Great Bridge Partnership for Health

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Great Bridge Partnership on 28 April 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The practice had a programme of clinical audits. .
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The majority of patients said they were treated with compassion, dignity and respect.
- The practice had not taken action to address the areas of low satisfaction from the national patient survey.
- Information about services and how to complain was available and easy to understand. Improvements were made as a result of complaints and concerns.
- Patients said it was difficult to make an appointment with a named GP, which affected continuity of care, however urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff felt supported by management. The practice had an active patient participation group (PPG) and acted on feedback provided from the PPG.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- The provider must have effective systems to enable them to assess and monitor the quality of the service

Summary of findings

by; actively seeking and act on views of people who use the service, about their experience and quality of the care and treatment delivered in order to improve the quality of the service.

- The provider must ensure care and treatment provided to patients is appropriate, meets their needs and reflects their preferences by ensuring care plans are sufficiently detailed and updated following changes in their circumstances.

The areas where the provider should make improvements are:

- The provider should take more proactive steps to promote bowel and breast screening in the practice.
- The provider should investigate the reasons for high exception reporting in mental health indicators and take more proactive steps to ensure patients are recalled and monitored.
- The provider should put systems in place to monitor improvements following the installation of additional telephone lines.

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?

Good

The practice is rated as good for providing safe services.

- There was a system in place for reporting and recording significant events and staff were encouraged to do so.
- 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. Staff were aware of their responsibilities in relation to safeguarding patients.
- Safety alerts were managed effectively and discussed with staff during practice meetings.
- Risks to patients were assessed and well managed.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average, although we noted high exception reporting in relation to mental health indicators which the practice could not explain..
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out to demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and staff had lead roles throughout the practice.
- 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?

Requires improvement

The practice is rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for providing a caring service. For example:

Summary of findings

- 71% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 81% 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 93% and the national average of 95%
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%. The practice staff told us they were not aware of this feedback and did not have a plan in place to address the issues raised.
- 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.
- Care plans we inspected did not contain sufficient detail.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- 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.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually 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?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a vision and strategy to deliver quality care and promote good outcomes for patients. However patient feedback did not demonstrate that this was being delivered.

Summary of findings

- 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 an overarching governance framework which supported the delivery of the strategy .
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had not taken action to address the areas of low satisfaction from the national patient survey.
- The practice had an active patient participation group (PPG).
- The staff had received regular performance reviews and appraisals.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. This is because the practice is rated as requires improvement for providing effective, caring and well led services. These ratings affect all population groups.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients have a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs but care plans were not being updated following a change in their circumstances. .
- The premises were accessible to patients with mobility difficulties.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people was in line with local and national averages. For example, Performance for diabetes related indicators was 91% compared to the CCG average of 84% and the national average of 88%.
- National screening data for breast and bowel cancer was below local and national averages.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. This is because the practice is rated as requires improvement for providing effective, caring and well led services. These ratings affect all population groups.

- All patients have a named GP.
- Nursing staff had lead roles in chronic disease management, for example, diabetes and respiratory disease
- Longer appointments and home visits were available when needed.
- All these patients had an annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Performance indicators showed that outcomes for patients with long term conditions was in line with CCG and national averages.

Summary of findings

- Not all these patients had a named GP, and the personalised care plans were not detailed. However the advanced nurse practitioner had commenced a review of all care plans.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. This is because the practice is rated as requires improvement for providing effective, caring and well led services. These ratings affect all population groups.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).This is because the practice is rated as requires improvement for providing effective, caring and well led services. These ratings affect all population groups.

- 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 and flexible. .
- The practice was proactive in offering online services. Screening rates in respect of breast and bowel cancer were below the CCG and national averages and more proactive steps were needed to encourage increased uptake. .

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because the practice is rated as requires improvement for providing effective, caring and well led services. These ratings affect all population groups.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). This is because the practice is rated as requires improvement for providing effective, caring and well led services. These ratings affect all population groups

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- Performance for mental health related indicators was 100% compared to the CCG average of 89% and the national average of 83%. However the exception rates for these indicators ranged between 24% and 50%, compared to the CCG and national average of 3% and 21% and the practice staff were unable to explain the reasons for this.
- The practice regularly worked with multi-disciplinary teams to try and improve the health related indicators in the case management of patients experiencing poor mental health, including those with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff understood how to support patients with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016 showed the practice was performing below local and national averages. 414 survey forms were distributed and 109 were returned. This represented a response rate of 26%.

- 49% of patients found it easy to get through to this practice by phone compared to the CCG average of 62% and the national average of 73%.
- 57% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and the national average of 85%.
- 65% of patients described the overall experience of this GP practice as good compared to the CCG average of 76% and the national average of 85%.
- 51% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 65% and the national average of 79%.

The practice had not taken action to address the areas of low satisfaction from the national patient survey. Patient's had no knowledge of the friends and family test.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Patients commented that they were satisfied with the care provided by the practice staff and they were treated with respect and the staff were helpful.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However patients did state that it was difficult to get appointments.

Areas for improvement

Action the service MUST take to improve

- The provider must have effective systems to enable them to assess and monitor the quality of the service by; actively seeking and act on views of people who use the service, about their experience and quality of the care and treatment delivered in order to improve the quality of the service.
- The provider must ensure care and treatment provided to patients is appropriate, meets their needs and reflects their preferences by ensuring care plans are sufficiently detailed and updated following changes in their circumstances.

Action the service SHOULD take to improve

- The provider should take more proactive steps to promote bowel and breast screening in the practice.
- The provider should investigate the reasons for high exception reporting in mental health indicators and take more proactive steps to ensure patients are recalled and monitored.
- The provider should put systems in place to monitor improvements following the installation of additional telephone lines.

Great Bridge Partnership for Health

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 Great Bridge Partnership for Health

Great Bridge Partnership for Health was established in 2001 and consists of two practices in West Bromwich, Sia surgery with a branch at Cordley street and Yew Tree surgery. There are approximately 7,400 patients of various ages registered and cared for at Sai surgery and the branch in Cordley Street. Sai surgery and Cordley street have a shared list of patients therefore the data provided is shared across the two sites.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contractual 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.

Great Bridge Partnership for Health is overseen by two directors who are based at this location. The clinical team includes a salaried GP, consultant nurse, an advanced nurse practitioner and a practice nurse. The GP, consultant nurse, advanced nurse practitioner and practice manager form the management team and are supported by administration and reception staff.

The practice is open between 8am to 8pm on Mondays, 8am to 6.30pm on Tuesdays, Wednesdays and Fridays and 8am to 12.30pm on Thursdays, (the branch surgery at Cordely Street is open 8am to 8.30pm on Thursdays.)

Appointments were from 9am to 12pm, 3pm to 5.30pm and 6.30pm to 8pm on Mondays, 9am to 12pm and 3.30pm to 5.30pm Tuesdays and Wednesdays, 8am to 12pm Thursdays (appointments were available at the branch surgery Cordely Street 9am to 12pm and 3pm to 5.30pm) and 8am to 12.30pm and 3pm to 5.30pm on Fridays.

When the practice is closed during the out of hours period patients are directed to the 'walk in centre' or 111 out of hours service.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before 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 28 April 2016. During our visit we:

- Spoke with a range of staff, GPs, advanced nurse practitioner, practice manager, reception and administration staff and spoke with patients who used the service.
- 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.

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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Safety alerts were received and disseminated by the advanced nurse practitioner and the practice manager in her absence. We saw evidence of the spread sheet used to record all safety alerts received and action taken.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly 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. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.
- Notices were displayed in the waiting room to advise 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 checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw weekly cleaning records and completed cleaning specifications within the practice. There were also records to reflect the cleaning of medical equipment.
- The practice nurse was the infection control clinical lead, supported by the consultant nurse, 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, the most recent was completed March 2016 and we saw evidence that action was taken to address any improvements identified as a result, all actions had been completed.
- Staff had access to personal protective equipment including disposable gloves and aprons.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. The vaccination fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with national guidance.
- There were processes in place for handling repeat prescriptions which included the review of investigations prior to prescribing repeat high risk medicines. Prescription stationary was securely stored and there were systems in place to monitor their use.
- The practice nurse 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 and 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 nurse had received training to administer vaccines. The practice had a system for the production of patient specific directions to enable the health care assistants to administer vaccines.

Good

Are services safe?

- The nurse consultant 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.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office.
- The practice had up to date fire risk assessments, however there was no fire alarm installed on the premises. Following the inspection the practice reviewed this and provided evidence that a fire alarm had been installed.
- 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 and infection control. A legionella risk assessment had been completed by an external company (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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- There were emergency medicines available.
- 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.

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.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 QOF results were 98.7% of the total number of points available, with 12.6% exception reporting. (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).

National Quality and Outcomes Framework (QOF) data from 2015/15 showed:

- Performance for diabetes related indicators was 91% compared to the CCG average of 84% and the national average of 88%.
- Performance for mental health related indicators was 100% compared to the CC average of 89% and the national average of 83%. The exception rates for these indicators ranged between 24% and 50%, compared to the CCG and national average between 3% and 21%.

The practice were unable to identify why the exception rates were low for the mental health indicator.

The practice had a programme of clinical audits, audits were discussed at practice meetings. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

The practice shared records of two clinical audits, both of these were completed audits where the audit cycle had been repeated. For example, the audit to review the use of opioid patches to ensure prescribing instructions were accurate and that prescribing was in line with CCG guidelines was undertaken in August 2015 and April 2016. The repeated audit highlighted that correct prescribing had improved.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff, this included an assessment of competence after a few weeks in the role. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The advanced nurse practitioner had a master's degrees in respiratory care and was the respiratory led for the CCG, the nurse consultant was the lead for diabetes care.
- 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, clinical supervision and facilitation and support for revalidating GPs. 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

Requires improvement

Are services effective?

(for example, treatment is effective)

Some 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, medical records and investigation and test results.

Staff worked together and with other health and social care professionals and meetings took place on a monthly basis. This included when patients moved between services, including when they were referred, however we noted that care plans had not been updated after patients were discharged from hospital. The practice had 149 patients with care plans, the five care plans reviewed did not contain sufficient detail or had been regularly updated. The advanced nurse practitioner had commenced a review of all care plans.

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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

National data for March 2015 highlighted that breast cancer screening rates for 50 to 70 year olds was 50% compared to the CCG average of 69% and the national average of 72%. Bowel cancer screening rates for 60 to 69 year olds was 39% compared to the CCG average of 47% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 97% compared to the CCG averages that ranged from 91% to 92%. Immunisation rates for five year olds ranged from 92% to 99% compared to the CCG averages of 87% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 14 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 one member of the 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.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed the practice was below average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 71% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 81% 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 93% and the national average of 95%
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

The practice stated that they were not aware of the national GP survey and therefore had not taken action to improve.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients did not respond positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 67% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

However results were positive for the questions regarding the nurse and patient feedback from the comment cards we received was positive, compared to the results from the national GP survey.

- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%

Staff spoke a number of languages and a 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.

Patient and carer support to cope emotionally with care and treatment

Requires improvement

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 110 patients as carers (1.5% of the practice list) 14 of these were young carers. There was a carers corner in the waiting area and written information was available to direct carers to the various avenues of support available to them. The practice offered health checks and flu vaccines to carers.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours on a Monday and Wednesday evening (at the branch surgery) until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had provided a dedicated phone number to older patients to support ease of communication to reduce hospital admissions.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am to 8pm on Mondays, 8am to 6.30pm on Tuesdays, Wednesdays and Fridays and 8am to 12.30pm on Thursdays, (the branch surgery at Cordley Street was open 8am to 8.30pm on Thursdays.)

Appointments were from 9am to 12pm, 3pm to 5.30pm and 6.30pm to 8pm on Mondays, 9am to 12pm and 3.30pm to 5.30pm Tuesdays and Wednesdays, 8am to 12pm Thursdays (appointments were available at the branch surgery Cordley Street 9am to 12pm and 3pm to 5.30pm) and 8am to 12.30pm and 3pm to 5.30pm on Fridays.

When the practice is closed during the out of hours period patients are directed to the 'walk in centre' or 111 out of hours service.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 78%.

However there had been problems getting through to the practice via the telephone. The practice had taken action following discussion with the patient participation group (PPG) and had installed an additional phone line.

- 49% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 73%.

Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. The staff documented information gathered from the patient or carer, and this was communicated to the clinical team to allow for an informed decision to be made on prioritisation according to clinical need.

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

Listening and learning from concerns and complaints

The practice had 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, posters and leaflets were available in the waiting area.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled in a

Good

Are services responsive to people's needs?

(for example, to feedback?)

timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice changed processes following a delayed referral to a memory clinic.

Are services well-led?

Requires improvement

(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 vision to deliver quality care and promote good outcomes for patients, however patient satisfaction did not demonstrate that this was being delivered. Staff knew and understood the values of the practice mission statement. The practice strategy supported the business plans which reflected the vision and values.

Governance arrangements

The practice had an overarching governance framework to support the delivery of the strategy. This outlined the structures and procedures in place.

- 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 on line and as a paper copy.
- The practice had a programme of audits.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Patients said it was difficult to make an appointment with a named GP, which affected continuity of care, however urgent appointments were available the same day.

Leadership and culture

The partnership was overseen by two directors who were based at the practice. The GP, consultant nurse, advanced nurse practitioner and practice manager form the management team. Staff told us the directors and clinicians were approachable and always took the time to listen to all members of staff.

Staff felt supported by management and told us the practice held regular team meetings and there was an open culture. Staff told us they had the opportunity to raise any issues at team meetings and felt confident in doing so. Staff said they felt respected, valued and supported.

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 directors and clinicians encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, affected people were given reasonable support, truthful information and a verbal and written apology

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

The practice was able to demonstrate that they had acted on patient feedback through PPG minutes and in-house surveys. However, the results from the GP national survey indicated that not all patients felt cared for, supported and listened to. The practice had not reviewed and acted on the feedback from the national patient survey.

The patient participation group PPG met regularly and submitted proposals for improvements to the practice management team. For example, the requirement to install an additional telephone line in reception.

This section is primarily information for the provider

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider did not have effective systems to enable them to assess and monitor the quality of the service, as they had not sought and acted on feedback on the services provided, for the purpose of continually evaluating and improving services. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **How the regulation was not being met:** The provider did not ensure care and treatment provided to patients was appropriate, met their needs and reflected their preferences, by ensuring care plans were sufficiently detailed and updated following changes in their circumstances. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.