Omnia Practice

Quality Report

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Date of inspection visit: 1 April 2016
Date of publication: 31/05/2016

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Omnia Practice on 1 April 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a strong culture for learning. Staff received regular supervision and learning opportunities.
- The practice worked closely with other services and with the local community to ensure patients' needs were met. The practice offered a variety of in-house services for the convenience of patients for diagnosis and treatment. For example, sexual health services.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. This included changes to telephone system, staffing in reception and changes within the premises. The practice explored and used new ways for communicating with its population, such as twitter. There was an attention to detail when delivering care for example in ensuring continuity of care, while maintaining confidentiality and infection control.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice allowed its premises for use by community groups and services that would enhance the wellbeing of its population. For example, Saheli exercise classes for women, Age UK and carers groups.
- Information about how to complain was available and easy to understand
- There was strong leadership within the practice and staff felt well supported.

We saw areas of outstanding practice:

Summary of findings

- The practice provided dedicated sexual health and contraceptive services for registered and non-registered patients under the Umbrella Scheme. The Umbrella scheme which is part of University Hospitals Birmingham NHS Foundation Trust aims to improve access and outcomes for patients in sexual health. Trained staff provided contraceptive and family planning services and treatment of sexually transmitted diseases to registered and non-registered patients with the practice on a walk in basis. The practice also offered training (and had qualified trainers) for health professionals as part of the sexual and reproductive health diploma course.
- Carers were well supported at the practice. The practice had a carers champion and ran a carers' group open to carers within the locality. Carers did not need to be registered with the practice to join. Members of the group spoke highly of the support they had received and had access to external speakers. Information for carers was displayed prominently to encourage carers to come forward. The practice also hosted from the premises a new scheme with Age UK to provide social support for those who were isolated.

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 an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Patients were informed of unintended or unexpected safety incidents affecting them and where appropriate received an explanation and apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Given the high level of deprivation and transient population the practice performed highly against the Quality and Outcomes Framework. Patient outcomes were in most cases above average for the locality and compared to the national average with overall lower levels of exception reporting.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was a strong focus on learning and development. With all clinical staff receiving weekly supervision and learning session to ensure they had the skills, knowledge and experience to deliver effective care and treatment. These were valued by staff.
- The practice worked effectively with health and social care colleagues to ensure patients received positive outcomes. For example weekly meetings on a Friday with the district nurse to identify any problems which may arise over the weekends and direct contact to clinicians at weekends.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible. Information and access to translation services was provided for those whose first language was not English.
- The practice actively promoted and supported the carers' agenda.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice engaged with the local Clinical Commissioning Group and practices within their locality to secure improvements in services provided for their population.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Results from the latest National GP Patient Survey (published January 2016) were mixed in relation to access. Scores for patients who said they were satisfied with opening times were higher than CCG and national averages but lower with regards to getting through on the phone and being able to see or speak to their preferred GP.
- Urgent appointments were available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- The strong leadership, governance and culture of the organisation helped to drive and improve the delivery of high quality person centred care.
- The practice was well organised and adapted positively to the needs of a challenging population group that was culturally diverse and had high levels of deprivation. It was proactive in identifying different ways of working to meet the changing needs of the population.
- There was a strong culture for learning and staff development, the practice invested in their staff so that they had the skills needed to deliver the service and patient care.

Summary of findings

- Governance arrangements and performance management arrangements reflected evidence of best practice. The practice performed well against national standards and targets.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. Systems for managing safety incidents ensured appropriate action was taken and learning took place.
- The practice was proactive in using new technology to engage with patients. Feedback from patients had influenced changes in the practice.

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 is rated as good for the care of older people.

- The practice population for patients over 75 years was significantly lower at 3.4% than the CCG average (6.9%) and national average (7.8%).
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Patients aged over 75 years had a named GP responsible for their care.
- Those identified as being at high risk of admission and with complex care needs were prioritised for a review of their care needs. These took place every 14 weeks and if necessary would be carried out as a home visit to ensure no one was missed.
- The practice held regular multi-disciplinary team meetings with district nurses, palliative care nurses and case managers to meet the needs of those at the end of life.
- Meetings took place every Friday with the district nurse to minimise and deal with any potential issues that may arise during the weekend when the practice was closed. The District nurse could contact the on call GP at the weekend if needed.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The premises were accessible to patients with mobility difficulties.
- Flu and shingles vaccinations were available at the practice for relevant patients.
- The practice was participating in a CCG led scheme with Age UK to provide additional social support to those who were isolated. The practice had identified potential patients who might benefit and the scheme was shortly due to go live. The practice hosted Age UK from its premises.
- The practice undertook twice weekly ward rounds as an enhanced service at two large local care homes and we received positive feedback on the care and support provided by the practice, as well as from carers about the support provided for them and their relatives.

People with long term conditions

Good

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

Summary of findings

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and received regular reviews of their care.
- Dedicated clinics for coronary heart disease and diabetes (including insulin initiation) were held at the practice.
- For the convenience of patients various in-house diagnostic and monitoring services were available to support the identification and management of long term conditions including spirometry, ambulatory blood pressure monitoring and anticoagulation services.
- The practice's QOF performance for diabetes related indicators was 96% which was higher than both the CCG average and national average of 89%.
- Longer appointments and home visits were available for those who needed them.

Families, children and young people

Good

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

- The practice population for patients under 18 years was significantly higher at 38% than the CCG average (24%) and national average (21%).
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. The practice worked with the health visiting team to follow up any concerns.
- Reported immunisation rates for 2014/15 were lower than the CCG and national averages. However the practice told us that there has been a discrepancy between their immunisation data and that produced centrally which they have not been able to resolve. The practice spoke about difficulties faced through the growth in the population and supporting cultural differences towards immunisation. Latest data seen from the practice showed uptake of MMR for children under 24 months was 96.3% and preschool booster 93.8%. The practice told us that they were achieving 90% for the majority of childhood immunisations.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 71% which was comparable to the CCG average of 74% and national average of 75%.

Summary of findings

- Children were prioritised as for same day appointments and patients we spoke with confirmed they had no difficulties making an appointment for a child. Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% and the national average of 82%.

Working age people (including those recently retired and students)

Outstanding 

The practice is rated as outstanding for the care of working-age people (including those recently retired and students).

- The practice had a high proportion of patients who were under the age of 40 years. The practice explained that the population had changed significantly over the last few years with an increase in immigrants from a range of different nationalities and how services had changed in response.
- The practice provided dedicated sexual health and contraceptive services for registered and non-registered patients under the Umbrella Scheme. The Umbrella scheme which is part of the University Hospitals Birmingham NHS Foundation Trust's aims to improve access and outcomes for patients in sexual health by providing a range of contraceptive and family planning and treatment of sexually transmitted diseases. The service was open to registered and non-registered patients with the practice. The practice also offered training (and had qualified trainers) for health professionals as part of the sexual and reproductive health diploma course.
- The practice was proactive in offering online services, in addition to online appointments the practice made use of texting to remind patients of appointments and to make it easier for patients to cancel appointments no longer required. The practice had a twitter account to facilitate communication with its practice population. A self check in also reduced the patients' needs to queue at reception and was available in multiple languages.
- Extended opening hours were available three nights a week offering GP and nurse appointments up to 8pm.
- NHS health checks were also available to this population group.

People whose circumstances may make them vulnerable

Good 

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Summary of findings

- The practice is located in an area of high deprivation. Food bank vouchers were authorised through the practice for those who needed them. The practice registered patients with no fixed abode and in temporary accommodation.
- An in-house substance misuse clinic operated weekly.
- The practice had a carers' champion who supported the carers' group. Members of the group spoke highly of the support they had received and had access to external speakers. Information for carers was displayed in the reception area.
- Information was available in languages other than English and translation and interpreter services were available to patients who needed them.
- 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.
- The Citizens Advice Bureau provided weekly sessions at the practice.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- National reported data from 2014/15 showed that 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the CCG average of 82% and national average of 84%.
- National reported data from 2014/15 showed performance against mental health related indicators was at 98% which was above the CCG average of 92% and the national average of 93%.
- The practice hosted Birmingham Healthy Minds. A service offering advice, information and psychological therapies for those with anxiety or depression which patients could access.
- The practice carried out ward rounds in a home specialising in dementia care and worked closely with the psychiatric consultant to ensure patients received appropriate care.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed a mixed performance. Scores relating to access were generally lower than local and national averages while those relating to the quality of consultations with GPs and nurses were mostly in line with or higher than the local and national averages. 417 survey forms were distributed and 93 (22%) were returned.

- 54% found it easy to get through to this surgery by phone compared to a CCG average of 60% and a national average of 70%.
- 73% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 81% and a national average of 85%.
- 90% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 83% and a national average of 85%.
- 69% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 74% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were mostly positive about the standard of care received. Staff were described as helpful and friendly and patients reported that they were treated with dignity and respect.

We also spoke with 10 patients or their carers during the inspection. Patients said they were happy with the care they received overall. Access to appointments was the main concern raised, by three patients.

Omnia Practice

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 advisor and a practice manager specialist advisor.

Background to Omnia Practice

Omnia practice is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under this contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in a medical centre which was built and is owned by the Partnership. The practice leases accommodation to community staff that provide district nursing, health visiting and continence services to patients at Omnia and across the locality. Based on data available from Public Health England, the area served is within the top 10% most deprived areas nationally. The practice has a younger population than the national average with the majority of the population under 40 years and is ethnically diverse. The practice has a registered list size of approximately 17,000 patients. Since 2003 the practice list size has doubled from approximately 8000 patients. Growth has been predominantly been among the younger population.

Practice staff include 8 GP partners (5 male and 3 female) and 4 salaried GPs, 3 practice nurses, 4 health care assistants, a pharmacist, a practice manager and a team of administrative staff.

The practice is open from 8.30am to 8pm on Monday, Wednesday and Thursday and from 8.30am to 6.30pm on Tuesday and Friday. It closes between 1pm and 2pm every Friday. Appointments are available between 8.30am to 11.30am and 2pm to 6.30pm daily. When the practice is closed the practice has arrangements with an out of hours provider to provide primary medical services. Extended opening hours are available three nights each week between 6.30pm and 8pm. The practice is also currently piloting a Saturday morning clinic between 8am and 12.30pm until the end of April 2016.

The practice provides an enhanced sexual health and family planning service that is open to patients registered with the practice and non-registered patients on a walk in basis. The practice also provides anticoagulation services to registered and non-registered patients with the practice under a CCG Anticoagulation AQP (Any Qualified Provider).

The practice is an advanced training practice for qualified doctors training to become GPs and also provides training for healthcare professionals for the sexual and reproductive health diploma.

The practice has not previously been inspected by CQC.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

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 1 April 2016.

During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, practice nurses, health care assistant, practice pharmacist, the practice manager and administrative staff).
- Observed how people were being cared.
- Reviewed how treatment was provided.
- Spoke with health and care professionals who worked closely with the practice.
- Spoke with members of the practice's Patient Participation Group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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 were aware of the processes in place for reporting and recording incidents and told us they were encouraged to do so.
- There was a lead partner responsible for managing significant events and ensuring appropriate action was taken.
- The practice carried out a thorough analysis of significant events. Learning was shared with staff at quarterly internal meetings and with other practices through the local clinical network.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed to ensure appropriate action was taken to improve safety in the practice. The practice had reported 30 incidents and significant events in the last 12 months. Examples seen showed how processes had been reviewed to see if they could be improved. We saw that systems for managing safety alerts were well embedded. Records were maintained of safety alerts received, these detailed action taken dating back to 2008.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. Policies and procedures which reflected local requirements were in place and accessible to all staff. Staff had access to contact details and were aware of arrangements for making referrals to relevant organisations responsible for investigating safeguarding concerns. There was a lead GP for safeguarding and staff knew who this was if they had any concerns. Staff had received appropriate training and were able to give examples of action taken in response to safeguarding concerns as well as reports for other agencies. Alerts on the patient record system ensured staff were aware if a patient was at risk so that they could be extra vigilant.
- Notices were displayed throughout the practice advising patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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 visibly clean and tidy and saw evidence from cleaning records of standards being maintained. The practice had nominated infection control leads who took responsibility for monitoring and promoting infection control within the practice. Infection control was discussed at the practice's clinical risk meetings which were represented by all staff groups. Staff had access to appropriate hand washing facilities and cleaning equipment. A CCG infection control audit undertaken in November 2015 had awarded the practice a green rating with a score of 96%. Staff undertook infection control training as part of their induction.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There were systems in place to ensure that patients on regular medicines received regular reviews to ensure their medicines were still appropriate. We saw evidence of monitoring arrangements for patients on high risk medications. 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. Medicines prescribing was comparable to other practices nationally. Performance in areas such as non-steroidal anti-inflammatory and antibiotics showed prescribing in line with best practice. The practice had recently employed a pharmacist to help support them with medicines management. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

Good

Are services safe?

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The premises appeared well maintained. There was a health and safety policy available and procedures in place for monitoring and managing risks to patient and staff safety.
- The practice had up to date fire risk assessments and carried out regular fire drills. Records showed fire equipment was maintained and alarms regularly checked. The practice had nominated trained fire marshals and staff had received appropriate training so that they would know what to do in the event of a fire.
- Electrical equipment was checked to ensure that it was safe to use and clinical equipment was checked to ensure it was working properly. These equipment checks had been undertaken within the last 12 months.
- 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, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Rotas were in place for each staffing group to ensure there were sufficient staff on duty. The practice had protocols in place for managing absences. Staff told us that they preferred to support each other during absences rather than use locums.

Arrangements to deal with emergencies and major incidents

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

- An alert system on the computers in the consultation and treatment rooms alerted staff to an emergency situation.
- Staff received annual basic life support training. Emergency medicines and equipment were easily accessible to staff in a secure location. Staff we spoke with knew where to find them if needed.
- The practice had a defibrillator available on the premises and oxygen with adult and child masks. Records were maintained which showed they were regularly checked to ensure they were in kept in working order.
- Emergency medicines were also easily accessible and checked to ensure they were in date and those we looked at were.

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 services and staff.

Good

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 knew how to access NICE guidelines and used this information to deliver care and treatment that met peoples' needs.
- There was a strong emphasis on learning within the practice culture. Weekly learning sessions took place covering a wide range of topics. Staff spoke about sessions attended which had included the treatment of chronic kidney Disease and urinary tract infections in line with NICE guidance.
- The practice had clinical leads for some long term condition who kept other members of staff up to date.
- The practice used templates for undertaking reviews for major conditions. This helped ensure staff used a consistent approach.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were for 2014/15. This showed the practice had achieved 99% of the total number of points available, which was above the CCG average of 94% and national average of 95%. Exception reporting by the practice was 9.5% which was comparable to the CCG and national average of 9.2%. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 96% which was higher than both the CCG average and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 81% which was comparable to the CCG average of 83% and the national average of 84%.
- Performance for mental health related indicators was 98% which was higher than the CCG average of 92% and the national average of 93%. Exception reporting was 3.5% which was lower than both CCG average 10.2% and national average 11.1%.

The practice undertook clinical audits to support quality improvement.

- The practice provided us with six clinical audits undertaken in the last two years, three of these were completed audits where changes made had been reviewed.
- Examples of audits seen included a completed audit reviewing patient deaths and whether end of life planning had been appropriately managed or if they could have been avoided. The practice had also undertaken medicines audits for antibiotics and those used in the treatment of diabetes against NICE and CCG guidelines. The antibiotic audit showed the practice was within targets set by the CCG. A review of occupational asthma had resulted in greater awareness of the impact of occupation and changes to templates used when undertaking asthma reviews.
- Nursing staff told us how they also participated in audits. For example one member of staff was in the process of reviewing diabetes in pregnancy from a nursing perspective.

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 a common core component for all staff and role specific training. New staff were allocated 'buddy' support from a more experience member of staff. This included salaried GPs.
- The practice supported staff to undertake further training relevant to their roles and business needs. For example, training in the management of long term conditions, sexual health, the administering of vaccinations and taking samples for the cervical screening programme.

Good

Are services effective?

(for example, treatment is effective)

- Weekly clinical education meetings took place and covered a range of topics which contributed to the continuing personal development requirements of clinical staff. We saw the programme of learning that had taken place over the last nine months and examples of presentations including those from outside speakers. Topics included childhood, gynaecological and respiratory conditions. Case studies were discussed to support learning and discussions.
- Nursing staff received weekly supervision meetings with a senior partner. We saw records as to the learning and discussions which had taken place from these supervision sessions. The nursing staff we spoke with appreciated this training and support which helped them in their work.
- The practice told us how they were an earlier promoter of the Health Care Assistant role. Our discussions with the member of staff found them to be knowledgeable in their area of work.
- The learning needs of staff were identified through a system of appraisals and staff confirmed that they regularly received these.
- Staff had access to and made use of e-learning training modules and in-house training. Records were maintained of staff training to help ensure relevant training was kept up to date. Records showed staff had access to and had undertaken training in areas such as: safeguarding, fire procedures, basic life support and information governance awareness.

Coordinating patient care and information sharing

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

- The practice used information received to review patient care such as those with unplanned admissions to ensure the patients care needs were still being met.
- The practice shared relevant information with other services in a timely way, for example the out of hours services.

Staff worked together and with 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. The practice held weekly multi-disciplinary team meetings with district nurses and case managers to discuss those with end of life and complex care needs. Monthly meetings also took place with the health visitor to discuss the needs of vulnerable children.

The practice undertook twice weekly ward rounds at two large care homes and worked in conjunction with the consultant psychiatrist in the care of patients with dementia.

Health professionals we spoke with described good working arrangements with the practice. One health professional told us how the partners would meet with them on a Friday to discuss any potential issues that may arise over the weekend when the practice was closed. They were also given contact numbers for the on call GP if needed.

Consent to care and treatment

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

- Staff we spoke with demonstrated an understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and had received training in this area.
- Consent policies and guidance available to staff included information relating to Fraser guidelines and Mental Capacity Act assessments.
- The practice undertook minor surgical procedures. We saw copies of the consent form used which identified benefits and risks and included space for interpreters to sign to show that those who did not speak English as their first language understood the procedure and could therefore provide informed consent.

Supporting patients to live healthier lives

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

- These included patients with end of life care needs, carers, those with long term conditions and those requiring advice on their diet, smoking and alcohol cessation.
- Information to support patients with their health needs was displayed and readily available to take away.
- The practice offered sexual health services for both patients registered and others within the local community. Travel advice and vaccinations were also offered.

Good

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% and the national average of 82%. Uptake of national screening programmes for bowel and breast cancer screening was lower than the CCG and national averages for the practice population. One of the GP partners we spoke with explained they were aware this was a problem and that although they reminded patients it was difficult when they did not have any control over the screening programme. They spoke about the population served and how this may not be the patients' greatest priority.

The reported childhood immunisation rates for the vaccinations given during 2014/15 were lower than CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 64% to 89% (compared to the CCG range from 80% to 95%) and five year olds from 59% to 90% (compared to the CCG range from 86% to 96%). We spoke with the practice about this and they explained that over recent years there had been an increase in the number of immigrants accommodated in the area. It had been difficult to establish immunisation histories from them. Staff had also encountered a resistance to the immunisation programme in particular the MMR vaccine within some of the communities. Action taken by the practice had included increased clinic times for immunisations to facilitate discussion about the vaccinations and a flexible approach to immunisation appointments. Administrative support was also provided to encourage patients to attend. The safeguarding lead and health visitor was informed to follow up those who did not attend after three attempts. The practice's latest submission for MMR for children under 24 months seen was 96.3% and for the preschool booster 93.8%.

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. Follow-up arrangements were put in place as appropriate based on the outcomes of health assessments.

Good

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. There were also movable screens to screen off areas in the waiting room if needed.
- Staff were mindful to maintain patient confidentiality. Confidentiality agreements had been signed by staff. To minimise the risk of conversations being overheard telephones were situated away from the main reception desk and music was played in the waiting area. There was a designated room in which patients could use to discuss sensitive issues.
- The rights of patients under the age of 18 to confidentiality were displayed in the waiting area.
- We noted that consultation and treatment room doors were closed during consultations and had key pad locks which minimised the risk of unauthorised access; conversations taking place in these rooms could not be overheard.

Feedback received from patients through the 13 patient Care Quality Commission comment cards and the 10 patients and carers we spoke with was mostly positive about the service experienced. Patients said they were happy with the care and treatment that they received from the practice. They found staff helpful and said they were treated with dignity and respect.

Results from the national GP patient survey (published January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG and national average of 87%.
- 84% said the GP gave them enough time compared to the CCG and national average of 85%.
- 92% said they had confidence and trust in the last GP, the same as the CCG and national average.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 82%.
- 83% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 77%.
- 84% said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. The practice made use of translation services for patients who did not have English as their first language to ensure their understanding and involvement in decision making. Patient feedback received was also positive and aligned with these views.

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

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 81%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 74%.
- 78% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 67% and national average of 65%.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice maintained a carers' register which consisted of approximately 50 carers. The practice had a designated carers' lead to promote the carers' agenda. There was a prominent display in the waiting area to encourage carers to identify themselves and information about support

Good

Are services caring?

locally available to them including information for younger carers. The carers lead helped facilitate a carers group. Carers did not have to be registered with the practice to join the group. The carers group met approximately every 3 to 5 months and had approximately 15-20 regular attenders and had access to outside speakers. We spoke with members of this group who were very complimentary about the support and help they received from the practice as a carer and how this had made them aware of support available. They told us that the practice was flexible in enabling them to get appointments.

The practice had recently started to work with Age UK as part of a CCG wide pilot project to provide social support for patients over 50 years with two or more long term conditions. The practice hosted Age UK within their premises and had identified the patients who they felt would benefit from this service.

A priority contact number was given to patients and their families to support those with end of life care needs. We spoke with one patient who told us how well they had felt supported during this time and following their bereavement.

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 Clinical Commissioning Group (CCG) and other practices locally to secure improvements to services where these were identified. Some of the partners and staff held lead roles within the CCG and so were aware of local priorities. The practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation.

- The practice opened for an evening clinic until 8pm on three nights each week for convenience of those who worked or had other commitments during the day. Appointments were available with both GPs and nurses in the evening. The practice was also piloting a Saturday morning clinic which was due to end April 2015. Staff were uncertain whether this would continue.
- There were longer appointments available for patients who needed them for example, those with complex needs, poor mental health or with a learning disability.
- Home visits were available for patients and patients who were unable to attend the surgery due to their health condition.
- The practice was accessible to those with mobility difficulties. Facilities included designated parking and toilet facilities, ramp access, low reception desk area and lift access to treatment rooms on the first floor.
- The practice had a hearing loop and regularly accessed interpreter and translation services to meet the needs of its diverse population. The practice held information leaflets in several languages and information on the practice website was linked to an online translator so that it could be viewed in a wide range of languages.
- The practice hosted services to support patients within the local community. This included Saheli keep fit classes for women, Citizens Advice Bureau and Age UK.
- Various diagnostic services were available in-house for the convenience of patients including ECG, spirometry, phlebotomy and anticoagulation services.
- The practice provided a walk-in sexual health clinic which included family planning and treatment of sexually transmitted diseases. The service was open to registered and non-registered patients.

Access to the service

The practice was open from 8.30am to 8pm on Monday, Wednesday and Thursday and from 8.30am to 6.30pm on Tuesday and Friday. It closed between 1pm and 2pm every Friday. Appointments were available from 8.30am to 11.30pm and 2pm to 6.30pm daily. When the practice was closed there were arrangements with an out of hours provider to provide primary medical services. Extended surgery hours were available three nights each week between 6.30pm to 8pm. The practice was piloting a Saturday morning clinic between 8am and 12.30pm until the end of April 2016.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, patients could also book same day urgent appointments and same day sit and wait appointments via a GP led telephone triage system.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed. Scores for patients who said they were satisfied with opening times were higher than CCG and national averages but lower with regards to getting through on the phone and being able to see or speak to their preferred GP.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 54% of patients said they could get through easily to the surgery by phone compared to the CCG average of 60% and national average of 70%.
- 15% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 33% and national average of 36%.

People told us on the day of the inspection that access to appointments could be difficult but they could usually get an appointment when they needed one. The practice had introduced a new telephone system which enabled them to monitor the number of calls coming in. Staff told us children would always see on the day and patients we spoke with confirmed this. Adult patients were referred to duty doctor and dealt with by phone or were invited in to be seen on a sit and wait basis.

The practice told us that they had a high 'did not attend' rate for appointments (over 10%). A text reminder service was utilised to encourage attendance and cancellation of appointments.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

- There was a complaints policy and procedures in place which was 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.
- Information was available to help patients understand the complaints system, a complaints leaflet was available from the reception desk and details of the complaints procedure were available on the practice website. Patients were informed as to where they could get support to help them make a complaint and how to escalate their concerns if they were unhappy with the practice's response.
- Verbal and formal complaints were recorded as well as comments received from the NHS choices website.

Since April 2015 the practice had received 31 complaints. We looked at two complaints received and found these were satisfactorily handled and dealt with in a timely way. Lessons from complaints were shared to identify how the practice could improve the care provided. We saw how complaints had led to changes in areas such as processes for repeat prescriptions.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision with quality and safety given high priority. A vision which was shared by practice staff. The practice had identified through its documented business plan the challenges and opportunities for the practice and how these might be overcome.

At the start of the inspection we received a presentation from the partners and representatives of the various staff groups as to how they delivered high quality care and promoted good outcomes for their patients.

Over the last 10-15 years we saw how the practice had significantly changed, doubling in size. The practice population was significantly younger and more transient. The practice recognised and worked to meet the changing needs of the population served

Governance arrangements

The practice had a robust overarching governance framework which supported their vision to deliver good quality care. This included:

- Strong leadership which promoted high standards of care and routinely reviewed the way in which services were delivered to benefit patients and deliver high quality person centred care. For example, the practice undertook quarterly reviews of patients with complex care needs as home visits if they could not attend the practice. This helped to ensure care and treatment continued to meet their needs.
- A clear staffing structure. Staff had lead roles and were clear about their duties and responsibilities. Staff were confident in their roles which was indicative of the support they received.
- Learning and development was at the heart of the service to ensure staff were competent to perform their roles and responsibilities. There were contractual obligations in place for clinical staff to participate in regular supervision, education and learning and comprehensive learning plans in place.
- Practice specific policies were implemented and were available to all staff via their computer.
- Robust governance and performance management arrangements supported the practice to achieve well against QOF and secure positive outcomes for patients. This was despite the challenges of the diverse and complex needs of the population served. The practice was located in a particularly challenging area with high levels of deprivation, and had a diverse and transient practice population that had grown rapidly in size and dynamics.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice was well organised, information was well documented for future reference and follow up.
- A variety of meetings were held which involved all staff groups including nursing and reception staff. This included annual staff meetings which enabled the practice to look at the future of the service and forward planning.

Leadership and culture

The partners in the practice demonstrated that they had the expertise and capability to adapt to the changing needs of their population to deliver high quality care. They prioritised safe, high quality and compassionate care to meet the needs of those who were most vulnerable as well as providing services to meet the needs of their younger and working age population for example, the advanced sexual health services

There was a clear leadership structure in place. The partners were visible in the practice and were supportive of staff to ensure they were well equipped to do their job and meet patient needs.

The practice had a strong emphasis on learning and education. The practice held weekly clinical educational meetings, which included guest speakers as well as internal sharing of information. Salaried GPs and nursing staff also received weekly supervision sessions tailored to their roles and responsibilities. Staff found partners and senior managers approachable and felt they were listened to. They had regular team meetings and described an open culture in which they felt able to raise issues.

There was a clear attention to detail which reflected on the management of the practice. For example strong processes for maintaining infection control standards, for promoting and maintaining patient confidentiality such as a designated private room with telephone access, arrangements to ensure patients received continuity of care when the practice was closed.

Are services well-led?

Good

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

The practice was supportive of community schemes to enhance the wellbeing of its population and provided its premises for exercise classes, carers groups and Age UK.

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 knowing about notifiable safety incidents. Incidents and complaints were seen as learning opportunities. We saw examples where incidents had been discussed with patients and an apology given where appropriate.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice told us that they struggled with membership for the PPG. The PPG consisted of approximately 10 members (including virtual members) with three to four members regularly attending meetings. During 2014/15 the practice in conjunction with the PPG had carried out an in-house patient survey. As a result of feedback changes had been made to improve access. This included changes to the telephone system, increased telephone lines and the recruitment of two additional reception staff. Other changes made as a result of feedback from patients was the segregation of male and female toilet blocks which had previously shared the same corridor in response to cultural preferences in the community.
- The practice used innovative approaches to try and engage with its population. For example, the practice held a twitter account to facilitate communication with its practice population and ensure relevant information was shared.
- The practice had gathered feedback from staff through meetings, appraisals and weekly supervision meetings. Staff told us that they felt listened to and of changes made as a result of their suggestions.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice, which was written into staff contracts. The practice took part in pilot schemes to improve outcomes for patients in the area for example, working with Age UK and in delivering additional services such as sexual health services to the wider community.

The practice was an advanced GP training practice for doctors training to be a GP and for those requiring additional support and had a high success rate. The practice also provided training opportunities to health professionals as part of the sexual and reproductive health diploma course.