Dr Deedar Singh Bhomra

Inspection report

Aylesbury Surgery
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West Midlands
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Date of inspection visit: 11/04/2018
Date of publication: 14/06/2018

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 location	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Outstanding
Are services well-led?	Good

Overall summary

This practice is rated as Good overall. Previous inspection December 2016 and rated overall good, except for providing safe services where the practice was rated as requires improvement. This was because action required to comply with findings from annual infection control audits had not been fully addressed. For example, provisions of a sluice hopper for the disposal of waste water and a hand wash basin in the area used to store cleaning equipment. Systems for monitoring prescription collection were not embedded.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dr Deedar Singh Bhomra also known as Aylesbury Surgery on 11 April 2018 as part of our inspection programme.

- The practice had clear systems to respond to incidents and measures were taken to ensure incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice did not carry out some risk assessments. For example, a fire and health and safety risk to support the monitoring or mitigation of potential risks had not been carried out. However, staff explained that monthly walk arounds to check health and safety within the practice were carried out and, where required, actions had been taken.
- The practice had some arrangements in place to enable appropriate actions in the event of a medical emergency. However, not all potential medical emergency situations were considered and a risk assessment to mitigate potential risks had not been carried out. Following our inspection, the practice reviewed and updated their stock of emergency medicines.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Results from the July 2017 national GP patient survey showed that the practice scored above local and national averages in a number of areas. Completed Care Quality Commission (CQC) comment cards were also positive about the services provided.
- Completed CQC comment cards showed that patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning, improvement and community engagement at all levels of the organisation. The leadership team maintained an inspiring shared purpose and strived to deliver the vision while motivating staff to succeed.

We saw areas of outstanding practice:

The practice used their knowledge of the local community and patient population as levers to deliver high quality, person centred care. Staff were well organised and made full use of their resources to respond to population needs. There was a strong focus on community involvement, for example:

- Children from local primary schools were invited to the practice where staff delivered short talks to provide an insight of visiting GPs. Staff with the help of teachers gave children demonstrations on how GPs carries out checks and children were able to see equipment used in the surgery. Discussions with the local church highlighted a concern that people within the area did not always have access to a hot meal. In response to this, the practice funded a monthly soup kitchen in the local Church Hall. Staff we spoke with explained that this was well attended. The practice actively worked with patients, residents and community organisations to encourage community spirit and involvement in various events. For example, the practice supported as well as arranged fund raising events, which collected donations to support local organisations.

The areas where the provider **must** make improvements are:

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

The areas where the provider **should** make improvements are:

Overall summary

- Ensure staff are aware of forms used by the practice to report incidents.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Population group ratings

Older people	Good
People with long-term conditions	Good
Families, children and young people	Outstanding
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Outstanding
People experiencing poor mental health (including people with dementia)	Good

Our inspection team

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

Background to Dr Deedar Singh Bhomra

Dr Deedar Singh Bhomra is the registered provider of Aylesbury Surgery. The surgery is located in a converted two-story building, which was previously a residential building in Kingstanding, Birmingham, providing NHS services to the local community. Further information about Aylesbury Surgery can be found by accessing the practice website at

Based on 2015 data available from Public Health England, the levels of deprivation in the area served by Aylesbury Surgery shows the practice is located in a more deprived area than national averages, ranked at one out of 10, with 10 being the least deprived. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial). The practice serves a patient age population, which is comparable to local and national averages. For example, patients aged between five and 65 were comparable to local and national averages. Based on data available from Public Health England and 2011 Census, the Ethnicity estimate is 82% White, 4% Mixed race, 6% Asian and 7% Black.

Public Health data also showed that patients with long-standing health conditions were above local averages, the number of patients in paid work or full-time education was below local averages; and unemployment rates were above local averages.

The patient list size is 2,827 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with Birmingham and Solihull Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned in order to improve the range of services available to patients.

On-site parking is available with designated parking for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair and push chairs.

Practice staffing comprises of one principal GP (male) and one salaried GP (female). The clinical team also includes a nurse practitioner, a practice nurse and a health care assistant. The non-clinical team consists of a practice manager an administrator and a team of secretaries and receptionists.

Aylesbury Surgery is also a training practice providing placements for GP registrars on a six month rotational basis. (GP registrars are qualified doctors training to specialise in General Practice). At the time of our inspection there were two GP registrars on placement.

The practice is open between 8am and 12.30pm, 4.30pm and 6.30pm on Mondays, Tuesdays and Fridays. Wednesday's opening times are between 8.30am and 1.30pm. On Thursdays the practice is open between 8.30am and 12.30pm, 4.30pm and 7.30pm.

GP consulting hours are available from 10am to 12.30pm and 4.30pm and 6.30pm on Mondays, Tuesdays and Fridays. Wednesday's appointment times are from 10am to 12.30 noon. On Thursdays, appointments are available from 10am to 12.30pm and 4.30pm to 7.30pm.

The practice has opted out of providing cover to patients in their out of hours period. During this time, services are provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services. Wednesday afternoons when the practice closes from 1.30pm as well as 12.30pm and 4.30pm Mondays, Tuesdays and Fridays calls are diverted to the principal GP between these times.

The practice has opted out of providing cover to patients in their out of hours period. During this time, services are provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services.

Dr Deedar Singh Bhomra is registered to provide surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury, family planning, diagnostic and screening procedures.

The practice was previously inspected in December 2016 and rated overall good.

Requires improvement

Are services safe?

At our previous inspection in December 2016, we rated the practice as requires improvement for providing safe services as action required to comply with findings from annual infection control audits had not been fully addressed. For example, provisions of a sluice hopper for the disposal of wastewater and a hand wash basin in the area used to store cleaning equipment had not been completed. Cleaning schedules were not detailed and policies did not provide clear guidance for staff. We found that staff did not always follow processes for uncollected prescriptions.

These arrangements had improved in some areas when we undertook a comprehensive inspection on 11 April 2018. However, there were areas which required further improvement. Therefore, the practice continues to be rated requires improvement for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. Following an infection control audit, the practice took action to improve compliance with audit recommendations. For example, cleaning schedules were displayed, there was a designated room for the storage of cleaning equipment and staff received training on the monitoring of vaccination fridge temperatures.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

The practice was not equipped to deal with some medical emergencies.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with most medical emergencies and staff were suitably trained in emergency procedures; however, we found gaps in the arrangements for managing medical emergencies. Following our inspection, the practice explained that they had reviewed and updated their stock of emergency medicines.
- Staff understood their responsibilities to manage most emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

Requires improvement

Are services safe?

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, mainly minimised risks.
- Staff prescribed, administered medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. For example, clinical staff explained that patients were provided with advice about antibiotic awareness and recommendations on how to self-treat infections such as common colds and sore throats.
- The practice had a telephone message which provided patients with clear advice alternative options to reduce the need to use antibiotics. The practice used their monthly newsletter to further raise awareness on how to use antibiotics in a responsible way and also pledged to become antibiotic guardians.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

There were areas where the practice did not have a good track record on safety. For example:

- The practice had arrangements in place to ensure yearly inspection of fire equipment such as fire extinguishers. However, staff did not carry out comprehensive risk assessments to identify risks associated with their premises in relation to safety issues such as, fire and health and safety.
- The practice carried out a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice took steps to prevent and control potential risks.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to improvements. For example, staff we spoke with explained that monthly walk arounds to check health and safety within the practice were carried out and where required actions had been taken. However, a record to evidence this activity was not maintained.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. However, although staff knew who to go to when reporting concerns, not all staff were aware of the recording forms used to support this process.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons; identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

We rated the practice and population groups as good for providing effective services overall .

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of their medicines.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and medicine needs were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring (ABP involves a digital machine which measures blood pressure at regular intervals) and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Insulin initiation was available at the practice.
- Data from 2016/17 Quality Outcomes Framework (QOF) showed that performance relating to the management of patients diagnosed with conditions such as, diabetes was comparable to local and national averages. Performance related to the management of patients diagnosed with asthma, chronic obstructive pulmonary disease (COPD), hypertension and atrial fibrillation (an irregular and sometimes fast pulse) were all above local and national averages.
- The practice offered in-house spirometry for respiratory patients, ambulatory blood pressure monitoring, and electrocardiogram testing (ECG is a test that can be used to check patients heart rhythm and electrical activity).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage. For example, 100% compared to the base target of 95%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Good

Are services effective?

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

- The practice's uptake for cervical screening was 87%, which was above the 80% coverage target for the national screening programme.
- The practices' uptake for breast cancer screening was in line with the national averages. However, the uptake for bowel cancer screening was below the national average. The practice was aware of their patient uptake for bowel cancer screening, staff explained that the benefits of attending screening appointments were discussed during practice health and engagement forum meetings as well as published in newsletters. There were posters in reception promoting the benefits of testing and identified patients received information during appointments.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had processes in place to ensure timely referral to appropriate services to help patients remain safe.
- 81% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This is comparable to the national average.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We reviewed a number of clinical audits where actions had been implemented and improvements monitored.

The most recent published Quality Outcome Framework (QOF) results were 97% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 97%. The overall exception reporting rate was 5% compared with a local and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate. However, exception reporting for some individual clinical areas was above local and national averages.

- The overall exception rates for indicators such as heart failure, COPD, depression and osteoporosis (a disease where increased bone weakness increases the risk of a broken bone) was above local and national averages. Staff we spoke with explained that patients were excluded from the practice QOF calculator if they did

not meet the criteria as defined by the QOF register or if all attempts had been made to recall patients for their check-ups. A sample of care records viewed showed appropriate exception reporting.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice worked closely with the local hospice.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. Patients diagnosed as pre-diabetic were signposted to local groups, which were set up for patients at risk of developing diabetes and heart disease.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The practice recognised and actively promoted the benefits of living an active life. For example, at the time of our inspection, practice staff were actively promoting their first health walk, which was scheduled to take place in June 2018. Staff explained that the work was aimed at bringing the community together while raising

awareness of the health benefits of walking. Records showed that 50 people had signed up to participate; registration forms were located in the reception area as well as the practice newsletter.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision-making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Patients were valued by all staff. For example, there was a library within the practice, which had been dedicated to patients as recognition for being inspirational to the surgery and local community.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- Survey results were significantly better than CCG and national averages in a number of areas such as confidence and trust in GPs as well as patients who felt clinical staff was good at listening. The practice were aware of the data and demonstrated that the health and engagement forums enabled effective engagement with patients, local organisations and community members. This was one of many contributing factors enabling the practice to maintain high patient satisfaction.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Outstanding ☆

Are services responsive to people's needs?

We rated the practice as outstanding for providing responsive care including families, children and young people as well as people whose circumstances may make them vulnerable population groups. People with long term conditions, working age and people experiencing poor mental health population groups was rated as good.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The neighbourhood policing team attended the practice quarterly where patients were able to speak about any concerns they had. During these sessions, staff explained that patients were informed about local safety initiatives and were signposted to community support services.
- The practice used their monthly health and engagement forum as a gateway to established close links in the community, exchange information, raise awareness of issues and work jointly in supporting community spirit. For example, there were a wide range of events which the practice promoted such as community clean up to raise awareness about the damage litter caused to the local area.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. For example, the GP carried out ward rounds at a local home as well as visits for individual patients when required.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Scheduled reviews were carried out for patients with four or more repeat drugs and clinical effectiveness reviewed to explore whether the number of medicine items could be reduced.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For example, education sessions were delivered during appointments for patients diagnosed with asthma and COPD to improve control.
- The practice provided information leaflets for advice and support for long term conditions. There was detailed information on diabetes, respiratory, heart disease and other conditions. The website gave information about the clinics available and local and national support groups.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Are services responsive to people's needs?

- The practice facilitated visits for local junior school children to engage with children in order to support them to overcome any fears they may have of visiting the doctors. During these visits practice staff delivered talks on how GPs and nurses help people; with the help of teachers practice staff gave children demonstrations on how the GPs carries out checks and children were able to see equipment used in the surgery. The practice provided articles, which children wrote about their positive experience during their visit in February 2018.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and online services for medicine requests and appointment booking.
- The practice offered Cardiovascular (CVD) health risk assessments for working age people who were not in any of the at risk group and who may not attend surgery on a regular basis.
- Meningitis vaccine for 18 year olds and students going to university were available at the practice.
- 2016/17 data showed that 56% of new cancer cases were referred using the urgent two week wait referral pathway, which was above the CCG average of 50% and national average of 52%.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The challenges of being located in a more deprived area than national averages were recognised. For example, practice staff held discussions with the local church who identified a concern that people within the area did not always have access to a hot meal. To respond to this need the practice funded a soup kitchen, which took place the last Sunday of every month in the local Church hall. Staff we spoke with explained that attendance range from 60 to 80 local residents, this doubled during Christmas and Easter.
- The practice was proactive in understanding the needs of the patients, such as people who may be approaching the end of their life and people who may have complex needs, such as housebound patients. The practice made use of the Gold Standards Framework (GSF) for end of life care; (an evidence based guidelines to deliver high quality end of life care).

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice established strong communication pathways with community mental health nurses, who offered counselling services and staff, told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. National GP survey results and completed CQC comment cards showed patients were satisfied with access to the service. However, comments placed on NHS Choices web site were less favourable.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- There were mixed views regarding how easy the appointment system was. For example, the July 2017 national GP patient survey and completed CQC comment cards showed that patients felt that the

Are services responsive to people's needs?

appointment system was easy to use. However, comments placed on NHS Choices web site were less positive about their experience of accessing appointments.

The practice were aware of their national GP survey results and was raising awareness of the impact missed appointments were having on appointment access. For example, the number of patients who did not attend (DNA) was constantly monitored and results placed in reception area. Data provided by the practice showed a total of 65 missed appointments during April 2017; with ongoing discussions with patients and notices placed in reception as well as the practice monthly newsletter the appointment DNA rate reduced to 23 during March and April 2018.

During core hours, closure calls were diverted to the principal GP and access to health care during out of hours periods were provided by BADGER.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. Staff acted as a result to improve the quality of care. For example, although the practice offered patients the option of having a chaperone present the benefits of chaperones were more widely promoted.

Please refer to the Evidence Tables for further information.

Good

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff, with the exception of systems to ensure fire related risks were assessed and mitigated.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. A number of changes had been made to the building structure to ensure compliance with recommendations outlined in the practice infection control audit.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, although staff were aware of what to do in the event of a fire; there had been no fire risk assessment completed and the practice did not keep a log to evidence that fire safety drills were being carried out.

Managing risks, issues and performance

Good

Are services well-led?

There were processes for managing risks, issues and performance; with the exception of risk relating to medical emergencies; health and safety such as fire.

- There was a process to identify, understand, monitor and address most current and future risks. However, there were areas where the practice did not carry out risk assessment to enable them to identify where safety were being compromised or minimise the impact of risk on people who accessed the service.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice organised and held a monthly health and engagement forum where patients, members of the community and a range of external organisations were invited to raise awareness of health related issues. Presentations from clinicians and experts included healthy eating, diabetes, life style changes and top tips to becoming fit and active.
- The health and engagement forums also provided an opportunity for local community organisations to raise awareness of their services.
- There was an active patient participation group. Members we spoke with explained that communication with the practice was effective and staff listened to their ideas as well as took appropriate action when required.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were clear evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- Leaders and staff had an inspiring shared purpose, which was at the heart of community engagement. Staff established close links in the community and worked jointly in supporting community spirit.

Good

Are services well-led?

- Members of the management team judged the annual Easter bonnet parade, which was held at the local primary school. The practice then presented a golden egg to the winner and pictures of the event were placed in the forum newsletter.
- The practice along with support of the PPG organised a series of fundraising events which they donated to local charities.

Please refer to the Evidence Tables for further information...

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not ensure care and treatment is provided in a safe way to patients. In particular: The registered person did not ensure arrangements to take appropriate actions in the event of a clinical or medical emergency were in place. For example, the registered person did not carry out a risk assessment to mitigate risks in the absence of a stock of medicines to respond to potential emergencies when carrying out surgical procedures. The registered person did not carry out a risk assessment in the absence of medicines used to respond to emergencies such as nausea, vomiting and epileptic fits in order to mitigate potential risks. The registered person did not carry out risk assessments such as fire or health and safety to ensure that the premises used by the service provider are safe to use for their intended purpose. This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.