described the overall experience of the practice as good compared to the CCG average of 83% and national average of 85%.
- 43% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 74% and national average of 77%.

We spoke with six patients as part of our inspection including a member of the practice's patient participation group (PPG). Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We received 37 completed CQC comment cards during our inspection. Comment cards were positive about the care and treatment provided at the practice; comments also described staff as friendly, caring and helpful.

## Areas for improvement

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

- Ensure care and treatment is provided in a safe way to patients.

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

- Ensure that actions are well governed in relation to risk management, including through external risk assessments to assure staff and patients that they are safe.
- Ensure that emergency medicines are adequately managed and monitored with appropriate governance arrangements in place to reflect this.

# Balsall Heath Health 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 nurse specialist advisor. The inspection was also supported and observed by a specialist advisor from our defence medical services directorate as part of their CQC specialist advisor training.

## Background to Balsall Heath Health Centre

Balsall Heath Health Centre is a long established practice located in the Balsall Heath area of Birmingham in the West Midlands. There are approximately 3,500 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The management team consists of the GP partner (male), nurse partner (female) and the practice manager. The clinical team also includes a three long term-sessional locum GPs (one female and two male) as well as a female practice nurse prescriber and a female health care assistant. The practice is supported by a team of three staff who cover reception, secretarial and administration roles.

The practice is open for appointments Monday to Friday between 9am to 12pm and from 4pm to 6pm. The practice has in-hours primary care cover with a local primary care

provider (Primecare) to cover appointment lines between 4pm to 6pm Monday to Friday. If a patient requires care from a practice clinician during this time then the call is managed by Primecare and passed to the GP on call.

The practice is also part of a local GP federation called My Healthcare, this enables patients to access services across five other local practices, up to 12 hours a day Monday to Friday and at varied times on weekends. Early morning appointments can be accessed from 8am to 9am and evening appointments are available from 6pm to 8pm, in addition to weekend appointments which are available at various times through the federation. The federation allows patients to access appointments at the other practice sites in the event that there are no appointments available at their registered practice. In addition, patients can access additional services such as physio support and nursing at home services.

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed during the out-of-hours period.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

The inspection team:

- Reviewed information available to us from other organisations such as NHS England
- Reviewed information from CQC intelligent monitoring systems
- Carried out an announced inspection on 31 October 2017
- Spoke with staff and patients
- Reviewed patient survey information
- Reviewed some patient records when reviewing systems for managing safety alerts and high risk medicines, to gain assurance that patients were safe.
- Reviewed the practice's policies and procedures

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. The provider had systems in place to support 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.

Significant event and incident records demonstrated that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable. Records also showed that patients received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice regularly monitored trends and carried out a thorough analysis of significant events; we also saw that learning was shared during monthly practice meetings. In addition, significant events were discussed during monthly networking events, where practices in the locality could share learning on a wider scale.

During our inspection we saw examples of shared learning and action taken to improve safety in the practice. For example, a significant event was logged in relation to an IT issue which resulted in limited access to the practice's patient record system. Action was taken immediately on identifying the issue and continuity plans were commenced, the relevant IT organisation was also contacted for the issue to be formally logged. We saw that the issue was resolved by the time that morning clinics started and as a learning point the team reflected on the practice's business continuity plan during a practice meeting.

### Overview of safety systems and processes

- Safety and medicines alerts were disseminated by practice manager. We saw that when alerts were received and disseminated, they were recorded on the system to monitor actions taken. However during our inspection we found that the practice was not signed up

to receive all national safety alerts and therefore the practice was not able to demonstrate that they had taken necessary action in response to specific safety alerts.

- For instance, an alert from the Medicines and Healthcare products Regulatory Agency (MHRA) highlighted a risk to healthcare professionals where a specific medicine was prescribed to female patients of childbearing age. During our inspection there was no evidence to demonstrate that the practice had received the alert and in turn there was no evidence of actions taken. The practice were unable to demonstrate if they had checked for any registered patients that fit the criteria specified in the alert and if as a result, any further action needed to be taken. To gain assurance that no patients were at risk we asked the practice to conduct a search on their patient record system during our inspection. The search highlighted they had no female patients of childbearing age who were taking the specific medicine and therefore no patients had been affected.
- Shortly after our inspection took place the practice advised that they had contacted the MHRA alerts team to ensure that they were signed up to all alerts. In addition the practice implemented a process of cross checking their alerts every two weeks as an additional monitoring measure.
- Notices were displayed to advise patients that a chaperone service was available if required. The clinical team and the reception staff were trained to chaperone when needed. We saw that chaperones had received appropriate training and DBS checks were in place for all members of staff including those who chaperoned. Disclosure and Barring Service (DBS) checks. 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.
- We saw that the practice's safeguarding policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP partner was named as the lead members of staff for safeguarding; they had received the appropriate level of safeguarding training relevant to their lead role (level three). They attended monthly safeguarding meetings and the practice provided reports where necessary for other

## Are services safe?

agencies. Staff we spoke with demonstrated that they understood their responsibilities and had received the appropriate level of safeguarding training relevant to their role.

- We looked at four staff files during our inspection, files showed that appropriate recruitment checks had been undertaken prior to employment such as proof of identity, qualifications and registration with the appropriate professional body.
- The practice nurse partner was the infection control lead and the practice nurse was the deputy lead for infection control. There was an infection prevention control protocol in place and we saw records of completed infection control audits.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy and we saw that cleaning specifications were in place and records were kept to support that medical equipment was frequently cleaned. Staff had access to personal protective equipment including disposable gloves, aprons and coverings. Staff had received infection control training and the training was also incorporated in to the induction programme for new staff members.
- There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of an incident. The vaccination fridges were secure, vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance. We saw calibration records to ensure that clinical equipment was checked and working.
- There was an effective system in place for the prescribing and monitoring of high risk medicines. We saw that patients prescribed high risk medicines were regularly monitored and reviewed.
- Prescription stationery was securely stored and records demonstrated that the practice had a system to monitor and track prescription stationery. Staff we spoke with advised that they checked through the practice's uncollected prescriptions every month and we saw that this reflected the practice's prescribing policy; any prescriptions awaiting collection after one month were raised with the prescriber who would follow up with the

patient when required. We did not identify any outstanding prescriptions awaiting collection during our inspection; this supported that the practice followed an effective monitoring system.

- The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines.
- The health care assistant was also trained to administer vaccines such as flu vaccinations. We saw that the practice had patient specific directions (PSDs) in place to support health care assistant's role when administering vaccinations and that these were produced in line with legal requirements and national guidance. PSDs are written instructions by a prescriber, for medicines to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

### Monitoring risks to patients

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 different staffing groups to ensure that enough staff were on duty.

There was a health and safety policy in place and the practice had some formal risk assessments in place to demonstrate how they managed and monitored risk relating to the premises. We saw records of formal risk assessments associated with infection control across the practice, including the control of substances hazardous to health and for the risk of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

We saw that weekly fire alarm testing was recorded and that staff had received health, safety and fire training. There was evidence of a fire risk assessment carried out by the property management company for the premises; the fire risk assessment was dated November 2016 and we noted that there were some actions listed but no details to demonstrate if actions had been completed. For instance,

## Are services safe?

there was a recommended action to record fire drills and there was a two month time period allocated to this action but there was no information documented to inform if this action had been completed. Staff we spoke with indicated that they knew what to do in the event of a fire. However, during our inspection we could not see records of fire drills carried out and on discussing this with a member of the management team, they advised that this was managed by the property management company and were unable to advise when the last fire drill was. In addition we were advised that this had been logged with the property management company and that a fire drill was due to take place in the near future however we did not see records to support this and no fire drill records were provided shortly after the inspection.

Following our inspection the provider shared records of a pre-fire drill risk assessment and a fire drill record which took place on 8 November 2017.

### **Arrangements to deal with emergencies and major incidents**

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice. Records showed that all staff had received training in basic life support. There was also a first aid kit and an accident book in place.
- During our inspection we saw that the practice had a defibrillator and oxygen with adult and children's masks on site and there were records in place to support that these were regularly checked to ensure they were fit for use.
- The practice also had stock of emergency medicines and we saw that records were in place to reflect that they were regularly checked. However on the day of our inspection we found that the practice did not have stock of three emergency medicines recommended for general practice and the services they delivered, in addition risk had not been formally assessed to demonstrate how the practice would manage in the absence of these medicines and the event of a medical emergency. To mitigate risk the practice immediately ordered the emergency medicines and were put in place shortly after our inspection took place. The practice also updated their monitoring records to ensure the new emergency medicines were frequently checked as part of their current regime.
- There was a business continuity plan in place for major incidents such as power failures, building damage and IT incidents. The plan included emergency contact numbers for staff and most staff were aware of how to access the plan.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

There was some evidence in place to support that the practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards. For instance, audits demonstrated that clinicians monitored and adhered to guidelines set by the National Institute for Health and Care Excellence (NICE). However, gaps in the practice's system for receiving safety alerts highlighted a risk of the practice missing updates to some guidelines, such as specific medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

### 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 (for 2016/17) were 96% of the total number of points available, compared to the CCG and national average of 95%. The practice followed an exception reporting policy for QOF and had exception report 10% of their patients. 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.

- QOF performance for overall diabetes related indicators was 95% compared to the CCG and the national average of 91%.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 2%.
- Performance for overall mental health related indicators was 100% compared to the CCG average of 99% and the national average of 98%, with an exception rate of 3%.
- Performance for dementia related indicators was 100% compared to the CCG average of 88% and the national average of 84%

Current (unverified) data was provided on the day of our inspection, this data showed that the practice was working towards QOF targets for 2017/18, for example:

- At the point of our inspection 100% of patients with dementia had a care plan in place and all of these patients were up to date with relevant blood tests, care plans had also been reviewed during annual face to face reviews.
- In addition all patients on the practice's mental health register had a comprehensive care plan documented in the record, which was agreed between individuals, their family and/or carers as appropriate.
- The percentage of patients with hypertension having regular blood pressure tests was currently at 78%, which showed that the practice was working towards the 2017/18 QOF target of 80%.

There was evidence of quality improvement and we saw examples of audits which were used to drive improvements in patient care and to improve systems and processes in the practice. For example, we saw records of a completed audit which focussed on the overall effectiveness of the care provided to the practice's diabetic patients. The repeated audit demonstrated improvement in blood monitoring and management for diabetic patients.

The practice had access to pharmacy support through the local clinical commissioning group pharmacy teams. We saw that the practice regularly monitored their prescribing to ensure safe prescribing, in line with best practice guidelines. Members of the management team explained that historically, the practice had one of the highest prescribing rates for antibiotics in the area. To improve this the practice improved their monitoring processes and altered their prescribing to reflect best practice guidelines. During our inspection we saw a report which highlighted that the practice had significantly reduced their antibiotic prescribing volume and were within the target prescribing range as of July 2017.

### Effective staffing

- The practice had an induction programme for newly appointed members of staff that covered topics such as safeguarding, fire safety, health and safety, infection control and confidentiality. Induction programmes were tailored to reflect each role. In addition to in-house training staff made use of e-learning training modules.

# Are services effective?

## (for example, treatment is effective)

- The practice had a locum pack for locum clinicians to use when working at the practice. Clinicians were up to date with their yearly continuing professional development and revalidation requirements.
- During our inspection we saw records to demonstrate that staff received annual appraisals. Staff were encouraged to complete e-learning training modules as well as attending training courses.
- The practice manager had completed a leadership and management course in 2016 and was supported by the practice to take study leave when required. We saw that the nurse and the health care assistant attended study days for updates on immunisations. Staff taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The practice nurses received regular clinical supervision from the GP partner and the healthcare assistant was supervised by the practice nurses, as well as the GP partner. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.
- The practice nurse and healthcare assistant engaged with local nurses during education events and conferences. In addition, the nurse partner organised bi-monthly nursing forums for the nursing team in conjunction with three other practices in the area. The practice manager regularly engaged with local practices and other practice managers at monthly locality meetings, quarterly networking events and annual conferences.

### Coordinating patient care and information sharing

Staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw that staff actively followed up on secondary care referrals and monitored patient's appointments at secondary care.

The practice had systems in place to identify and assess patients who were at high risk of admission to hospital.

This included review of discharge summaries following hospital admission to establish the reason for admission. The practice also reviewed their patients' attendances at the local Accident and Emergency departments and followed up where necessary.

We saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medication and general health reviews. The practice advised patients to bring all medicines to their appointments when attending for chronic disease reviews, to ensure that thorough reviews took place and to aid safe monitoring and management of medicines.

Patients receiving end of life care were visited every 14 days by the practice GP. The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Multi-disciplinary team (MDT) meetings and palliative care meetings took place on a monthly basis. Vulnerable patients and patients with complex needs were regularly discussed during the meetings. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment, for example:

- The practice had three patients on their palliative care register. The data provided by the practice highlighted that all of these patients had received regular reviews. We saw that the practice's palliative care register was regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.
- The practice had a register of 83 patients from vulnerable groups, this included patients with a drug or alcohol dependency. The data provided by the practice highlighted that most of these patients had received an annual review and there were further reviews planned. These patients were also discussed as part of the MDT meetings to support the needs of patients and their families.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. The process for seeking consent was monitored through patient records audits.

# Are services effective?

## (for example, treatment is effective)

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 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. In addition to conversations about care and treatment options, we saw that patients were provided with written information to take away with regards to any care and treatment they were receiving.

### Supporting patients to live healthier lives

- Patients who may be in need of extra support were identified and supported by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice offered annual reviews and flu vaccinations for various population groups including patients with a long term condition, carers and patients aged 65 and over.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Patients who may be in need of extra support were identified and supported by the practice. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice operated an effective call and recall system for various patient groups, this included appropriate systems for scheduling childhood immunisations and ensuring appropriate actions were taken if immunisation appointments were missed or risk factors identified.
- Public Health England data for 2016/17 showed that the practice's cervical screening uptake was 98% compared to the CCG average of 98% and the national average of 96%, with a 7% exception rate.
- Unverified data provided by the practice on the day of our inspection indicated that the practice's cervical screening uptake was at 78%, this indicated that the practice was working towards the national target of 80%. The practice operated a system for ensuring that test results had been received for every cervical screening sample sent by the practice. The practice offered reminders for patients who did not attend for their cervical screening test.
- Unverified data provided by the practice showed that their breast cancer screening rates for 2015 were 67% compared to the national target of 70%. The practice was preparing for the next screening programme which was due to commence in June 2018 as part of the NHS three year screening schedule. As part of the preparation staff were writing to patients to encourage them to attend screening; this included following up on those who had missed their screening appointments.
- Data provided by the practice on the day of our inspection highlighted that the practice's bowel cancer screening rates for 2015 were at 23% compared to the national average of 57%. The practice were unable to obtain data for the year so far at the time of our inspection however they were able to provide data for the first quarter of 2017, this showed a marked improvement at 30% for quarter one. Members of the management team explained that the practice had been actively encouraging patients to attend for bowel cancer screening due to their previous low uptake rates and that they were part of an improvement programme initiated by the local Clinical Commissioning Group (CCG). We saw that staff followed up on those who had missed their screening appointments and in addition, arrangements were made to get additional screening kits sent out to patients where needed.
- On the day of our inspection we saw a range of health promotion material on display in the waiting area, this included cancer screening fact sheets which encouraged patients to attend screening appointments.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

- During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Curtains and screens 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 and that conversations taking place in these rooms could not be overheard.
- A private area was offered to patients who wanted to discuss sensitive issues or appeared distressed.

We spoke with six patients as part of our inspection including a member of the practice's patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

The practice carried out in-house patient surveys; we saw results of an in-house survey which was completed by 51 patients over a two week period in November 2016. These results contained positive satisfaction rates with regards to care provided by the practice team, for example:

- 92% of the respondents indicated that the GPs were good, very good and excellent at listening to them during their appointments.
- 94% of the respondents indicated that the GPs were good, very good and excellent at communicating with them during their appointments.
- 88% of the respondents indicated that the nursing team was good, very good and excellent at listening to them during their appointments. In addition, 88% described the quality of the care provided by the nursing team as good, very good or excellent.

However, the practice's responses to questions about care on the national GP patient survey (published in July 2017) were below average, for example:

- 87% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 68% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 91%.
- 66% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 65% said the GP gave them enough time compared to the CCG and national averages of 86%.
- 58% patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national averages of 87%.
- 73% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 86%.

We saw that the results of the survey had been discussed with staff during a practice meeting in August 2017 and we saw evidence of an action plan in place to aid improvements. Actions included plans to refresh staff on communication skills through a reception areas shadowing and training exercise. Clinicians also reflected on communication skills during a practice meeting where survey results were discussed. Although the practice was working through an action plan to improve this, at the point of our inspection the practice were yet to be able to demonstrate sustained improvement and improved satisfaction in this area.

Following our inspection, the practice was able to provide results of a more recent in-house survey which was completed by 81 patients during November 2017, this represented 2% of the practice's registered patient list. The practice ran this survey each November and therefore the results of the most recent survey were not in place at the time of our inspection visit. The practice highlighted that the survey was based on the same questions asked in the national GP patient survey so that the practice could use this as an additional way to monitor and focus on any areas for improvement.

These results contained positive satisfaction rates and described a caring practice, for example:

## Are services caring?

- 96% said they had confidence and trust in the last GP they saw at the practice. In addition, 88% described the quality of care provided by the GP as very good or good. Nine percent noted this as neither good nor poor and 3% felt that this was poor.
- 91% said the last nurse they spoke to was very good or good at treating them with care and concern. This was an improvement compared to the results from the national GP patient survey, which was at 68% when published in July 2017.
- 92% said the GP was good at listening to them and 91% said the GP gave them enough time. In addition 90% said that the nurse was good at listening to them and 94% said that they had enough time with the nurse.
- 94% described the quality of care provided by the nurse as very good or good. Four percent noted that as neither good nor poor and 2% felt that this was poor or very poor.
- 95% patients said they found the receptionists at the practice helpful compared which was a marked improvement from 58%, in the July 2017 publication of the national GP patient survey.

In addition to in-house survey results, the practice provided a report of their NHS Family and Friends Test results between January and October 2017. The report was provided following our inspection and this indicated that most respondents were extremely likely of likely to recommend the service to family and friends Furthermore, the practice highlighted that they received positive reviews about the service on their NHS Choices webpage. We saw evidence of positive comments including recent reviews made during October and November 2017.

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

The practice's responses to questions about care planning on the national GP patient survey (published in July 2017) were below average. For example, 61% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%. In addition, 65% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

Responses from the practice's in-house survey from November 2016 highlighted that 82% of the respondents highlighted that the GPs were good, very good or excellent at involving them in decisions about their care.

Results from the practices November 2017 in-house survey were provided following our inspection and these showed improvements and positive results to patient satisfaction rates with regards to patient involvement in decisions about treatment and care. For example:

- 90% said the GP was very good or good at explaining tests and treatments. This showed improvement compared to the results from the national GP patient survey (published in July 2017) where the practice achieved 61% in this area.
- 89% of the respondents felt that the GP was very good or good at involving them in decisions about their care.

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We received 37 completed CQC comment cards during our inspection. Comment cards were positive about the care and treatment provided at the practice; comments also described staff as friendly, caring and helpful.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for patients included signposting to relevant support and volunteer services, this included specialist support for vulnerable patients and patients who were experiencing poor mental health.

There were 30 patients on the practice's carers register; this was 1% of the practice's overall list. The practice offered health reviews and flu vaccinations for anyone who was a carer. The practice displayed a range of supportive information for carers and there was information in place for carers to take away, we saw that carers were signposted to carer support services. .

Staff told us that if families had suffered bereavement, the GP contacted them and the practice also sent sympathy

## Are services caring?

letters to families. This call was either followed by a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

- There were facilities in place for people with disabilities and for people with mobility difficulties. There were translation services available and we saw that there was a hearing loop in place during our inspection.
- Appointments could be booked over the telephone, face to face and online. The practice also utilised text messaging appointment reminders to remind patients of their appointments.
- The practice was part of a local GP federation called My Healthcare, this enabled patients to access services across five local practice up to 12 hours a day including early mornings and evenings, Monday to Friday and at varied times on weekends.
- Urgent access appointments were available for children and those with serious medical conditions. During school holidays the practice operated walk-in sessions for children that needed to be seen.
- There were longer appointments available for people with a learning disability, for carers and for patients experiencing poor mental health.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to patients at home, such as elderly patients and housebound patients who could not attend the surgery.

### Access to the service

The practice was open for appointments Monday to Friday between 9am to 12pm and from 4pm to 6pm. The practice had in-hours primary care cover with a local primary care provider (Primecare) to cover appointment lines between 4pm to 6pm, Monday to Friday. If a patient required care from a practice clinician during this time then the call would be managed by Primecare and passed to the GP on call.

The practice was part of a local GP federation called My Healthcare, this enabled patients to access services up to 12 hours a day Monday to Friday and at varied times on weekends:

- Early morning appointments could be accessed from 8am to 9am and evening appointments were available from 6pm to 8pm, in addition to weekend appointments which were available at various times through the federation.
- The federation worked in conjunction with five other practices (also known as Hub sites) in the area so that patients could access appointments at the other practice sites in the event that there were no appointments available at their registered practice. In addition, patients could access additional services such as physio support and nursing at home services through the My Healthcare federation.

Although the federation enabled patients to gain further access to appointments we found that the practice were not always actively promoting this as an option for patients, for instance at the point of our inspection we could not see any information about the federation service on the practice's website. Shortly after our inspection took place the practice advised that they had updated their website and we saw that this had been included under the practice appointment information.

The patients we spoke with as part of our inspection gave positive feedback with regards to the service provided. All 37 comment cards were positive with regards to the practice, care and the patients received, two cards noted that it was occasionally difficult to make an appointment; these cards also contained positive comments about the practice team and the care provided.

The practice carried out in-house patient surveys; we saw results of an in-house survey which was completed by 51 patients over a two week period in November 2016. These results contained positive satisfaction rates with regards to access to the service, for example:

- 49% of the respondents were able to get a same day appointment, 33% were able to get an appointment the next working day and the most of remaining respondents received an appointment between two to four days.
- 79% of the respondents said the GP was good, very good or excellent at spending enough time with them during their appointments.
- 74% of the respondents indicated that the practice's opening hours were good, very good or excellent.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 43% of the respondents described access to the practice via telephone as good, very good or excellent and 41% described this as fair.

The practice's responses to questions about access on the national GP patient survey (published in July 2017) were below average, for example:

- 35% found it easy to get through to this surgery by phone compared to the CCG average of 68% and national average of 71%.
- 44% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 50% of patients were satisfied with the practice's opening hours compared to the CCG national averages of 76%.
- 39% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 60% and national average of 64%.
- 21% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 52% and national average of 58%.

The practice produced an action plan in response to the areas for improvement as highlighted through the survey. Although we found that the practice had made some changes to improve access, at the point of our inspection the practice were yet to be able to demonstrate sustained improvement and improved satisfaction in this area, for example:

- In response to telephone access the practice found that after a certain period of time, calls waiting were automatically being disconnected. To change this, the practice contacted their telephone provider who was able to extend call waiting times to avoid calls being disconnected. In addition, the practice increased the number of calls they could have in the call queue; from 10 to 20 calls at one time.
- Records of the practice's survey action plan highlighted that the implementation of seven day access through the My Healthcare federation should improve access, the practice planned to monitor satisfaction rates further through a further survey.

- We saw that appointment waiting times were discussed with the team to try and improve this; this was formally discussed during the practice meeting where all surveys results were reflected on. Reception staff were reminded to inform patients when clinics were running late.

Following our inspection, the practice was able to provide results of a more recent in-house survey which was completed by 2% of the practice's registered patient list. The practice ran this survey every November, therefore the results of the most recent survey were not in place at the time of our inspection visit. The practice highlighted that the survey was based on the same questions asked in the national GP patient survey so that the practice could use this as an additional way to monitor and focus on any areas for improvement. These results contained positive satisfaction rates with regards to access to the service, for example:

- 87% of the respondents were able to get an appointment last time they tried. In addition, 84% in the respondents felt that their appointment time was convenient.
- 71% described their experience of making an appointment as very good or fairly good. Fifteen percent described it as neither good nor poor and 19% felt that it was fairly poor or very poor. This indicated that the practices internal survey results were more positive when compared to the responses in the national GP patient survey from July 2017.
- Responses to appointment waiting times were also more positive than those from the national GP patient survey. For instance respondents to the practices internal patient survey highlighted that 61% were usually seen within 15 minutes of their appointment times.
- 54% of patients felt they did not normally have to wait too long to be seen.
- 76% of the respondents highlighted that it was very easy or fairly easy to get through to the practice by phone.
- 79% of the respondents noted that they were very satisfied or fairly satisfied with the practices opening hours.
- 94% of the respondents were very satisfied or fairly satisfied in relation to their overall experience at the practice. In addition, 85% indicated that they would

# Are services responsive to people's needs?

(for example, to feedback?)

recommend the practice friends and family members. Eleven percent highlighted that they were neither likely nor unlikely to recommend the practice and 4% were unsure.

## Listening and learning from concerns and complaints

There was a designated responsible person who handled all complaints in the practice. The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Patients were informed that the practice had a complaints policy which was in line with NHS requirements. The

practice leaflet also guided patients to contact the practice manager to discuss complaints. We saw a summary of five complaints which were received since January 2017; complaints were been investigated and responded to in a timely manner. We also looked at one of the complaint records and found that it had been satisfactorily handled and the response demonstrated openness and transparency. We saw that the practice monitored themes from written and verbal complaints. In addition, the practice reflected on complaints and shared learning during practice meetings and during the patient participation group (PPG) meetings.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a set of eight aims and objectives and also a documented mission statement, which we saw was displayed through the practice. The practice's overall aims and objectives were to ensure patients received high standards of care by well trained staff. Staff spoke positively about working at the practice; they demonstrated a commitment to the practice and to providing a high quality service to patients. During our inspection the GP partner shared some of the future plans for the practice; this included plans to tackle challenges with recruitment and to recruit a salaried GP. In addition the partners spoke of active involvement in the development of the My Healthcare federation, with plans to continue to offer seven day services through the federation to meet the need of their patients.

### Governance arrangements

- There was a clear staffing structure, staff were aware of their own roles and responsibilities. Staff had lead roles across key areas such as safeguarding, clinical governance, end of life care and palliative care.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. There were some arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

### Leadership, openness and transparency

The management team consisted of the GP partner, nurse partner and the practice manager. They told us they prioritised safe, high quality and compassionate care. Staff we spoke with commented that all staff, including the practice manager and the GPs were supportive and approachable. Staff described a culture of openness and honesty at the practice; they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly within the team.

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

- The practice had an active patient participation group (PPG), during our inspection we spoke with a member of the PPG. The PPG member explained that group numbers varied however the group met every six weeks and usually there were up to 10 members that attended each meeting. The PPG group was made up of young adult patients as well as and older patients to represent the different age range of the practice's patient population.
- Conversations with the PPG member highlighted how the group were kept informed about changes at the practice and were often given the opportunity to share feedback, discuss concerns, review complaints and make suggestions.
- Conversations with staff indicated that the practice encouraged staff to provide suggestions and share ideas during informal catch ups and formal practice meetings.
- The practice also encouraged patient feedback during general visits to the practice, feedback could also be provided through the NHS Family and Friends survey, through practice surveys and via the practice's suggestions box.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity  | Regulation  |
|---|---|
| Diagnostic and screening procedures<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to manage and mitigate risks to the health and safety of patients who use services. We saw that when alerts were received and disseminated, they were recorded on the system to monitor actions taken. However during our inspection we found that the practice was not signed up to receive all national safety alerts and therefore the practice was not able to demonstrate that they had taken necessary action in response to specific safety alerts.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |